

WEATHERIZATION PROGRAM

Application Date: _____

PERSONAL INFORMATION								
Social Security Number (last four digits):								
First Name:				Last Name:				
Date of Birth (M-D-YYYY):				Age:				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				Race:				
Ethnicity: <input type="checkbox"/> Hispanic, Latino, or Spanish Origins <input type="checkbox"/> Non-Hispanic, Latino, or Spanish Origins				Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other				
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No				Military: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed				Monthly Income: \$				
Income Sources (CHOOSE ALL THAT APPLY):								
<input type="checkbox"/> Pays Stubs <input type="checkbox"/> Child Support <input type="checkbox"/> Pension <input type="checkbox"/> Unemployment <input type="checkbox"/> SSA Retirement <input type="checkbox"/> VA Disability Pension/Compensation <input type="checkbox"/> SSI <input type="checkbox"/> Social Security Disability Insurance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Food Stamps								
Education: <input type="checkbox"/> 9-12/non-Graduate <input type="checkbox"/> College Graduate <input type="checkbox"/> High School <input type="checkbox"/> 12+ Some Secondary <input type="checkbox"/> GED/Equivalency <input type="checkbox"/> Graduate School				Health Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> State <input type="checkbox"/> Employment Based <input type="checkbox"/> Direct Purchase <input type="checkbox"/> None				
CONTACT INFORMATION								
Mobile Number:				Email:				
Address:								
City/Town:			State: MD			Postal Code:		
HOUSEHOLD INFORMATION								
Housing Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Permanent Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other						Household Size:		
Household Type: <input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Single Person <input type="checkbox"/> Multigenerational <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Non-Related Adults with Children <input type="checkbox"/> Other:								
Household Benefits that you receive (CHOOSE ALL THAT APPLY):								
<input type="checkbox"/> None <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> HCVP <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Permanent Supportive Housing Program <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Other: Click or tap here to enter text.								
	Name	Age	Gender (F,M,O)	Race	Education (0-9th, 9th-12th, 12th+)	Monthly Income	Disabled? Yes/No	Health Insurance Yes/No
1						\$		
2						\$		
3						\$		
Emergency Contact Information								
Mobile Number:				Email:				
Name of Contact Person:								
Relationship:								

Signature: _____

Date: _____

NOTICE: This Form MUST be completed. Please provide identification card.





Clean and Green Communities Program

Dear Homeowner,

Thank you for your interest in the Clean and Green Communities Program. The Clean and Green Communities Program is a **Free Grant** program to assist qualified homeowners to make homes energy efficient.

To determine your eligibility, please answer the following questions:

- Do you reside in one of the following counties Prince George, St. Mary, Calvert, or Charles?
- Have you owned your home for the past year?
- Does your home need weatherization to make the home more energy efficient?
- Are you current on your mortgage, property taxes and property insurance?
- Is your household income equal to or less than 85% of the median household income for your area? (see income chart below)

Prince George’s Charles, and Calvert Counties

Household Size	1	2	3	4
Maximum Income	\$66,938	\$76,500	\$86,063	\$95,625

St. Mary’s County

Household Size	1	2	3	4
Maximum Income	\$66,491	\$75,990	\$85,489	\$94,988

Source: US Department of Housing and Urban Development (www.huduser.org), effective July 1, 2022

If you answered YES to all of the questions, you are eligible to apply to the Program!



Clean and Green Communities Program

Application Process:

Now that you are eligible for the Program,

- Complete the attached application;
- Gather all of the supporting documents requested on the SUBMISSION CHECKLIST found on the next page of the application; and
- Submit application by mail or in person

Submit Applications to:

United Communities Against Poverty, Inc.
1400 Doewood Lane
Capitol Heights, MD 20743

Applications will be reviewed on a first-come, first-served basis. Once approved, UCAP will guide you through the remainder of the program. **Questions, contact UCAP at 301-322-5700 ext. 162 or bwhitley@ucappgc.org**

Eligible Improvements:

- Weatherization (house sealing)
- Refrigerator
- Dishwasher
- Stove
- Water heater
- HVAC (Heating, Ventilation, Air Conditioner)
- Washer
- Dryer

*All eligible activities are determined from your home Energy Audit Report.

Clean and Green Communities Program

DOCUMENTATION TO ENCLOSE WITH APPLICATION	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PROOF OF INCOME (ONE OF THE FOLLOWING) Paystubs (last 3 paystubs) Bank Statements (60 Days) - showing direct deposit of Social Security or Pension Statement Only SSI award letters (if applicable) Alimony (if applicable) Proof of no income--(if applicable) Must provide "Proof of Income Letter" from Social Security Administration. Available online or your nearest SSA office. Other _____ (Approved by Staff)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HOUSING DOCUMENTS (ONE OF THE FOLLOWING) Current Mortgage Statement Deed Property Tax
<input type="checkbox"/>	PROOF OF RESIDENCY Government Issued I.D.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	UTILITY BILLS (PAST 3 MONTHS) Water Bill Gas Bill Electric Bill

ALL DOCUMENTATION IS REQUIRED BEFORE APPLICATION CAN BE REVIEWED.

UCAP Representative: _____ DATE _____

PLEASE RETURN THIS FORM TO:
 United Communities Against Poverty, Inc.
 1400 Doewood Lane
 Capitol Heights, MD 20743
 301-322-5700

Office Use Only

Eligible: YES NO

If not, reason why applicant is not eligible: _____

Income Amount: \$ _____ AMI _____

UCAP Representative: _____ Date: _____



Clean and Green Communities Program

DATE: _____

Names: _____

Address: _____

Phone Number (home): _____ (cell): _____

E-mail Address: _____

County: _____

Community/Area: _____

Do you currently own and live in the home where the work will be completed? _____

If yes, are you current on your mortgage? _____ If no, date of last payment _____

Approximate age of home: _____

Is this home a multi-family, single family, or townhouse? _____

Number of people in the household: _____

Number of bedrooms: _____

Type of fuel used for heating: _____

Type of hot water heater: _____

Do you have central air conditioning? _____

Do you have a gas or electric stove? _____

Has any other agency provided any type of weatherization, energy auditing, or retrofitting to your home? _____ If so, what agency: _____ How long ago? _____

CERTIFICATION AND CONFIDENTIALITY

My signature below grants permission to United Communities Against Poverty, Inc and/or all designated agent to verify any or all information contained herein with respect to this application for assistance. I understand the information in this application is strictly confidential and is provided solely for the purpose of determining my eligibility under this program. I understand that this information may be released to any local, state, or federal agencies for any purpose that pertains to the Clean and Green Communities Program.

I authorize UCAP to make inquiries to utility companies, employers, or other entities necessary concerning the statements made in this application. I agree that you may give information regarding this application to individuals that are contractors of Clean and Green Communities Program.

It is a criminal offense to make willful false statements or misrepresentation of any information provided in the completion of this application.

I have reviewed the information recorded, an attest that to the best of my knowledge, nothing requested has been omitted or misrepresented on this application.

CERTIFICATION

The undersigned applicant(s) hereby certifies to the best of his/her knowledge that the information provided in this application is correct. The applicant(s) is the owner and occupant of the property, for which he/she is applying for services by the Clean and Green Communities Program.

The undersigned further understands that United Communities Against Poverty, Inc. will pay for the services to be completed by contractors and the undersigned may be responsible for any balance due the contractor if the homeowner wants any other repairs not covered under this project.

In consideration for any work repairs the applicant, the undersigned hereby releases and agrees to indemnify and hold harmless UCAP, Inc and its authorized representatives and the referring agency and its authorized representatives from any and all liability in connection with the performance of the repairs and/improvements.

The undersigned agrees to provide UCAP, Inc., access to the property at a reasonable time for the purpose of inspecting the work and conducting follow-up visits if desired or necessary.

TO THE HOMEOWNER:

Your home is being considered to receive services under the Clean and Green Communities Programs. The Clean and Green Communities Programs funded by the Maryland Energy Administration (MEA) and administered in Southern Region of Maryland by United Communities Against Poverty, Inc (UCAP). The Clean and Green Communities Program operates under the rules and regulations of MEA that have certain requirements of which you, as a homeowner, should be aware. At the bottom of this page is a form granting your permission for the UCAP and its Sub Contractor(s) to enter your home to perform an audit and collect eligibility documentation from you.



Clean and Green Communities Program does not require any fees from the homeowner. If you want additional services, you must contact the contractor directly. These funds provided by owners are used to supplement the weatherization activity.

After weatherization services have been provided, a quality control inspection maybe required to ensure that work was completed in accordance to the standards set forth by the Clean and Green Communities Programs. It is your responsibility to assist the staff in gaining entrance to your property. Refusal to assist the staff in of their duties regarding quality control inspections is cause for the reimbursement of the costs and related fees for the weatherization services.

PROGRAM DATA RELEASE: UCAP will on occasion publicly report on program progress. Any public report released by UCAP in conjunction with this program will have all personal information such as name, address and account number removed before it is released.

RELEASE PERIOD: This authorization covers the period starting 1 year before the date below and ending 3 years after the date below. You may revoke this consent at any time in writing to UCAP. The revocation will be effective upon receipt by UCAP of your written revocation of consent.

CONSENT: I understand and agree that my account information (including my name, address, account number, and usage or consumption information) will be provided to UCAP and its contractors by the above-named utilities and fuel or energy suppliers for the sole and limited purpose of evaluation, measurement and verification. By signing this release, I authorize the above-named utilities and fuel or energy suppliers to release my customer account information to UCAP.

PHOTO RELEASE: I give permission to the United Communities Against Poverty, Inc. (UCAP) and partnering organizations to use, without any limitation or obligation, photographs, film footage, tape recordings, biographies, or personal statement that may include my image, voice, or writings for purposes of promoting or interpreting the Clean and Green Communities Program. This includes but is not limited to, the use of photographs in brochures, annual reports, advertising copy, videotapes, or any other materials regarding the Clean and Green Communities Program.

UCAP and it sub-contractors are not responsible for any lost or stolen property while performing services to the home. All valuable should be stored in a safe location while work is being performed.

_____ I, the undersigned, do give _____ I, the undersigned, do not give

UCAP, Inc. or its designee and the referring agency, its staff, or authorized representative's permission to release information contained in my file to help provide services.

Signature of Applicant

Date

Signature of Co-Applicant

Date

