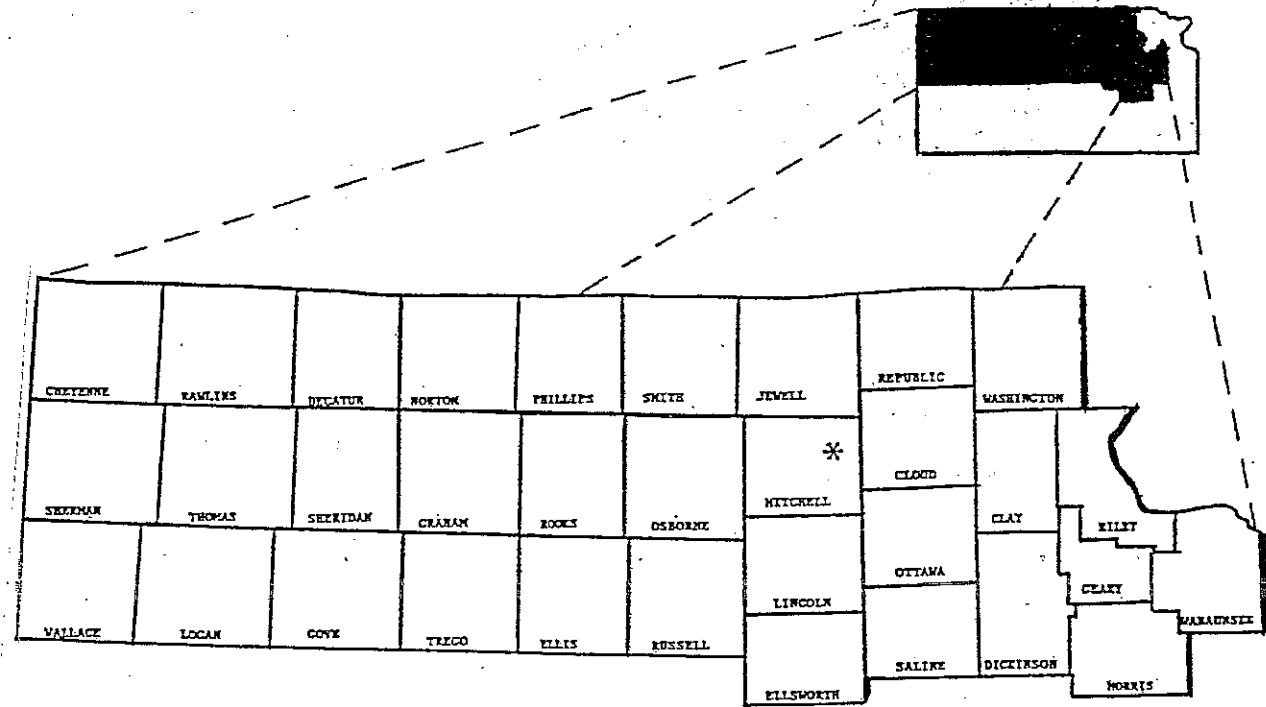


HOUSEHOLD WEATHERIZATION PROGRAM

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



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

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

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 # _____

 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.

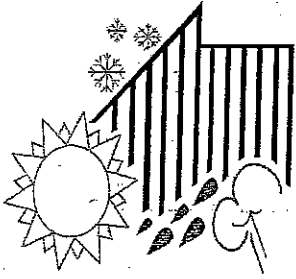
I understand the NCRPC may notify the appropriate utility company and the local housing authority in addition to myself if it discovers any physical condition which the NCRPC believes poses a threat to the safety of the household. I hereby give permission for this house to be weatherized.

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



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.	\$ _____	\$ _____	\$ _____
Alimony 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.)	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____

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 _____