

Weatherization Innovative Pilot Program Application



Iowa Valley Habitat For Humanity
 2401 Scott Blvd. S.E. Iowa City, Ia. 52240 (319) 337-8949



Date: _____

Name: _____
 Street: _____
 Address: _____
 City & zip: _____
 County: _____

Phone: _____
 Alt. Phone: _____

On what days of the week would someone normally be home? (please circle)
 Mon - Tues - Wed - Thurs - Fri - Sat - Sun

Which hours of the day is someone normally home?

Please list all occupants of the home

Name	Date of Birth	Disabled?		Gender	
		Y	N	M	F
_____	_____	Y	N	M	F
_____	_____	Y	N	M	F
_____	_____	Y	N	M	F
_____	_____	Y	N	M	F
_____	_____	Y	N	M	F

What is your annual income (gross)?* \$ _____

*Please attach a copy of current year federal income taxes and include this information for all occupants over the age of 18.

Do you (or anyone in the home) have health issues which would prohibit contact with workers or audit or weatherization activities? Yes No

If so, please explain:

What is the primary Heating fuel type for your home?
 Propane Natural Gas Electric

Which best describes your home? Check all that apply.

- Duplex or 0 lot line
- Ranch
- Two-story structure
- Slab on Grade (no basement or crawl space)
- Finished basement
- Unfinished basement
- Unfinished crawl space
- Conditioned crawl space
- Finished attic space
- Unfinished attic space

Are you the Homeowner? Yes No

 Contact Name (if other then homeowner): _____

Phone: _____
 Alt. Phone: _____

Have Homeowner insurance? Yes No

 Please attach proof of insurance

Have you had your house weatherized since 1994 by WAP, HUD or any other agency? Yes No

Agency: _____
 Year: _____

Is there currently any work being done on the home? Yes No

 If so, please explain:

What year was your home built? (you may estimate)

Approximate square footage of home? _____

Average monthly cooling bill \$ _____
 Average monthly heating bill \$ _____

How long have you lived at this address? _____ yrs

Type of mechanical system?

	Age?
<input type="checkbox"/> Boiler	_____ yrs
<input type="checkbox"/> Furnace	_____ yrs
<input type="checkbox"/> Central Air Conditioning	_____ yrs
<input type="checkbox"/> Window Air Conditioners	_____ yrs
<input type="checkbox"/> Other: _____	

What is your water heating system? Age?
 Tankless elec/gas _____ yrs
 Tank elec/gas #gals _____ yrs
 Boiler _____ yrs
 Other: _____

Utility Information Release Form

I, _____ hereby authorize the release of all information pertaining to my fuel bills, both past and future, to Iowa Valley Habitat For Humanity or its designee.

Fuel Supplier:

Name and Address (Mid American,

Account Number:

Electric

Natural Gas

Propane Gas

I understand that this information will be used only to provide data for the Weatherization Innovation Pilot Program and that the information obtained through this release shall not be made public in such a manner that the dwelling or occupants may be identified.

Applicant
Signature:

Date: _____

Applicant
Address

Acceptance Agreement

I, _____ verify that all the information included within this application is true and correct.

If approved, I agree to enter into a contract (Homeowner Agreement) with the Iowa Valley Habitat for Humanity for the performance of such items as are listed within said agreement. I agree that neither Habitat nor its agents, contractors, directors, employees, officers, volunteers or other representatives shall have any liability or responsibility for any damage, loss or injury of any kind, direct or indirect, to any person or to any property in any way caused by or resulting from the performance of the Work in connection with this Agreement.

It is understood that Homeowner grants and conveys in perpetuity to Habitat all right, title and interest in any and all photographic images, printed interviews or statements, and video or audio recordings made by Habitat and/or its agents, contractors, directors, employees, officers, volunteers, and other representatives in the course of performing the Work, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs, printed materials or recordings.

I agree to remove or contain any animals in my home at the time of both the audit and the day of work, and to allow access to restroom and drinking facilities for the Habitat volunteers and staff.

I agree to suspend all use of alcohol and tobacco products inside of my home while Habitat volunteers and staff are present in my home.

Further, I agree to receive homeowner education on energy efficient measures to be addressed within my home, to partner with the Iowa Valley habitat for Humanity affiliate in giving partner family sweat equity hours.

I also agree to allow energy audits of my home as required by the program and crew leaders and volunteers to work within my home as needed to implement changes agreed to in the contract.

I will inform the affiliate of any changes in income, condition of home, or of my ability to have the agreed upon work completed, in a timely manner.

I understand that I must make equal to or less than the income levels represented below, and having indicated (please circle) my qualifying amount for the area in which I reside, do make application for consideration in the WIPP program.

Income guidelines							
People in home	1	2	3	4	5	6	7
Amount of income	22,340	30,260	38,180	46,100	54,020	61,940	69,860

Homeowner Printed Name _____

Date: _____

Homeowner Signature: _____

Note:

Have you signed all indicated spaces? Have you attached your income tax or proof of income information? Have you attached proof of insurance? If you have any questions about this application, or qualifying, please call 319-337-8949.

Mail completed application to:

**Iowa Valley Habitat for Humanity
Attn: Weatherization Program
2401 Scott Blvd. S.E.
Iowa City, Ia. 52240**