

# Energy Services

## HOMEOWNER APPLICATION



### ENERGY EFFICIENT UPGRADES CAN INCLUDE:

- Heating system replacement or repair
- Water heater replacement or repair
- Attic, wall and basement insulation
- Air leakage reduction
- Pipe wrapping
- Water conservation equipment
- Health and safety testing
- LED bulb installation
- Energy Star refrigeration



Apply online at the QR code or at  
[www.CHNHousingPartners.org/EnergyServices](http://www.CHNHousingPartners.org/EnergyServices)

### HOW IT WORKS:

1. Follow application guidelines on the following pages. Enter your information and owner/landlord consent forms completely.
2. After submission, CHN will contact you within 3-6 weeks regarding your eligibility and waitlist status. *\*\*\*Households are serviced (by date) in the order applications are approved.*
3. Once you are due for service, a certified energy inspector will contact you to schedule a home energy inspection. Based on the inspection, a licensed contractor will be scheduled to install energy efficient improvements.
4. Enjoy the comfort and savings of your more energy efficient home!



*The Power of a Permanent Address.™*



2999 Payne Ave., Ste. 134  
Cleveland, OH 44114  
[www.chnhousingpartners.org](http://www.chnhousingpartners.org)  
216-574-7100 ext. 270



## ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2024 – MAY 2025

It can take up to 12 weeks to process your application.

### Here's what you'll need to complete this application:

- Proof of citizenship for each member of the household.
- Copies of your most recent utility bills.
- Proof of income for each member of household for either the previous 30 days or 12 months.
- Disability verification (if applicable).

A household is defined as any individual or group of individuals living together as one economic unit for whom residential energy is customarily purchased in common or who make undesignated payments for energy in the form of rent (Per Section 2603 (5) of the Low-Income Energy Assistance Act of 1981).

### These are the programs you can apply for with this application:

- Home Weatherization Assistance Program (HWAP)
- All Energy Services Programs at CHN Housing Partners

#### July 2024 – May 2025 HWAP Income Guidelines - 200% of Federal Poverty Guidelines

Size of Household	Total Gross Annual Household Income
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680

It is CHN's policy to defer services if conditions exist that prevent safe, effective, and/or meaningful weatherization. The conditions preventing weatherization are:

- ☐ Standing water, mold or other moisture issue that cannot be addressed with weatherization funding
- ☐ Electrical or plumbing hazards or structural failures that cannot be addressed as a part of weatherization services
- ☐ Friable asbestos or other asbestos issues that cannot be addressed with weatherization funding. "Friable asbestos materials" easily release asbestos fibers into the air and pose a significant health risk to anyone nearby
- ☐ Deteriorated lead-based paint surfaces or when the extent and/or condition of lead-based paint may create other health and safety hazards
- ☐ Evidence of infestations of rodents, insects, and/or other vermin
- ☐ Unsecured pets
- ☐ Sewage or animal feces in the home
- ☐ Improperly stored chemicals, combustible materials or other fire hazards
- ☐ Maintenance/housekeeping practices that limit access to the dwelling or create an unhealthy work environment
- ☐ Major remodeling is in progress, which limits the proper completion of weatherization measures
- ☐ Threat(s) of violence or abusive behavior to worker(s) or household member(s) during the weatherization process
- ☐ The illegal presence or use of any controlled substance in the home during the weatherization process
- ☐ Occupant has self-declared health conditions that prohibit the installation of weatherization materials
- ☐ Pre-existing code compliance issues

Please acknowledge the receipt of this notice and an understanding of the options outlined by signing below:

\_\_\_\_\_  
Homeowner/Landlord/Authorized Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

## Accepted Citizenship Documentation (DO NOT SEND ORIGINAL DOCUMENTS)

Proof of U.S. Citizenship	Proof of Legal Resident/Qualified Alien
<ol style="list-style-type: none"> <li>1. Birth Certificate/Hospital Birth Records/Birth Registration Card</li> <li>2. Baptismal Records (Only when place and date of birth is shown)</li> <li>3. Indian Census Record</li> <li>4. Military Service Record</li> <li>5. U.S. Passport</li> <li>6. Verified Citizenship for Ohio Works First (OWF) Program</li> <li>7. Voter Registration Cards</li> <li>8. Social Security Cards (Social Security Cards administered by Social Security Administration that are valid for work authorization status only <b>will not</b> be accepted for citizenship verification)</li> </ol>	<ol style="list-style-type: none"> <li>1. Naturalization Papers/Certifications of Citizenship</li> <li>2. INS ID Card</li> <li>3. Alien Registration Cards/Re-entry permits</li> <li>4. INS Form I-151, IR1-9, or I-551 (Form I-151 will not be valid after August 1, 1993)</li> <li>5. INS Form I-94 if annotated with either: a) Sections 203(a)(7), 207, 208, 212(d)(5), 243(h), or 241(b)(3) of the Immigration and Nationality Act: or b) One or a combination of the following terms: Refugee, Parolee, or Asylee</li> <li>6. Permanent Visa INS Form G-641, "Application for verification of Information from INS Records," when annotated at bottom by INS representative as lawful admission for humanitarian reasons</li> <li>7. Documentation that alien is classified pursuant to Sections: 101(a)(2), 203(a), 204(a)(1)(a), 207, 208, 212(d)(5), 241(b)(3), 243(h), or 244(a)(3), of the Immigration and Nationality Act</li> <li>8. Court order stating deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act</li> <li>9. INS Form I-688</li> </ol>

## Accepted Proof of Income

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
<input type="checkbox"/> Award/Benefit letter <input type="checkbox"/> Payment printout/statement from issuing agency <input type="checkbox"/> Copy of check or bank statement including deposit <input type="checkbox"/> Most recent filed IRS Form 1040 or Tax Transcript <input type="checkbox"/> Most recent IRS Form 1099	<input type="checkbox"/> All pay stubs received 30 days from the date of the application that include gross and year-to-date amounts received (including active military pay) <input type="checkbox"/> Completed and signed Employment Verification Form* <input type="checkbox"/> Payroll Printout <input type="checkbox"/> Most current pay statement (Leave and Earning Statement (LES))	<input type="checkbox"/> Copy of check/award amount letter <input type="checkbox"/> ODJFS documents/eligibility letter with amounts and dates <input type="checkbox"/> Most recent IRS Form 1099 <input type="checkbox"/> Housing Authority Documentation <input type="checkbox"/> Pay stubs received within the previous 30 days from the date of the application <input type="checkbox"/> Payment printout/statement from issuing agency	<input type="checkbox"/> Statement from Financial Institution <input type="checkbox"/> Copy of check or bank statement showing deposit <input type="checkbox"/> Most recent IRS Form 1099	<input type="checkbox"/> Pay stubs indicating amount received within the previous 12 months from the date of the application <input type="checkbox"/> Self-Employment Income and Expense Form* for the previous 12 months <input type="checkbox"/> Most recent filed IRS Form 1040 and Schedules <input type="checkbox"/> Most recent IRS Form 1099 <input type="checkbox"/> Seasonal Employment Verification Form*

\*All forms marked with an asterisk can be found at [energyhelp.ohio.gov](http://energyhelp.ohio.gov).

## Privacy Act Notice

DISCLOSURE: The disclosure of Social Security numbers is mandatory to receive HEAP benefits.

AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i)

USE: The state will use Social Security numbers in the administration of the Home Energy Assistance Program to verify information supplied on the application to prevent, detect and correct fraud, waste, and abuse. The information is also used to respond to requests for information from agency programs funded by block grants to states for Temporary Assistance for Needy Families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

# Primary Household Member Personal Information Section\*

Enter the information completely. Do not send originals. PLEASE USE DARK BLUE OR BLACK INK.  
Failure to fill out the application completely, provide all the required documentation and sign the application (on the last page) will delay the processing of your application.

For Office Use Only

Date Received

Client Number

First Name*				M.I.		Last Name*													
Social Security Number*								U.S. Citizen / Legal Resident (Qualified Alien)*				Military Status				Date of Birth (MM / DD / YYYY)*			
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>		
Disabled* <div></div> Yes <div></div> No				Gender <div></div> Female <div></div> Male				Ethnicity <div></div> Hispanic, Latino or Spanish Origins <div></div> Not Hispanic, Latino or Spanish Origins											
Race				<div><div></div> American Indian/Alaskan Native</div> <div><div></div> American Indian/Alaskan Native &amp; Black/African American</div> <div><div></div> American Indian/Alaskan Native &amp; White</div>				<div><div></div> Asian</div> <div><div></div> Asian/White</div> <div><div></div> Black/African American</div> <div><div></div> Black/African American/White</div>				<div><div></div> Native Hawaiian/Other Pacific Islander</div> <div><div></div> Other Multi-Race</div> <div><div></div> White</div>							
Non-Cash Benefits				<div><div></div> Supplemental Nutrition Assistance Program (SNAP) / Food Stamps</div> <div><div></div> Affordable Care Act Subsidy</div> <div><div></div> Child Care Voucher</div>				<div><div></div> Housing Choice Voucher</div> <div><div></div> HUD-VASH</div> <div><div></div> Permanent Supportive Housing</div>				<div><div></div> Women, Infants, and Children (WIC)</div> <div><div></div> Other</div>				Number of Household Members			
Family Type				Housing Type				Residence Structure											
<div><div></div> Single Parent/Male</div> <div><div></div> Single Parent/Female</div> <div><div></div> Two-Parent Household</div> <div><div></div> Single Person</div>				<div><div></div> Non-related Adults with Children</div> <div><div></div> Multigenerational Household</div> <div><div></div> Other</div>				<div><div></div> Own</div> <div><div></div> Rent</div>				<div><div></div> Mobile Home</div> <div><div></div> Single-Family</div> <div><div></div> Multi-Family Low Rise (3 stories or less)</div> <div><div></div> Multi-Family High Rise (4 stories or more)</div>							
Email Address								Phone Number (including area code)											
								(       )											
Preferred Method of Contact <div></div> Email <div></div> Postal																			
Mailing Address (number and street including route)*								Apt/Lot/Unit/Floor											
City*				State*				ZIP Code*				County*							
Is Utility Service Address the Same?* <div></div> Same as above <div></div> Different (list below)																			
Current Service Address (if different from above; number and street including route)								Apt/Lot/Unit/Floor											
City				State				ZIP Code				County							
Do You Receive Rental Assistance?* <div></div> Yes <div></div> No								Landlord Organization (if you rent)											
Landlord First Name*				Landlord Last Name*				Landlord Phone Number (including area code)											
								(       )											
Landlord Mailing Address (number and street including route)*								Apt/Lot/Unit/Floor											
City*				State*				ZIP Code*				County*							

\* Indicates information required in order to process your application.

# Primary Household Member Income Section\*

Failure to fill out the application completely, provide all the required documentation and sign the application will delay the processing of your application.

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income†	Other Earned Income†
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)
Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$
Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$

† These categories MUST provide 12 months of income documentation

# Household Members and Income Section

If you have additional household members (anyone living in your household at the same address), please complete Household Members and Income Section of the application (this section), on pages 2–4. If you have more than five household members, print an additional household member section page from [energyhelp.ohio.gov](http://energyhelp.ohio.gov) or pick up another application at your energy assistance provider.

Full Name*				Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying											
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins							
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White				U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income†	Other Earned Income†							
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)							
Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$							
Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$							

† These categories MUST provide 12 months of income documentation

Household Members and Income Section – Continued

Fill out the table below for all household members. Use additional section (on page 4) as needed for other household members with income.

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White			U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income <sup>†</sup>		Other Earned Income <sup>†</sup>	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.)	
Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$	
Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$	

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White			U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income <sup>†</sup>		Other Earned Income <sup>†</sup>	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$	
Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$	

Household Members and Income Section – Continued

Fill out the table below for additional household members.  
Print additional pages, as needed, for other household members with income.

Full Name*				Social Security Number*				Date of Birth (MM / DD / YYYY)*						
Relationship to person applying														
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins								
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White				<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White				<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White						
								U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No						
Fixed Income			Earned Employment Income			Supplemental Income			Other Sources of Income <sup>†</sup>			Other Earned Income <sup>†</sup>		
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources			<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay			<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit			<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other			<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)		
Gross Income for the <b>Past 30 Days</b> \$			Gross Income for the <b>Past 30 Days</b> \$			Gross Income for the <b>Past 30 Days</b> \$			Gross Income for the <b>Past 30 Days</b> \$			Gross Income for the <b>Past 30 Days</b> \$		
Gross Income for the <b>Past 12 Months</b> \$			Gross Income for the <b>Past 12 Months</b> \$			Gross Income for the <b>Past 12 Months</b> \$			Gross Income for the <b>Past 12 Months</b> \$			Gross Income for the <b>Past 12 Months</b> \$		

Full Name*				Social Security Number*				Date of Birth (MM / DD / YYYY)*						
Relationship to person applying														
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins								
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White				<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White				<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White						
								U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No						
Fixed Income			Earned Employment Income			Supplemental Income			Other Sources of Income <sup>†</sup>			Other Earned Income <sup>†</sup>		
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources			<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay			<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit			<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other			<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)		
Gross Income for the <b>Past 30 Days</b> \$			Gross Income for the <b>Past 30 Days</b> \$			Gross Income for the <b>Past 30 Days</b> \$			Gross Income for the <b>Past 30 Days</b> \$			Gross Income for the <b>Past 30 Days</b> \$		
Gross Income for the <b>Past 12 Months</b> \$			Gross Income for the <b>Past 12 Months</b> \$			Gross Income for the <b>Past 12 Months</b> \$			Gross Income for the <b>Past 12 Months</b> \$			Gross Income for the <b>Past 12 Months</b> \$		

Household Deductions Section\*

Total Household Income Deductions (Choose all that apply)		
<input type="checkbox"/> Attorney fees for estate or trust settlements	<input type="checkbox"/> Health Care Spending Accounts	<input type="checkbox"/> Reimbursement for work expenses
<input type="checkbox"/> Child Support paid-out	<input type="checkbox"/> Medicaid Spend Down (deductibles)	<input type="checkbox"/> Self-employment IRS allowable business expenses
<input type="checkbox"/> Health Insurance Premiums	<input type="checkbox"/> Medicare Premiums	<input type="checkbox"/> Short and long term disability
<input type="checkbox"/> Prescription Plans		
Total Deductions for the past 30 Days		Total Deductions for the past 12 Months
\$		\$

Please note: Documentation of deduction(s) is required.

Total Household Eligible Income Section\*

Please add the total income received for each adult household member then subtract the total household deductions.

Total Household Income (add amounts from Household Income Section on pages 3 & 4)	Past 30 Days \$	Past 12 Months \$
Total Household Deductions (from Household Deductions Section on page 5)	Past 30 Days - \$	Past 12 Months - \$
Total Eligible Income	Total Household Income less Total Household Deductions above \$	Total Household Income less Total Household Deductions above \$
If applicable, please explain the difference in the past 30 days income from the past 12 months income.		

Please note: Income from child support received and VA disabilities are not countable income. For a complete list of excluded income, please visit [energyhelp.ohio.gov](http://energyhelp.ohio.gov). Documentation of excluded income may be required to complete your application.

Utility Information Section\*

How do you heat your home?			
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Fuel Oil or Kerosene	<input type="checkbox"/> Electric (Includes baseboards)	
<input type="checkbox"/> Propane or Bottle Gas (L.P. Gas)	<input type="checkbox"/> Coal, Wood, or Pellets	<input type="checkbox"/> Other	
Company/Vendor	Account Number	Costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name	Account Holder's Last Name	Relationship to Primary Client	

Please provide your electric utility provider information (if not provided above):

Electric Company/Vendor	Account Number	Costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name	Account Holder's Last Name	Relationship to Primary Client	

Home Weatherization Assistance Program  
Homeowner/Authorized Agent Certification  
(EIA-29D)

Agency: CHN Housing Partners

Agency Address: \_\_\_\_\_

Agency Phone (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_ (Name of Homeowner/Authorized Agent) Certify that I am the owner/authorized agent for the property located at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further certify that I have given my permission to allow work on the property listed above which may include the following:

- |  |                              |
|--|------------------------------|
| 1. Drill Sidewall and replace exterior covering  | YES _____ NO _____ N/A _____ |
| 2. Drill and plug interior walls   | YES _____ NO _____ N/A _____ |
| 3. Install S-Type Fuses  | YES _____ NO _____ N/A _____ |
| 4. Lower the thermostat on the water heater  | YES _____ NO _____ N/A _____ |
| 5. _____   |                              |
| 6. _____   |                              |
| 7. _____   |                              |
| 8. _____   |                              |
| 9. _____   |                              |
| 10. _____  |                              |
| 11. _____  |                              |
| 12. Other work that must be done in accordance with the Ohio Weatherization Program Standards. |                              |

I further certify that I understand that all work must be done in accordance with the rules and regulations governing the Home Weatherization Assistance Program.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Owner/Authorized Agent)

**Demographic Form**

**Client Information Form**

Please complete the following information:

Please list all persons who live in your home, including yourself.

Check box if disabled ↓

Name	Date of Birth	Relationship	Disabled
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
6.			<input type="checkbox"/>
7.			<input type="checkbox"/>
8.			<input type="checkbox"/>

1. Is your home part of a multi-family dwelling? ☐Yes ☐No

a. What is the number of units? \_\_\_\_\_

2. Are utilities included in your rent? ☐Yes ☐No

Minority Group Information is obtained for statistical purposes only

**HEAD OF HOUSEHOLD:** ☐Yes ☐No / ☐Male ☐Female

**Ethnicity:**

Hispanic/Latino ☐Yes ☐No

**Race:** (please select one or more)

☐White

☐Black or African American

☐Asian/Other Pacific Islander

☐American Indian or Alaska Native

☐Other \_\_\_\_\_

# Housewarming WEATHERIZATION PROGRAM

## TERMS OF SERVICES

Dear Customer,

Dominion Energy Ohio (DEO) has implemented a Weatherization Program with the assistance of the CHN Housing Partners, Inc. (CHN). This program is designed to provide residential assistance to increase the energy efficiency of dwellings owned or occupied by DEO income-eligible customers, reduce participant's household energy expenditures and improve health and safety to eligible residences. All weatherization services will be provided by contractors of CHN. DEO will not be responsible for providing these services.

Before weatherization services can be provided, a trained and program-certified inspector under contract with CHN will visit your home to determine what weatherization services are needed. The inspection process may take several hours and the inspector must have clear access to the attic, living spaces, crawl spaces and basement.

PLEASE TAKE NOTICE THAT IF THE INSPECTION REVEALS AN UNSAFE CONDITION, GAS SERVICE MAY BE DISCONTINUED UNTIL THE UNSAFE CONDITION IS CORRECTED. Weatherization cannot be completed until all unsafe conditions are corrected.

After the inspection, the inspector will explain to you the work that needs to be done, will complete paperwork, and will contact the contractor(s) that will be doing the work on your home. The contractor(s) will then contact you to schedule an appointment to complete your weatherization work. Upon completion, the inspector will come back to your home and make sure that the work was done correctly. Your Dominion Energy Ohio gas usage and billing history, 12 months before and after weatherization, will be released to CHN Housing Partners to evaluate the Housewarming Program.

By my signature below, I have read and ACCEPTED the above terms and services provided by the Weatherization Program. In consideration of the receipt of an initial inspection, and the receipt and installation of weatherization materials, I hereby release, acquit and forever discharge Dominion Energy Ohio and its officers, agents, affiliates, employees, successors and assigns, of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now or may hereafter have, or that my heirs, executors or their administrators can or may have against Dominion Energy Ohio or their officers, agents, affiliates, employees, successors and assigns, on account of, or in any way relating to, the initial inspection and the weatherization materials provided, as well as the installation and use thereof. If the home is not an owner occupied residence and a furnace installation is required, the landlord may be required to pay the cost of the installation, less \$500 or 50% of the cost, whichever is less. By signing below, landlord agrees not to raise the tenant's rent as a result of weatherization improvements to the home.

I understand and acknowledge that the CHN and its contractors are providing and installing all weatherization materials, and that no weatherization services or materials will be provided by DEO. I further understand that all weatherization materials will be provided on an "AS IS" basis, and that Dominion Energy Ohio DISCLAIMS ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION. I also acknowledge that any energy savings projected as a result of the installation of weatherization materials are only an estimate.

I authorize Dominion Energy Ohio to release to its designees information about the gas account at this home and about weatherization materials installed on the property at the address below.

### Check one box

☐ Owner occupied residence      ☐ Renter, landlord not applying      ☐ Renter, landlord applying

Printed Name of Owner \_\_\_\_\_

Printed Name of Tenant \_\_\_\_\_

Signature of Owner \_\_\_\_\_

Signature of Tenant \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

*Complete above ONLY if gas customer is renting*

Date \_\_\_\_\_

*Complete above, with landlord signature if gas customer  
is renting*

# Energy Assistance Programs Application July 2024 - May 2025

## Terms of Agreement

I agree

- To accept any energy efficiency programs offered by Development or its designated providers, if eligible.
- To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to Development and agencies that perform weatherization services and/or provide other energy related services.
- To allow Development to release my name, address, telephone number, household member information, and current status to the utility companies, and other Energy Assistance Providers.
- To allow Development to share my usage and demographic data with organizations contracted by Development to evaluate the programs administered by Development.

I understand That I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance

## General Authorization

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Department of Development or any designated agent or employee of the Director, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Department of Development or any designated agent or employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Department of Development, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Department of Development, and the Director of the Ohio Department of Jobs and Family Services.

I understand that by signing this application, I grant the Ohio Department of Development, or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Department of Development, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

I declare under penalty of perjury that the information submitted in this application is true and correct.

### What services are you interested in applying for? (Please check all that apply)

CEI/CPP - Refrigerator and/or freezer replacement, LED light bulb replacement  
☐ Yes ☐ No

Weatherization - Furnace, hot water tank, and insulation.  
☐ Yes ☐ No

Is your Furnace working?  
☐ Yes ☐ No

Is your Hot Water Tank working?  
☐ Yes ☐ No

## PLEASE SIGN AND MAIL APPLICATION TO:

(Or drop it off at) **2999 Payne Avenue, Suite 134, Cleveland, OH 44114**

Or FAX to our Energy Services Department: 216-803-6739

X Sign Here \_\_\_\_\_ Application Date \_\_\_\_\_

## Self-Declaration of Income Worksheet

**If you have no other way to document your income, please complete all sections below. An incomplete worksheet may delay the processing of your application.**

### ***Monetary Support section:***

If you are receiving help paying your bills and/or expenses from a non-household member(s), please list their name(s), address, and phone number(s) below, also include a signed statement from that person(s). The statement should note how much money is provided, how often, and if the money is given to you or paid directly to your creditors. If additional space is required (you have more than three people assisting, you) use the back of this form to list their information and have them provide the required signed statements.

<b>First Name</b>	<b>Last Name</b>	<b>Telephone Number (include area code)</b> (     )     -
<b>Address</b>		
<b>First Name</b>	<b>Last Name</b>	<b>Telephone Number (include area code)</b> (     )     -
<b>Address</b>		
<b>First Name</b>	<b>Last Name</b>	<b>Telephone Number (include area code)</b> (     )     -
<b>Address</b>		

**Explain how the following expenses are paid (Write N/A to any that do not apply):**

Bill	Monthly Amount	Gift / Loan (if Other, please explain)		
Rent/Mortgage	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Food	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Gas	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Electric	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Phone/Cell	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Car Payment/Insurance	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Cable/Internet	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Personal Expenses	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Other Expenses	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____

Does your household receive any of the following?	Yes or No	Amount
Food Stamps		\$
Rental Assistance (i.e. section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies.		\$

### ***Income Comments section:***


**By signing below, I declare under penalty of perjury that the information submitted on this worksheet is true and correct.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

## Self-Employment Income and Expense Form

### Self-Employment Income and Expense Form

Examples of self-employment include: Owning your own business, babysitting, day care, home party sales, odd jobs, Ohio Electronic Child Care, etc.

If you do not file a Form 1040 with the IRS, you must provide an **IRS Verification of Non-Filing Letter** (if applicable), along with this completed form.

Name of Self-Employed Person: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Itemized Business Income			Itemized Business Expenses		
Date	Source	Amount	Date	Source	Amount
12-month Income Total			12-Month Expense Total		
Total Business Income (Income minus Expenses):					

Attach additional pages as necessary.

I certify under penalty of perjury, that this income and expenditure information is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_