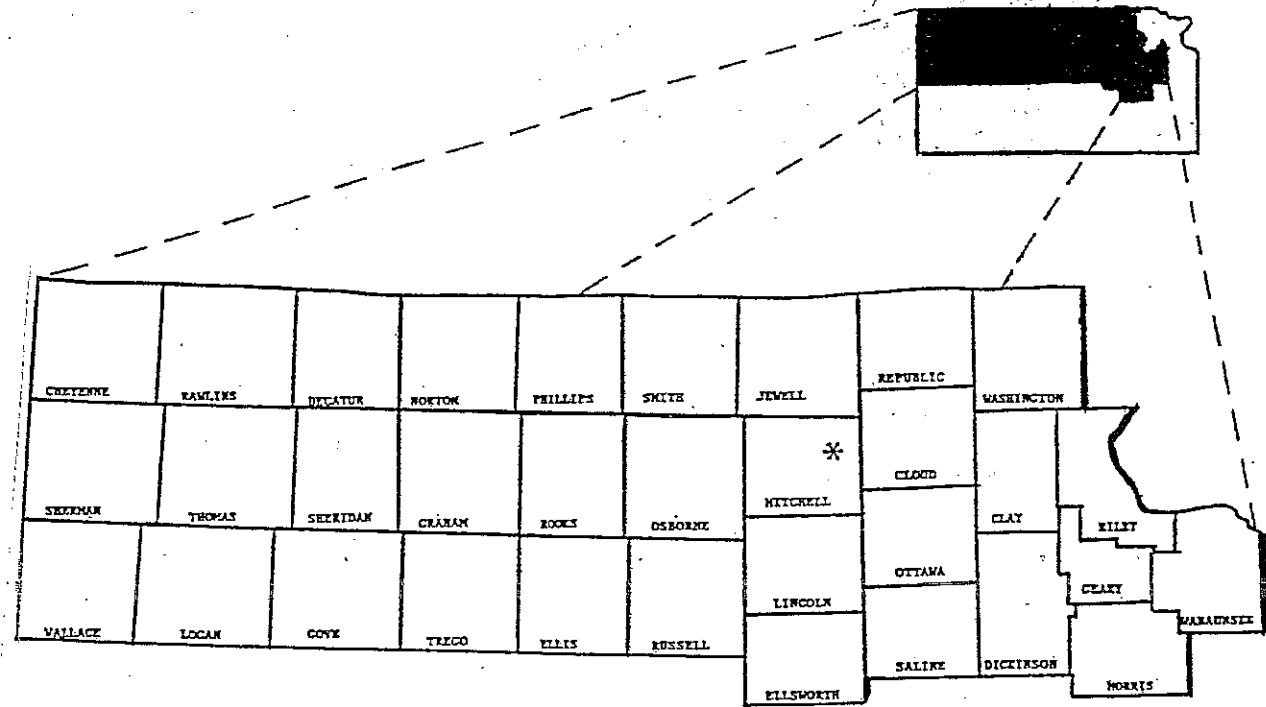


# HOUSEHOLD WEATHERIZATION PROGRAM

North Central Regional Planning Commission  
109 N. Mill, P.O. Box 565  
Beloit, Kansas 67420




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OPERATED BY:  
THE NORTH CENTRAL REGIONAL PLANNING COMMISSION  
OFFICES IN BELOIT\*, KANSAS

CALL TOLL FREE 1-800-432-0303  
FOR FURTHER INFORMATION

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An Equal Opportunity Program

## INFORMATION ABOUT PROGRAM

The North Central Regional Planning Commission operates a Weatherization Program for lower income residents of Kansas, with special consideration given to the elderly and the handicapped (see guidelines). The counties in the NCRPC service area include: Ellsworth, Saline, Lincoln, Ottawa, Washington, Jewell, Cloud, Republic, Mitchell, Clay, Geary, Riley, Morris, Wabaunsee, Dickinson, Wallace, Sherman, Cheyenne, Rawlins, Thomas, Logan, Gove, Sheridan, Decatur, Norton, Graham, Trego, Ellis, Phillips, Smith, Osborne, and Russell. Funding for this program is provided by the Department of Energy (DOE) and Health and Human Services (HHS).

Eligibility for the Weatherization Program is based solely on income; verification is required (i.e. tax returns, paystubs, unemployment, public assistance documents.) All weatherization work is done at no cost to the individual resident. If the dwelling is a rental unit, the landlord must sign a landlord release form before any materials will be installed. Homes weatherized since September 30, 1993 are not eligible.

## WHAT WEATHERIZATION INCLUDES

Weatherization of home consists of the following:

1. A pre-inspection to determine the amount of work necessary to weatherize the home, in addition to checking heating appliances for safety.
2. Infiltration work by the NCRPC weatherization contractors which may involve patching the foundation, caulking and weatherstripping all outside doors.
3. The contractor will either seal or replace broken glass, depending on need.
4. Wall and attic insulation will be considered. This is dependent upon the condition of wiring, roof condition, the amount of existing insulation, type of wall construction and siding.
5. Gable or roof vents will be installed as required.
6. A final inspection will be conducted to determine if all the work has been completed.

TO APPLY FOR HOME WEATHERIZATION, FILL OUT THE ENCLOSED APPLICATION FORM AND RETURN IT TO THE NORTH CENTRAL REGIONAL PLANNING COMMISSION, P.O. BOX 565, BELOIT, KS 67420.

## INCOME GUIDELINES

FAMILY SIZE	MAXIMUM INCOME
1	\$19,321
2	\$25,266
3	\$31,211
4	\$37,156
5	\$43,100
6	\$49,045
7	\$50,160
8	\$51,275

For 9 persons, multiply \$37,156 by 1.41 (the multiplier); for each additional person, add .03 to the multiplier (that is, 1.44 for 10 persons, 1.47 for 11 persons, etc.).

## DOE DEFINITION OF INCOME

Refers to total cash receipts before taxes from all sources. These include money wages and salaries before any deductions. Income also includes net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses). Income includes regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veteran's payments, training stipends, alimony, and military family allotments, private pensions, regular insurance or annuity payments; college or university fellowships and assistantships; and dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

DOES NOT INCLUDE: child support, capital gains; any assets drawn down as withdrawals from a bank, the sale of

property, a house or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury; foreign government restitution payments made to people because of their status as victims of Nazi persecution; Title V (Green Thumb) wages; JTPA training payments; educational scholarships and grants; or income for providing non-medical personal attendant care within the household, under Medicaid waiver. Also excluded are noncash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such federal noncash benefit programs as Medicare, Medicaid, Food Stamps, school lunches and housing assistance.

**KANSAS DEPARTMENT OF COMMERCE AND HOUSING  
WEATHERIZATION PROGRAM APPLICATION FORM**

Name: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Address: \_\_\_\_\_ County: \_\_\_\_\_ Age: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ # in Family: \_\_\_\_\_  
 Own ( ), Rent ( ) House ( ), Duplex ( ), Apartment ( ), Trailer ( )

Directions (if needed) \_\_\_\_\_ Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Tel # \_\_\_\_\_

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 If a member of the household has received one of the following, during the past 12 months, then check only the one that is appropriate. SSI ( ) TAF ( )

**NO APPLICATION WILL BE PROCESSED WITHOUT PROOF OF INCOME.**

Total household income for the past 12 months is \$ \_\_\_\_\_. By signing this application: (1) I authorize weatherization to be done by the North Central Regional Planning Commission (NCRPC), Beloit, Kansas; (2) I agree to provide access to my property and GRANT A WAIVER OF LIABILITY to the NCRPC, from any and all claims against the NCRPC's Weatherization Program arising from its presence on said property; (3) I certify that information given by me in this application is true to the best of my knowledge. I understand that I may be civilly and/or criminally liable under federal and state law for any knowingly false or fraudulent statements; and (4) I understand that I may appeal the NCRPC's decision to deny or delay weatherization services, by writing this office, within (30) days of receipt of the decision. Your application will be reviewed by first the Weatherization Director, 2nd appeal will be made to the Executive Director of NCRPC, and 3rd appeal to the State Housing Director, Kansas Housing Resources Corporation.

LIST ALL PERSONS LIVING IN HOUSEHOLD

Name	Age	Gross Income	Name	Age	Gross Income
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\_\_\_\_\_"I certify that no member of this household is an alien whose status has been adjusted to lawful temporary or permanent resident under section 245A ("amnesty aliens") or 210 (Replenishment Agricultural Workers) of the Immigration and Nationality Act, as amended by the Immigration Reform and Control Act of 1986.

I understand the NCRPC may notify the appropriate utility company and the local housing authority in addition to myself if it discovers any physical condition which the NCRPC believes poses a threat to the safety of the household. I hereby give permission for this house to be weatherized.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signed Application?  
 Income Verification Included?  
 -----FOLD HERE & STAPLE OR TAPE TOGETHER-----

Place  
 Stamp  
 Here

North Central Regional Planning Commission  
 P.O. Box 565  
 Beloit, KS 67420

**WALL INSULATION**  
(to be completed by house owner)

Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Phone: \_\_\_\_\_

I give my permission for holes to be drilled in all the walls of my home (property) for installing sidewall insulation, and I understand that it will be my responsibility to paint the plugs used to fill these holes.

\_\_\_\_\_  
 Owner's Signature Date

**WEATHERIZATION WALK-AWAY POLICY**

Weatherization staff is authorized to postpone or deny services to units under these circumstances:

**Health & Safety:**

1. Unsanitary conditions where health of staff or contractor(s) would be placed in jeopardy;
2. Threat of violence or personal safety to staff or contractor(s) is in questions;
3. Household member has a health condition which could be aggravated by weatherization;
4. Mold is found or excessive moisture conditions are present;
5. Source pollutants are found which would be aggravated by weatherization (e.g., moisture, friable asbestos, or radon).

**Effectiveness:**

1. Remodeling or rehabilitation is planned or in progress;
2. Condition of dwelling is too degraded for weatherization to be effective;
3. Home is condemned or scheduled for demolition;
4. Client does not cooperate with weatherization personnel and either refuses entry, inspection, or measures selected by audit.

**WEATHERIZATION IS AN EQUAL OPPORTUNITY PROGRAM**  
(for statistical purposes only)

White\_\_\_\_, Black\_\_\_\_, Hispanic\_\_\_\_, Native American\_\_\_\_, Asian\_\_\_\_, Pacific Islander\_\_\_\_  
 Migrant\_\_\_\_, Handicapped\_\_\_\_

**RENTAL PROPERTY AGREEMENTS**  
(to be completed by house owner)

I, as owner of the residence located at \_\_\_\_\_, Kansas, hereby give permission to the North Central Regional Planning Commission (NCRPC) to weatherize said residence within guidelines set forth by the U.S. Department of Energy on January 27, 1984 in the Federal Register.

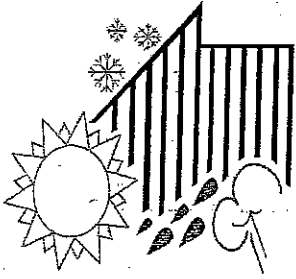
In return for weatherization of the aforementioned residence, I, as owner, agree to and understand the following:

1. I agree to contribute any cost of materials and labor for heating appliance repairs (if needed), in excess of \$250.00 (the Weatherization Program will pay the first \$250.00).
2. I will not raise the rent on this property because of any improvements made by the NCRPC for a period of one (1) year following completion of the weatherization work. I have the right to increase the rent an appropriate sum if I do additional repairs at my own expense. The Legal Aid Society is responsible for arbitrating landlord-tenant disagreements arising from weatherization activities.  
 Contact your nearest Legal Aid Office: Hays (785) 625-4514 Manhattan (785) 537-2943  
   Salina (785) 825-8147 Topeka (785) 354-8531
3. Weatherization work planned for or underway will be terminated if the tenants making application move from the residence.
4. The NCRPC may notify the appropriate utility company and the local housing authority in addition to the tenant and myself if it discovers any physical condition which NCRPC believes poses a threat to the safety of the tenant.
5. I hereby GRANT A WAIVER OF LIABILITY to the North Central Regional Planning Commission (NCRPC), Beloit, Kansas, from any and all claims against the NCRPC's Weatherization Program arising from its presence on said property.

\_\_\_\_\_  
 Owner's Signature Date  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City

\*\*\*\*\*  
 (for agency use)  
 Client Eligible ( )  
 Client Ineligible: Over Income ( ) Weatherized Previously ( )

\_\_\_\_\_  
 Agency Representative Date



Weatherization  
Works

# NCRPC

North Central Regional Planning Commission  
109 N. Mill Street • P.O. Box 565 • Beloit, KS 67420-0565  
(785) 738-2218 ■ FAX (785) 238-738-2185

## FUEL INFORMATION RELEASE FORM

(FOR AGENCY USE ONLY)

Applicant's Name: \_\_\_\_\_ WX Job #: \_\_\_\_\_

Address: \_\_\_\_\_ WX Completion: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(TO BE COMPLETED BY APPLICANT)

Applicant must fill out the rest of this page for application to be processed:

**HEATING/FUEL SUPPLIER:** \_\_\_\_\_ **ELECTRICITY SUPPLIER:** \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Bill to: \_\_\_\_\_ Bill to: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Do you use the same supplier for both heating and electricity Yes  No

I hereby authorize the above energy providers to release information on my fuel bills to the following agencies:  
**Kansas Building Science Institute, Kansas Weatherization Assistance Program, and NCRPC.**

I understand that this information will be used only to provide data for the above named agencies, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

\_\_\_\_\_  
Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Heating/Electricity Supplier, please return this form attached to the requested data to:  
Kansas Housing Resources Corporation • 1000 S.W. Jackson Street, Suite 150 • Topeka, KS 66612-1372

**WEATHERIZATION INCOME TEST WORKSHEET**

Applicant's name (please print): \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (County)

**INSTRUCTIONS:**

Fill out this worksheet carefully. Mistakes may delay the processing of your application or result in your being ineligible for the weatherization program.

All family income should be entered on this worksheet. If an income source is not listed on the worksheet, enter the amount in the "Other Income" category and explain fully.

Enter the **TOTAL AMOUNT** of income for the **PAST TWELVE (12) MONTHS**, from each of the sources, in the following blanks.

**Supporting income verification must be mailed along with completed worksheet and application. Please send a copy of your most recent Income Tax Form along with proof for each source of income. Proof should show the amounts earned for each of the past twelve (12) months.**

Source	Applicant	Spouse	Other Members
Gross wages, salary, and tips for work performed (before deductions) for the past 12 months.	\$ _____	\$ _____	\$ _____
Net self-employment income (gross receipts minus operating expenses) from non-farm business including rents for the past 12 months.	\$ _____	\$ _____	\$ _____
Net self-employment income (gross receipts minus operating expenses) from FARM business including rents for the past 12 months.	\$ _____	\$ _____	\$ _____
Social Security payments for old age and retirements (including disability) for the past 12 months.	\$ _____	\$ _____	\$ _____
Veteran's retirement payments for the past 12 months.	\$ _____	\$ _____	\$ _____
Veteran's disability payments.	\$ _____	\$ _____	\$ _____
Allimony payments for the past 12 months.	\$ _____	\$ _____	\$ _____
Income from public assistance Aid to Families with Dependent children (automatic qualify if TAF received during past 12 months).	\$ _____	\$ _____	\$ _____
Income from Supplemental Social Security (automatic qualify if SSI received during past 12 months).	\$ _____	\$ _____	\$ _____
Income from Unemployment or Workmen's Compensation	\$ _____	\$ _____	\$ _____
Other Income (I.e. interest, retirements, monthly insurance payments, etc.)	\$ _____	\$ _____	\$ _____
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____

This income test worksheet is true and correct to the best of my knowledge and I am submitting the enclosed verification to support my figures.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_