



Dear Applicant:

Thank you for your interest in the Weatherization Assistance Program at Community Action of Allegan County. The Weatherization Program's goal is to make your home more energy efficient, comfortable, and safe. To be eligible to participate in this program, the following items are required:

- Client Code of Conduct (Page 3)
- Release of Liability and Waiver of Claims form DHS-552-A (Page 4)
- Weatherization Client Acknowledgements and Agreements (Page 5)
- Weatherization Program Complaint Procedure (Page 6)
- Weatherization Program Appeal Procedure for Denial of Services (Page 7)
- Weatherization Program Deferral Policy (Page 8)
- Complete the attached application for weatherization assistance form DHS-4283: Fill out all pages of this application completely. Please list birthdates and Social Security numbers for **ALL** members of your household, including yourself.
- Provide proof of all household income for the last three (3) months:
  - a. If you receive Social Security benefits or Supplemental Security Income (SSI), include a copy of your award letter from the current year (2020). If you cannot find your award letter, you can request one from Social Security Administration over the phone (1-800-772-1213) or online.
  - b. If you are employed, include all paystubs for the last three months prior to the date you sign the application. Provide proof of any other household income, including retirement/pension income, veteran's benefits, MDHHS benefits, rental property income, etc.
  - c. If no one in your household claims an income, you must complete, have notarized, and include the **Weatherization Certification of Household Claiming Zero** form. CAAC has a notary in our office available free of charge. You must call in advance to schedule an appointment.
  - d. If the household has 2 or more members, is claiming income, and any one of those household members age 20 and older is claiming zero income, then each such household member must complete a **Weatherization Certification of Individual Adult (over the age of 19) Claiming Zero Income** form. Do not include students living away from home as household members.
- Proof of home ownership: Property tax receipt, deed or mortgage agreement, or mobile home title are all acceptable forms documentation.



a. If you are a renter, landlord approval is required. Please provide your landlord's name, address, telephone number and fax number. You must also have your landlord complete the Owner / Landlord Agreement form.

- Copies of the last 12 months of gas/electric bills or other home fuel bill.
- Copy of the social security card for **ALL** members of the household.

The items listed above are required for approval to the program. Please turn in your completed application with the above required documentation by mail via the return envelope provided to Weatherization Program, Community Action of Allegan County, 323 Water Street Allegan, MI 49010.

We will contact you by mail and/or phone to let you know if you are eligible for the program or if we need further documentation. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Trevor Brush". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Trevor Brush  
**Home Services Manager Community  
Action of Allegan County**  
**Phone:** 269.673.5472 **ext.** 238  
**Fax:** 269.673.3795  
**Email:** TBrush@communityactionallegan.org

**Community Action of Allegan County  
Client Code of Conduct**

Community Action of Allegan County (CAAC) is a private not for profit (501(c)(3) organization whose mission is to serve, advocate, and engage individuals, families and communities to overcome the effects of poverty and encourage self-sufficiency.

Participation in the organization's programs is subject to the observance of the organization's rules and procedures. As such, the CAAC reserves the right to remove or deny service to any participant/client who violates this "Code of Conduct."

The activities outlined below are strictly prohibited.

- Abusive language towards a staff member, volunteer or another participant.
- Possession or use of alcoholic beverages or illegal drugs on Community Action of Allegan County's property or reporting to the program while under the influence of drugs or alcohol.
- Bringing onto CAAC's property dangerous or unauthorized materials such as explosives, firearms, weapons or other similar items.
- Discourtesy or rudeness to a fellow participant, staff member or volunteer.
- Verbal, physical or visual harassment of another participant, staff member or volunteer.
- Actual or threatened violence toward any individual or group.
- Conduct endangering the life, safety, health or well-being of others.
- Failure to follow any agency policy or procedure.
- Bullying or taking unfair advantage of any staff member, volunteer or program participant.
- Failing to cooperate with any staff member or volunteer.

I have read and understand the Community Action of Allegan County's Client Code of Conduct. I agree to abide by the rules described above and understand that I may be denied service or removed as a program participant if I violate any of these rules.

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

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

Agency Representative Printed Name: \_\_\_\_\_

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF LIABILITY AND WAIVER OF CLAIMS**  
 Department of Human Services  
 AGENCY NAME **Community Action of Allegan County**

**Health and Safety Assessment**

In addition to the energy audit we will do on your home, we will do a limited health and safety assessment of the home. The health and safety assessment will consist of a visual inspection for potential health and safety problems. You will be notified of any health and safety problems that are identified, including mold. However, the evaluator is not a qualified mold professional. Mold may be present in areas not accessible or seen during the visual inspection or during the actual work on your home. Work on your home will be performed in a manner to prevent future mold growth. Mold can be a problem in any home, but especially in those where there is an excessive amount of moisture or humidity present. In addition, if there are several people, pets, plants or fish aquariums present, conditions may exist for mold to grow. If there are existing conditions that are seen or unseen, we shall not be held responsible or liable. The agency and its contractors will be held harmless for any future moisture or mold problems that are not directly attributable to weatherization work.

**Weatherization Activities**

*Notice:* During weatherization activities, particularly when insulation is being blown into wall cavities and attics, insulation dust, other types of dust, and other particles may become airborne. Additionally, unforeseen circumstances may result in some insulation leaking through cracks into the home's living space. In those circumstances where insulation leaks into the living space, we will be responsible for clean-up (repairing damage and cleaning up the living area). Minor construction dust is inevitable at the end of any remodeling work. Construction dust clean-up will be the responsibility of the home owner/occupant.

*Recommendation:* It is recommended that people with the following health conditions be out of the house when insulation is being blown into the house: Asthma, emphysema, allergies and other respiratory conditions, pregnancy and any serous health conditions such as decrease immune functions which might be aggravated by dust and other dust-like particles in the air. Furthermore, it is also recommended that infants less than 12 months old should be out of the house when insulation is being blown. Persons who leave the house during the insulation process should remain outside the house for at least 30 minutes after completion of insulation activities.

**Release of Waiver of Claims:** I acknowledge by my signature below receipt of the information and recommendations set out above. Additionally, I agree on behalf of myself and any minor children or others for whom I am responsible, to hold the agency and its agents harmless from any claims, medical problems or personal injuries that may occur, develop or worsen in response to the weatherization activities. This waiver is for all damages, direct or indirect, that may relate to weatherization activities, including money lost by not being able to work, healthcare costs and pain or suffering.

**I am aware the weatherization process may cause airborne particles, including dust, to be released in my home and that such airborne particles can aggravate health conditions. I have chosen to go forward with the weatherization process, accepting any and all risks of injury or damages.**

**I have carefully read this release and waiver and fully understand its contents. I am aware this is a release of liability and have signed it of my own free will.**

<b>Client Name</b>	<b>Phone</b>	Job File Number
<b>Address</b>	<b>City/Zip</b>	
<b>Client Signature</b>	<b>Date</b>	Agency Witness <span style="float: right;">Date</span>

Agency File *(always)*  
 Copy – Client *(always)*

# CAAC

## Weatherization Client Acknowledgements and Agreements

- The Weatherization Program is funded by various Federal and State agencies that have specific requirements. Independent audits are done annually to assure compliance. Your home may be selected for state monitoring up to one year after closeout of your project
- The initial evaluation is only part of the process of qualifying program measures. Data gathered at the initial evaluation is used to determine the best methods of energy savings for your dwelling. Federal and State agency provided computer programs are used to determine the most cost-effective methods of saving energy.
- The initial evaluation inspector cannot and will not commit to any improvements. The inspector's job is to collect the required data. The initial evaluation of your dwelling does not mean that improvements are guaranteed or implied. Qualified improvements, if any, will be determined thereafter.
- I understand that if contractors install sidewall insulation it may be required to remove and reinstall siding, drill through the wood exterior, or the interior walls of my home. It may not be possible to restore the appearance of the home to the exact condition it was in before the work was done. However, I am aware that the contractor is responsible to reinstall removed siding and provide plugs or patches for all holes drilled. As the property owner, I will have exterior or interior paint available for contractors to apply to plugs or patches at the time the insulation is installed. If I do not have paint available when the contractors are at my house, painting of the plugs will be my responsibility.
- In preparation for the install of ceiling and/or foundation insulation, I agree to remove from my attic/crawlspace any items that I believe may be soiled or damaged by the install or by insulation dust. If your dwelling is a mobile home any insulation installed will be either fiberglass batts or blown fiberglass (no cellulose). In some mobile homes it may be necessary to blow ceiling insulation from the interior of the home. Any insulation installed for thermal efficiency in unfinished areas of your home will not have a finished appearance subsequently these measures installed in finished area will not degrade the finished appearance to the best of abilities.
- I allow CAAC to use information about the assistance provided to me for marketing, advertising, and reporting purposes. In addition, I also agree that the files maintained by the agency may be reviewed by any funding source, evaluators hired by that funding source or any staff of the agency.
- As a recipient of weatherization service or client education, I hereby waive all claims, demands, and causes of action in every nature arising from said participation in the above named programs and/or for the release of information concerning me against CAAC, its agents, employees, officers, representatives and/or program funders or evaluators.

(  client initial )

Client

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

Printed name \_\_\_\_\_

CAAC Representative \_\_\_\_\_ Date \_\_\_\_\_



## Community Action of Allegan County Weatherization Complaint Procedure

- \* Complaint must be received within one year of initial service.
- \* Review each complaint will be conducted by the Housing Director.
- \* Response to each complaint will occur within 10 business days.

If it is determined that Allegan County Resource Development Committee, Inc. DBA: Community Action of Allegan County was responsible or negligent, CAAC will return to provide additional service which addresses the complaint within 30 days.

If the lack of eligible weatherization services provided was at cause this will also be determined based on the obligation that at the time of service to provide the service. This would reflect the policy and funding at the time of service. If the damage does require repair, and it was the responsibility of CAAC, CAAC will return to the home to correct the service within 45 days.

If it determined that there is no damage to the home caused by the agency, the agency will assist the homeowner in obtaining a resolution to the problem by providing information and referral services.

If the complaint is received after one year, the complaint period has expired.

I have received a copy of the Weatherization Complaint Procedure of Allegan County Community Action Agency, informing me of the Weatherization Complaint Procedure. I have read and understand the information presented. If I do not agree with the outcome of the complaint process, I will follow the grievance policy provided at the time of application.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## **WEATHERIZATION**

Community Action Allegan County

### **APPEAL PROCEDURE FOR DENIAL OF SERVICES**

It is the policy of the Community Action Allegan County to provide clients due process of appeal in the event they are denied service in any CAAC programs or projects.

All applicants who have been denied service for any reason shall be notified, in writing, within 10 days of the denial. If the applicant feels that the denial was unjustified and resolution to the problem is not handled to the satisfaction of the applicant, an appeal may be made to the CAAC within 30 days of the denial. The Executive Director can be reached by telephoning (269) 673-5472 or by writing a letter and mailing it to:

Community Action Allegan County

323 Water Street

Allegan, Michigan 49010

Upon notification of the appeal from the client, the Executive Director will contact the responsible project manager and/or department head to determine if any additional information has been provided by the client that would cause a change in the applicant's status. The Executive Director will research the regulations of the funding source and agency policy for further information and clarification. Resources of the agency may be brought to bear if field contacts are needed to shed proper light on the matter.

1. If it is decided that the client is indeed eligible, the program director and client will be brought together by the Executive Director to assure that the client receives proper service.
2. If it is determined that the client is not eligible, the client will be contacted in person as well as provided a written clarification of the denial. A copy will be forwarded to the program director. The client then will have twenty (20) days after being informed of this decision to provide the Executive Director with additional information or ask further questions about the procedures as it pertains to their grievance. The Executive Director shall relay this additional information to the appropriate parties as required under this procedure.
3. If the client is not satisfied with step 2, the Executive Director will notify the Assistant Director to call a meeting of the Appeal Team within one week.

The Appeal Team will be composed of the following people:

- Chairperson of the Community Action Allegan County.
- Assistant Director of the Community Action Allegan County (serves as chairperson).
- Vice Chairperson of the Community Action Allegan County.

The Appeal Team will review the denial and facts of the case, determine the disposition of the matter, inform the Executive Director and the applicant in writing. The CAAC Governing Board and appropriate staff will be informed of the disposition. Final disposition shall be determined within one week. The results of the appeal shall be filed with the next Program Progress Review (PPR) and forwarded to the Department of Human Services.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# Community Action Allegan County

## Weatherization Program

### DEFERRAL POLICY

Weatherization work will not be performed on a home if any of the following conditions exist:

1. There are major structural defects, roof leaks/deterioration, and/or major building code violations, which are too extensive to be addressed within the DOE program guidelines and therefore beyond the scope of the program.
2. There are conditions existing such as standing water, mold, friable asbestos, deteriorated lead-based paint surfaces or other hazardous materials that cannot be addressed by the Weatherization work.
3. There are any combustion appliances, other than the furnace or water heater, in the home which are unsafe due to improper ventilation or production of carbon monoxide in excess of 9 parts per million in the ambient air. In addition, if the home has an unvented space heater(s) that may have a harmful effect on the air quality of the home, the inspector will be required to defer.
4. There are conditions such as a major gas leak which prevent the testing of combustion appliances and/or deny the opportunity to conduct the required Blower Door testing.
5. There are unsanitary conditions that exist which appear to be an immediate threat to the health of the inspector and/or the work crew. This includes evidence of infestations of rodents, insects, and/or other vermin. It also includes the presence of sewage or animal feces in or around the home.
6. There are maintenance or housekeeping practices that limit the access of workers to the dwelling or create an unhealthy work environment.
7. There are improperly stored chemicals, combustible materials, or other fire hazards that present a danger to the occupants or the workers.
8. There are unsecured pets that may prevent inspectors or contractors from safely completing their work.
9. There is major remodeling in progress which would limit the proper completion of Weatherization measures.
10. There are electrical or plumbing hazards or structural failures that cannot be addressed and/or completed with DOE program guidelines.
11. There is an occurrence of threatening behavior which is violent, abusive, or sexually harassing to a Weatherization worker or a household member.
12. There is the illegal presence or use of any controlled substance in the home during the Weatherization process with the exclusion for medical purposes.
13. There is an occupant of the household that has a known health condition that would prohibit and/or limit the installation of insulation or other Weatherization materials.
14. There are issues of homeownership such as the building or dwelling is for sale or in foreclosure, the ownership cannot be confirmed through legal documents, or the building or dwelling is scheduled for demolition.
15. There are no utilities in service.

I have received a copy of the Deferral Policy and understand that if any of the above referenced conditions exist in my dwelling at the initial evaluation and/or construction period, I will not receive Weatherization services.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# Community Action of Allegan County

323 Water st. Allegan, MI 49010

**(269) 673-5472**

## For Office Use Only

JOB NUMBER: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

ELIGIBILITY DETERMINATION DATE: \_\_\_\_\_

The Local Weatherization Operator, partners, and funding sources do not discriminate on the basis of race, color, sex, age, religion, national origin, or marital status. If you, the applicant, feel you were treated unfairly or denied service(s), please notify the agency in your county of residence and request a fair hearing. If you need help with reading, writing, hearing, etc. under the American Disabilities Act, you are invited to make your needs known.

## APPLICATION FOR WEATHERIZATION ASSISTANCE

**INSTRUCTIONS:** THIS APPLICATION MUST BE COMPLETED IN INK. THE APPLICANT SHALL COMPLETE PART I AND II. DOCUMENTATION OF **ALL SOURCES** OF INCOME MUST BE INCLUDED WITH THIS APPLICATION. THE APPLICANT WILL RECEIVE WRITTEN NOTIFICATION OF ELIGIBILITY DETERMINATION.

### PART I - GENERAL INFORMATION

(1) NAME (Last, First and Middle)	(2) APPLICANT ADDRESS (Street Number and Name)
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(3) CITY	<b>MI</b>	(4) ZIP CODE	(5) COUNTY	(6) DIRECTIONS TO THE DWELLING/SPECIAL PROBLEMS & CONSIDERATIONS:
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(7) HOME PHONE NUMBER	(8) MESSAGE PHONE NUMBER	(9) NAME OF CONTACT PERSON	(10) TOTAL # OF PERSONS IN HOUSEHOLD
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(11) NUMBER OF PERSONS IN THE HOUSEHOLD WHO ARE OR RECEIVE:	ELDERLY (60+)	DISABLED	NATIVE AMERICAN	PREGNANT	FIP*	SSI*	SDA	FOOD ASSISTANCE PROGRAM(FAP)	VETERAN

(12) HAS THE APPLICANT OR OTHER HOUSEHOLD MEMBER(S) RECEIVED ASSISTANCE UNDER TITLE IV-A (FAMILY INDEPENDENCE PROGRAM), TITLE XVI (SUPPLEMENTAL SECURITY INCOME) OF THE SOCIAL SECURITY ACT IN THE LAST 12 MONTHS?

YES  NO  **\*NOTE: IF YES, HOUSEHOLD IS AUTOMATICALLY INCOME ELIGIBLE**

(13) TYPE OF DWELLING SINGLE FAMILY <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> TOTAL NUMBER OF UNITS FOR MULTI-FAMILY BUILDING: _____	(14) DWELLING OWNERSHIP: OWN <input type="checkbox"/> RENT <input type="checkbox"/> LAND CONTRACT <input type="checkbox"/>	(15) RENTAL INFORMATION: LANDLORD NAME _____ ADDRESS: _____ PHONE: _____
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(16) IS THIS DWELLING DESIGNATED FOR ACQUISITION OR CLEARANCE BY FEDERAL, STATE OR LOCAL PROGRAM WITHIN 12 MONTHS?

YES  NO

(17) Complete the information below regarding your main heating source. <b>Please include copies of your LAST 12 months fuel or HEATING bill with this application.</b>	(18) Complete the information below regarding your electric company. <b>Please include a copy of your LAST 12 months electric bills with this application.</b>
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Company: _____	Account Number: _____	Company: _____	Account Number: _____
Are your heating costs included in your rent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the name on your heating bill different from the Applicant's name? If yes, give that name: _____	Is your electricity included in your rent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the name on your electric bill different from the Applicant's name? If yes, give that name: _____
Do you share a main heat source meter with another household? Yes <input type="checkbox"/> No <input type="checkbox"/>	ANNUAL USAGE: _____	Do you share an electric meter with another household? Yes <input type="checkbox"/> No <input type="checkbox"/>	ANNUAL USAGE (kwh): _____

Yearly Heating Cost: _____	Yearly Electric Cost: _____
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DHS-4283 (6/16) Previous editions are obsolete

**APPLICATION FOR WEATHERIZATION ASSISTANCE**

**PART I (Continued)**

(19) IDENTIFY SOURCE(S) AND AMOUNT OF INCOME FOR EACH MEMBER OF THE HOUSEHOLD (AS OF THE DATE OF APPLICATION) FOR THE PREVIOUS 3 MONTHS. THIS INCOME IS THEN MULTIPLIED BY 4 TO ANNUALIZE. ALL HOUSEHOLD MEMBERS MUST BE LISTED, INCLUDING THOSE WITH NO INCOME.

HOUSEHOLD MEMBERS List all including children	DATE OF BIRTH	SOCIAL SECURITY NUMBER	Source #1 Of Income	Source #2 Of Income

**PART II - APPLICANT'S SIGNATURE SECTION**

I HEREBY UNDERSTAND THAT I AM ENTITLED TO A FAIR HEARING REGARDING THE DECISION MADE CONCERNING THIS APPLICATION FOR WEATHERIZATION ASSISTANCE. I HEREBY AUTHORIZE THE AGENCY INDICATED ABOVE TO OBTAIN INFORMATION REGARDING MY PAST, PRESENT, AND FUTURE UTILITY BILLS. I FURTHER AUTHORIZE WORK TO BE PERFORMED ON THE DWELLING LISTED ABOVE IN ACCORDANCE WITH FEDERAL AND STATE WEATHERIZATION PRIORITIES AND WITHIN EXISTING AND FUTURE FUNDING LIMITATIONS. I AGREE THAT I CANNOT HOLD THE AGENCY LIABLE FOR EXISTING PROGRAM - IDENTIFIED HEALTH AND SAFETY VIOLATIONS THAT ARE NOT CORRECTED BY THE AGENCY WEATHERIZATION PROGRAM. I ALSO UNDERSTAND THAT I CANNOT HOLD THE AGENCY RESPONSIBLE FOR EXISTING CONDITIONS PRIOR TO WEATHERIZATION WORK OR WEATHERIZATION WORK AFTER 18 MONTHS FROM THE DATE OF COMPLETION. I FURTHER UNDERSTAND THAT THE WEATHERIZATION CREW MAY NEED TO USE MY ELECTRICITY TO PERFORM WEATHERIZATION MEASURES. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION FURNISHED BY ME IS TRUE AND I ACKNOWLEDGE THAT FALSIFICATION OF INFORMATION IS SUBJECT TO PROSECUTION. I HEREBY AUTHORIZE ALL UTILITY COMPANIES TO PROVIDE COPIES OF BILLS OR OTHER INFORMATION ON PRIMARY HEATING FUEL CONSUMPTION FOR A MINIMUM OF 12 MONTHS PRIOR TO WEATHERIZATION AND 12 MONTHS AFTER WEATHERIZATION OF MY HOUSEHOLD. I HEREBY GIVE THE AGENCY CONSENT TO RELEASE, OBTAIN, AND SHARE ALL PERTINENT IDENTIFYING AND NON-CONFIDENTIAL SOCIAL, MEDICAL, AND OTHER INFORMATION ABOUT MYSELF AND INFORMATION THAT I HAVE PROVIDED ABOUT FAMILY MEMBERS THAT WILL ALLOW ME AND MY FAMILY TO BENEFIT FROM SERVICES OFFERED. IN GRANTING SUCH PERMISSION, I UNDERSTAND THAT SUCH INFORMATION WILL REMAIN CONFIDENTIAL AND THAT SUCH INFORMATION WILL ONLY BE USED TO BENEFIT ME OR MY FAMILY. ONLY AUTHORIZED PERSONNEL WILL SHARE CLIENT INFORMATION NEEDED FOR SERVICE DELIVERY, TO TRACK DEMOGRAPHIC TRENDS, SERVICE PATTERNS, AND THE CLIENT OUTCOMES ACHIEVED. I RELEASE THE AGENCY AND ITS STAFF FROM ANY LEGAL LIABILITY FOR DISCLOSING OR ACQUIRING INFORMATION THAT I HAVE PERMITTED BY SIGNING THIS FORM. UNLESS I MAKE A FORMAL REQUEST TO THE AGENCY THAT I NO LONGER WANT TO PARTICIPATE IN THE SERVICES OFFERED, THIS RELEASE WILL REMAIN IN FORCE FOR THREE YEARS FROM TODAY. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION FURNISHED BY ME IS TRUE AND I ACKNOWLEDGE THAT FALSIFICATION OF THE INFORMATION IS SUBJECT TO PROSECUTION.

APPLICANT'S SIGNATURE:	DATE	INTAKE WORKER'S SIGNATURE:	DATE

**FOR OFFICE USE ONLY**

(A) HOME OWNERSHIP SELF-CERTIFIED <input type="checkbox"/> DOCUMENT REVIEWED <input type="checkbox"/>		(B) WAS HOME OWNERSHIP DOCUMENTATION OBTAINED FOR THE CLIENT/JOB FILE YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, DESCRIBE:	
(C) NUMBER IN HOUSEHOLD	(D) Number in household Under age 18 <input type="checkbox"/> Pregnant <input type="checkbox"/>	HOUSEHOLD INCLUDES CHILDREN:	
		(E) AGES 3-5 YES <input type="checkbox"/> NO <input type="checkbox"/>	
		(F) AGE 2 OR YOUNGER YES <input type="checkbox"/> NO <input type="checkbox"/>	
(G) INCOME POVERTY GUIDELINE:	(H) AMOUNT OF INCOME:	(I) APPLICANT ELIGIBLE YES <input type="checkbox"/> NO <input type="checkbox"/>	(J) TOTAL PRIORITY POINTS:
(K) CHECK HOUSEHOLD INCOME LEVEL LESS THAN 75% <input type="checkbox"/> 76-100% <input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150% <input type="checkbox"/> 151-200% <input type="checkbox"/> OVER 200% <input type="checkbox"/>			
(L) WRITTEN ELIGIBILITY NOTIFICATION SENT? YES <input type="checkbox"/> IF YES, DATE: _____ NO <input type="checkbox"/>		(M) APPLICANT PROVIDED WITH THE APPEAL PROCEDURE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
(N) DWELLING PREVIOUSLY WEATHERIZED? YES <input type="checkbox"/> IF YES, DATE: _____ NO <input type="checkbox"/>	(O) REFERRED TO MDHHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	(P) REFERRED TO UTILITY COMPANY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
(Q) IS THIS DWELLING A HIGH RESIDENTIAL ENERGY USER? YES <input type="checkbox"/> NO <input type="checkbox"/>	(R) IS THIS A HOUSEHOLD WITH A HIGH ENERGY BURDEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		
(S) LOCAL WEATHERIZATION REPRESENTATIVE	(T) DATE DETERMINED ELIGIBLE:		
(U) MULTI-FAMILY BUILDING ONLY - IDENTIFY JOB/CLIENT NUMBER(S) OF THE OTHER UNITS BEING WEATHERIZED IN THE BUILDING			