

WEATHERIZATION APPLICATION CHECKLIST

NeighborWorks® TOLEDO REGION will make every effort to assist your request to have your home weatherized. The goal is to reduce energy consumption by providing efficiency measures. Below required documentation/verification are listed and needed to determine eligibility. Unfortunately, **in-complete applications cannot be processed. Provide all applicable documentation listed below.**

- _____ Completed Application (Must contain original signatures and dates)
- _____ Most Recent First Energy/Toledo Edison Bill (Photo-copy)
- _____ Most Recent Columbia Gas of Ohio Bill (Photo-copy)

PLEASE PROVIDE ALL APPLICABLE DOCUMENTATION;

- _____ W-2(s) and/or 1099(s) for previous year
- _____ Three (3) most recent **consecutive months or 90 days of** paystubs
- _____ Award letter from Social Security Administration stating your monthly amount for the previous year and current year. You can call 1-800-772-1213 to request your information or visit your local office.
- _____ Documentation from Job & Family Services of cash income only for the last twelve (12) months.
- _____ Documentation of Unemployment Benefits with beginning date and weekly benefit amount.
- _____ Documentation of Pension benefit amount for previous twelve months (12) and current year.
- _____ Other: If income is zero (0) in the last twelve months (12) for anyone over 19, OR gaps in income, please provide notarized documentation explaining how long you have been without income.

Weatherization is a first come, first served Energy Efficiency Program ONLY. This is not an emergency service program, once approved you will be put on a waiting list.

If you have any question, call and speak to our Customer Service Representative.



704 Second St. • P.O. Box 8125
Toledo, OH 43605-0125
Tel. 419.691.2900 • Fax.
419.691.2980
Weatherization Fax 419.691.2999
MB. 803440.000

RIGHT TO APPEAL

If you do not understand or dispute this action, you should first contact the Customer Service Representative (CSR) that processed your application. If after talking with the CSR you still disagree with the decision, you can file an appeal with the Director of Energy Services.

The appeal must be submitted in writing within ten (10) working days after receipt of the decision notice. The appeal must specifically include the reasons why you disagree.

The Director of Energy Services will review your written appeal and submit a written response within five (5) working days after receipt of your appeal. The written response will include his/her decision based on all appropriate documentation.

If you still disagree with the decision, you must submit a second (2nd) appeal to the Executive Director within five (5) working days after receipt of the Director of Energy Services decision.

The Executive Director will review all pertinent information and make his/her decision. The Executive Director will submit a response within five (5) working days after receipt of your second (2nd) request. This response will include his/her decision regarding the action.

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2021 – MAY 2022

Ohio's Energy Assistance Programs can help income eligible Ohioans manage their utility bills. The Home Energy Assistance Program (HEAP), and emergency HEAP provide the benefit directly to a customer's utility bill. The Percentage of Income Payment Plan Plus (PIPP) is an extended payment plan in which customers pay a percentage of their income toward their utility bill each month. If you are looking to improve the energy efficiency of your home, the Home Weatherization Assistance Program (HWAP) or Electric Partnership Program (EPP) can help. For HWAP and EPP visit energyhelp.ohio.gov to find your local provider and contact them for additional information

You can apply for the Energy Assistance Programs by visiting energyhelp.ohio.gov and completing the online application, by completing this application and mailing it in, or by scheduling an appointment with your local Energy Assistance Provider or HWAP/EPP provider. If you mail in your application or apply online, it can take up to 12 weeks to process. Please note: HEAP benefits will be applied to your utility bill starting in January 2022.

Here's what you'll need to complete this application:

- Proof of citizenship for each household member
- Copies of your most recent utility bills
- Proof of income for each household member for the previous 30 days or 12 months
- Disability verification (if applicable)

A household is defined as any individual or group of individuals who are living together as one economic unit for whom residential energy is customarily purchased in common or who make undesignated payments for energy in the form of rent (Per Section 2603 (5) of the Low-Income Energy Assistance Act of 1981). If you live in federally subsidized housing and have a utility bill in your name, you may be eligible for assistance. A copy of the utility bill or documentation of responsibility (example: copy of your rental agreement/lease or signed letter from your landlord) is required.

For a dwelling unit to be eligible for energy assistance benefits, its primary heat source must be:

- A regulated or unregulated utility (gas & electric)
- A legal fireplace (wood)
- A permanent, free-standing fuel tank (oil & propane)
- A legally vented wood/coal stove

Residents of any licensed medical facility (hospital, skilled nursing facility or intermediate care facility) or publicly operated community residence (example: YMCA) are not eligible. Boarding/rooming houses, group homes or emergency shelters are not eligible.

If eligible, the HEAP benefit amount will depend on federal funding levels, how many people live with you, total household income and the main fuel used. In most cases, benefits are applied directly to the heating bill by the utility company. If you are reverifying your PIPP amount, it will be based on either 10% or 5% of your total household income for the past 30 days, depending on your heating source.

These are the programs you can apply for with this application:

- Home Energy Assistance Program (HEAP)
- Home Weatherization Assistance Program (HWAP)
- Percentage of Income Payment Plan Plus (PIPP)

July 2021 – May 2022 Income Guidelines

Size of Household	Total Gross Annual Household Income			
1	up to \$19,320	\$22,540		\$25,760
2	up to \$26,130	\$30,485		\$34,840
3	up to \$32,940	\$38,430		\$43,920
4	(150%) up to \$39,750	(175%) \$46,375	(200%)	\$53,000
5	(For PIPP, EPP) up to \$46,560	(For HEAP, WCP and SCP) \$54,320	(For HWAP)	\$62,080
6	up to \$53,370	\$62,265		\$71,160
7	up to \$60,180	\$70,210		\$80,240
8	up to \$66,990	\$78,155		\$89,320

When determining 150% of the federal poverty guidelines, households with more than eight members must add \$6,810 to the yearly income or \$559.73 to the 30-day income for each additional member. When determining 175% of the federal poverty guidelines, households with more than eight members must add \$7,945 to the yearly income or \$653.01 to the 30-day income for each additional member. When determining 200% of the federal poverty guidelines, households with more than eight members must add \$9,080 for each additional member.

How can I check the status of my application?

To check the status of your application, please visit energyhelp.ohio.gov and create an account.

Please note: HEAP benefits will be applied to your utility bill starting in January 2022.

If you have questions, please contact your local Energy Assistance Provider or call 1-800-282-0880. TDD hearing impaired only: 711 or send us a message by visiting energyhelp.ohio.gov and clicking "contact us".

Accepted Citizenship Documentation

Proof of U.S. Citizenship	Proof of Legal Resident/Qualified Alien
<ol style="list-style-type: none"> 1. Birth Certificate/Hospital Birth Records 2. Baptismal Records (Only when place and date of birth is shown) 3. Indian Census Record 4. Military Service Record 5. U.S. Passport 6. Verified Citizenship for Ohio Works First (OWF) Program 7. Voter Registration Cards 8. Social Security Cards (Social Security Cards administered by Social Security Administration that do not include notes regarding work authorization status will be accepted). 	<ol style="list-style-type: none"> 1. Naturalization Papers/Certifications of Citizenship 2. INS ID Card 3. Alien Registration Cards/Re-entry permits 4. INS Form I-151 or I-551 (Form I-151 will not be valid after August 1, 1993) 5. INS Form I-94 if annotated with either: a) Sections 203(a)(7), 207, 208, 212(d)(5), 243(h), or 241(b)(3) of the Immigration and Nationality Act; or b) One or a combination of the following terms: Refugee, Parolee, or Asylee 6. Permanent Visa INS Form G-641, "Application for verification of Information from INS Records", when annotated at bottom by INS representative as lawful admission for humanitarian reasons 7. Documentation that alien is classified pursuant to Sections: 101(a)(2), 203(a), 204(a)(1)(a), 207, 208, 212(d)(5), 241(b)(3), 243(h), or 244(a)(3), of the Immigration and Nationality Act 8. Court order stating that deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act 9. INS Form I-688

Accepted Proof of Income

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
<input type="checkbox"/> Award/Benefit letter <input type="checkbox"/> Payment printout/statement from issuing agency <input type="checkbox"/> Copy of check or bank statement including deposit <input type="checkbox"/> Most recent filed IRS Form 1040 <input type="checkbox"/> Most recent IRS Form 1099	<input type="checkbox"/> All pay stubs received 30 days from the date of the application that include gross and year-to-date amounts received <input type="checkbox"/> Completed and signed Employment Verification Form	<input type="checkbox"/> Copy of check/award amount letter <input type="checkbox"/> ODJFS documents/eligibility letter with amounts and dates <input type="checkbox"/> Most recent IRS Form 1099 <input type="checkbox"/> Housing Authority Documentation <input type="checkbox"/> Pay Stubs received within the previous 30 days from the date of the application <input type="checkbox"/> Payment printout/statement from issuing agency	<input type="checkbox"/> Statement from Financial Institution <input type="checkbox"/> Copy of check or bank statement showing deposit <input type="checkbox"/> Most recent IRS Form 1099 <input type="checkbox"/> Signed and dated letter from supporter including name, address, and phone number	<input type="checkbox"/> Pay stubs indicating amount received within the previous 12 months from the date of the application <input type="checkbox"/> Self-Employment Income and Expense Form for the previous 12 months (form can be found at energyhelp.ohio.gov) <input type="checkbox"/> Most recent filed IRS Form 1040 and Schedules <input type="checkbox"/> Most recent IRS Form 1099

Privacy Act Notice

DISCLOSURE: The disclosure of Social Security Numbers is mandatory to receive HEAP benefits.

AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i)

USE: The state will use Social Security numbers in the administration of the Home Energy Assistance Program to verify information supplied on the application to prevent, detect and correct fraud, waste, and abuse. The information is also used to respond to requests for information from agency programs funded by block grants to states for Temporary Assistance for Needy Families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

Primary Household Member Personal Information Section*

Enter the information completely. Do not send originals. PLEASE USE DARK BLUE OR BLACK INK. Failure to fill out the application completely, provide all the required documentation and sign the application (on the last page) will delay the processing of your application.

For Office Use Only							
Date Received							
Client Number							

First Name*	M.I.	Last Name*
-------------	------	------------

Social Security Number*	U.S. Citizen / Legal Resident (Qualified Alien)*	Military Status	Date of Birth (MM / DD / YYYY)*
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Service	

Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins
--	--	---

Race	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Asian/White	<input type="checkbox"/> Other Multi-Race
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
		<input type="checkbox"/> Black/African American/White	

Non-Cash Benefits	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) / Food Stamps	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Women, Infants, and Children (WIC)	Number of Household Members
	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> Other	
	<input type="checkbox"/> Child Care Voucher	<input type="checkbox"/> Permanent Supportive Housing		

Family Type	<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Non-related Adults with Children	Housing Type	<input type="checkbox"/> Own	Residence Structure	<input type="checkbox"/> Mobile Home
	<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Multigenerational Household		<input type="checkbox"/> Rent		<input type="checkbox"/> Single-Family
	<input type="checkbox"/> Two-Parent Household	<input type="checkbox"/> Other				<input type="checkbox"/> Multi-Family Low Rise (3 stories or less)
	<input type="checkbox"/> Single Person					<input type="checkbox"/> Multi-Family High Rise (4 stories or more)

Email Address	Phone Number (including area code)
	()

Preferred Method of Contact* <input type="checkbox"/> Email <input type="checkbox"/> Postal

Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor
--	--------------------

City*	State*	Zip Code*	County*
-------	--------	-----------	---------

Is Utility Service Address the Same?* <input type="checkbox"/> Same as above <input type="checkbox"/> Different (list below)
--

Current Service Address (if different from above; number and street including route)	Apt/Lot/Unit/Floor
--	--------------------

City	State	Zip Code	County
------	-------	----------	--------

Do You Receive Rental Assistance?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Landlord Organization (if you rent)
---	-------------------------------------

Landlord First Name*	Landlord Last Name*	Landlord Phone Number (including area code)
		()

Landlord Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor
---	--------------------

City*	State*	Zip Code*	County*
-------	--------	-----------	---------

* Indicates required information in order to process your application.

Primary Household Member Income Section*

Failure to fill out the application completely, provide all the required documentation and sign the application will delay the processing of your application.

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC) <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.)
† These categories MUST provide 12 months of income documentation				
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$

Household Members and Income Section

If you have additional household members (anyone living under your roof at the same address), please complete Household Members and Income Section of the application (this section), on pages 2–4. If you have more than 5 household members, print an additional household member section page from energyhelp.ohio.gov or pick up another application at your Energy Assistance Provider.

Full Name*		Social Security Number*		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White	
				U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC) <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.)	
† These categories MUST provide 12 months of income documentation					
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	

Household Members and Income Section – Continued

Fill out the table below for all household members. Use additional section (on page 4) as needed for other household members with income.

Full Name*		Social Security Number*		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Asian/White <input type="checkbox"/> Other Multi-Race					
<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American <input type="checkbox"/> White					
Fixed Income		Earned Employment Income		Supplemental Income	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC) <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	
				<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	
				<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.)	
				†These categories MUST provide 12 months of income documentation	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

Full Name*		Social Security Number*		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Asian/White <input type="checkbox"/> Other Multi-Race					
<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American <input type="checkbox"/> White					
Fixed Income		Earned Employment Income		Supplemental Income	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC) <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	
				<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	
				<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.)	
				†These categories MUST provide 12 months of income documentation	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

Household Members and Income Section – Continued

Fill out the table below for additional household members.

Print additional pages, as needed, for other household members with income.

Full Name*		Social Security Number*		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Asian/White <input type="checkbox"/> Other Multi-Race					
<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American <input type="checkbox"/> White					
<input type="checkbox"/> Black/African American/White					
Fixed Income		Earned Employment Income		Supplemental Income	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC) <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	
				<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	
				<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.)	
				†These categories MUST provide 12 months of income documentation	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

Full Name*		Social Security Number*		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Asian/White <input type="checkbox"/> Other Multi-Race					
<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American <input type="checkbox"/> White					
<input type="checkbox"/> Black/African American/White					
Fixed Income		Earned Employment Income		Supplemental Income	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC) <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	
				<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	
				<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.)	
				†These categories MUST provide 12 months of income documentation	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

Household Deductions Section*

Total Household Income Deductions (Choose all that apply)		
<input type="checkbox"/> Attorney fees for estate or trust settlements	<input type="checkbox"/> Health Care Spending Accounts	<input type="checkbox"/> Reimbursement for work expenses
<input type="checkbox"/> Child Support paid-out	<input type="checkbox"/> Medicaid Spend Down (deductibles)	<input type="checkbox"/> Self-employment IRS allowable business expenses
<input type="checkbox"/> Health Insurance Premiums	<input type="checkbox"/> Medicare Premiums	<input type="checkbox"/> Short and long term disability
<input type="checkbox"/> Prescription Plans		
Total Deductions for the past 30 Days		Total Deductions for the past 12 Months
\$		\$

Please note: Documentation of deduction(s) is required.

Total Household Eligible Income Section*

Please add the total income received for each adult household member then subtract the total household deductions.

Total Household Income (add amounts from Household Income Section on pages 3 & 4)	Past 30 Days \$	Past 12 Months \$
Total Household Deductions (from Household Deductions Section on page 5)	Past 30 Days - \$	Past 12 Months - \$
Total Eligible Income	Total Household Income less Total Household Deductions above \$	Total Household Income less Total Household Deductions above \$
If applicable, please explain the difference in the past 30 days income from the past 12 months income.		

Please note: Income from child support received and VA disabilities are not countable income. For a complete list of excluded income, please visit energyhelp.ohio.gov. Documentation of excluded income may be required to complete your application.

Utility Information Section*

How do you heat your home?			
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Fuel Oil or Kerosene	<input type="checkbox"/> Electric (Includes baseboards)	
<input type="checkbox"/> Propane or Bottle Gas (L.P. Gas)	<input type="checkbox"/> Coal, Wood, or Pellets	<input type="checkbox"/> Other	
Company/Vendor	Account Number	Costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name		Account Holder's Last Name	Relationship to Primary Client
If you are currently enrolled in PIPP, do you wish to reverify on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you wish to enroll in PIPP and have a regulated utility provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide your electric utility provider information (if not provided above):

Electric Company/Vendor	Account Number	Costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name		Account Holder's Last Name	Relationship to Primary Client
If you are currently enrolled in PIPP, do you wish to reverify on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you wish to enroll in PIPP and have a regulated utility provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2021 – MAY 2022

Terms of Agreement

- I agree**
- To pay my Percentage of Income Payment Plan Plus (PIPP) amount for my electric and/or natural gas service every month.
 - To go to my local Energy Assistance Provider or to energyhelp.ohio.gov to reapply at least once a year with updated household information, and income documentation in order to remain eligible.
 - To contact my local Energy Assistance Provider or go online to energyhelp.ohio.gov to report any changes to my total household income or number of household members, within 30 days of the change.
 - To accept any energy efficiency programs offered by Development or its designated providers, if eligible.
 - To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to Development and agencies that perform weatherization services and/or provide other energy related services.
 - To allow Development to release my name, address, telephone number, household member information, and current status to the utility companies, and other Energy Assistance Providers.
 - To allow Development to share my usage and demographic data with organizations contracted by Development to evaluate the programs administered by Development.
- I understand**
- That I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
 - That If I miss three (3) or more consecutive payments, I will receive a notice on my bill and have one billing cycle after the notice to make up payments or be dropped from PIPP Plus.
 - That if I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.
 - That if I do not make up missed PIPP payments by my stated Anniversary Date, I will be dropped from PIPP.
 - That the PIPP verification and anniversary dates are printed on the utility bills each month.
 - That if I make my PIPP payments in-full and on-time every month, I will receive a credit for 1/24th of my total past due amount, and I will not need to pay the difference between my PIPP payment and my actual bill amount.
 - That if I reapply for PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP for up to 12 months after the date I am removed and still receive credits toward my past due amounts owed on my utility accounts.
 - That if I move out of the service area for my gas/electric company I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past due amounts.
 - That I am legally responsible for all past due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, the past due amounts will become due. If these past due amounts are not paid in-full, the utility companies may use any standard means of collection for the past due amounts on my accounts.
 - That I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance

General Authorization

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Department of Development or any designated agent or employee of the Director, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Department of Development or any designated agent or employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Department of Development, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Department of Development, and the Director of the Ohio Department of Jobs and Family Services.

I understand that by signing this application, I grant the Ohio Department of Development, or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Department of Development, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

I declare under penalty of perjury that the information submitted in this application is true and correct.

PLEASE SIGN AND MAIL APPLICATION TO:

NeighborWorks Toledo Region
704 2nd St.
PO Box 8125
Toledo, OH 43605

X Sign Here _____ Application Date _____



Ohio Partners for Affordable Energy

Community Connections Program Customer/Property Owner Acceptance

Dear Customer and/or Property Owner:

FirstEnergy's electric distribution utilities offer the Community Connections Program to their customers who are qualifying homeowners and tenants ("Customers") to help make their homes safer, to improve the energy efficiency of their homes, and to provide an opportunity to reduce their energy costs.

The Community Connections Program is designed so that it can be coordinated with other programs to provide comprehensive weatherization, energy efficiency and electrical safety services to our qualifying low-income Customers.

Under this Program, we will perform the following:

1. Examine the electric wiring, lighting, heating system, water heater, refrigerator, freezer, stove and other electric energy appliances in the homes to verify whether they are operating safely and efficiently and if not, may provide services to address their operation.
2. Check the attic, sidewalls, floors, windows and doors to determine if there is a need for additional insulation to the home and if there is, may provide services to address that need.

To effectively weatherize your electrically heated/cooled home, it may be necessary to insulate the wall cavities with cellulose. This involves drilling holes in the walls and putting insulation in the space behind. There are five methods we may use to get behind the wall:

1. The exterior siding will be drilled and plugged.
2. The exterior siding may be lifted and the sub-siding will be drilled.
3. The interior walls will be drilled and patched.
4. The interior baseboards and crown molding may be removed and the wall sheathing drilled.
5. The seal plate and top plate of the wall cavity may be drilled.

If your home has asbestos siding or other factors which prevent us from drilling through the exterior, your inspector and insulation contractor will determine the best approach to use inside the home.

If you have a mobile home, it is still necessary for you to sign this form. Insulation may be placed in the belly, walls, and roof of the mobile home.

HOMEOWNERS AND TENANTS, if you qualify and would like the services under this program performed, **PLEASE READ, SIGN, AND RETURN PAGE 2 OF THIS FORM** in the enclosed self-addressed envelope, if applicable. **Customer Tenants must additionally provide a copy of their most recent electric bill.**

LANDLORDS -- **PLEASE READ, SIGN, AND RETURN PAGES 3 AND 4** in the enclosed self-addressed envelope, if applicable.



Ohio Partners for Affordable Energy

CUSTOMER RELEASE OF ALL CLAIMS AND AUTHORIZATION TO USE DATA

In consideration of the receipt and installation of weatherization materials or appliances through the Community Connections Program, I, the Customer homeowner/Customer tenant at the address below do hereby release, acquit, and forever discharge, FirstEnergy Corp., its affiliates and subsidiaries, Ohio Partners for Affordable Energy, and **NeighborWorks Toledo** (agency) and each of their respective officers, agents, employees, successors and assigns (collectively "Providers"), of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against the Providers, on account of, or in any way arising out of the work performed through the Community Connections Program.

I acknowledge that the electric efficiency and related measures are being installed on an "**AS IS**" basis, and that Providers **DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION.** I also acknowledge that any energy cost savings projected by Providers as a result of work being performed through the Community Connections Program is only an estimate and not a guarantee.

I authorize **NeighborWorks Toledo** (agency) to release to its designees related to the Community Connections Program, including without limitation, the local electric utility, representatives from the Public Utilities Commission, and Ohio Partners for Affordable Energy, information about my energy accounts, my energy consumption patterns and photographs and descriptions of weatherization materials or appliances installed on the property at the address below and to allow reasonable access to my home to inspect the work performed.

Customer Homeowner/

Customer Tenant Name: _____
(Signature)

Print Name: _____

(Address)

(City) (State) (Zip Code)

(Customer Account Number)

Date: _____



Ohio Partners for Affordable Energy

PROPERTY OWNER RELEASE OF ALL CLAIMS AND AUTHORIZATION TO USE DATA

In consideration of the receipt and installation of weatherization materials or appliances through the Community Connections Program, I, the Property Owner at the address below do hereby release, acquit, and forever discharge, FirstEnergy Corp., its affiliates and subsidiaries, Ohio Partners for Affordable Energy, and (NeighborWorks® TOLEDO REGION) and each of their respective officers, agents, employees, successors and assigns (collectively "Providers"), of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against the Providers, on account of, or in any way arising out of the work performed through the Community Connections Program.

I acknowledge that the electric efficiency and related measures are being installed on an "**AS IS**" basis, and that Providers **DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION.** I also acknowledge that any energy cost savings projected by Providers as a result of work being performed through the Community Connections Program are an estimate and not a guarantee.

I authorize (NeighborWorks® TOLEDO REGION) to release to its designees related to the Community Connections Program, including without limitation, the local electric utility, representatives from the Public Utilities Commission, and Ohio Partners for Affordable Energy, information about my energy accounts, my energy consumption patterns and photographs and descriptions of weatherization materials or appliances installed on the property at the address below and to allow reasonable access to my home to inspect the work performed.

Property Owner Name: _____
(Signature)

Print Name: _____

(Address)

(City) (State) (Zip Code)

Date: _____

Customer Questionnaire and Service Agreement



Customer: _____
Address: _____
City, State, Zip: _____

Own

☐

Rent

☐

Recently, you applied for weatherization services. There may be several conditions which will prevent NeighborWorks® TOLEDO REGION from completing an inspection and further to weatherize your home. It is our policy to defer services if conditions exist that prevent safe, effective and/or meaningful weatherization.

1. Is there any standing water/mold or roof leaks in **any part of the home**? Yes ☐ No ☐
If yes, please explain

Office Use

--	--

2. Are there any electrical or plumbing hazards or structure failures?
(i.e. visible water stains, blowing fuses/circuits, exposed wires, etc)
if yes, please explain

Yes

☐

No

☐

Office Use

--	--

3. Evidence of infestations of rodents, insects, and/or vermin?
(i.e. mice/rat droppings, racoons, squirrels, bats, etc.)
if yes, please explain

Yes

☐

No

☐

Office Use

--	--

4. Unsecured pets? if yes, please explain

Yes

☐

No

☐

Office Use

--	--

5. Sewage or animal feces in the home?
if yes, please explain

Yes

☐

No

☐

Office Use

--	--

6. Home maintenance or housekeeping which would limit access to
every room of the home, and/or furnace, water heater, attic,
basement, crawlspace?
if yes, please explain

Yes

☐

No

☐

Office Use

--	--

7. Are there any major remodeling projects currently in progress?
if yes, please explain

Yes

☐

No

☐

Office Use

--	--

8. Are all utilities currently on at the property (Gas, Electric and Water)?

Yes

☐

No

☐

Office Use

--	--

By signing this form, I hereby allow Neighborhood Housing Services dba NeighborWork(s) TOLEDO REGION, Weatherization Program(s) to perform a complete and comprehensive assessment on my home. I further agree to have all work required by the Inspector to take place. I understand that by not allowing this to take place it may result in a disallowable cost thus making me responsible for these expenditures. I understand that if the Inspector should find any of the items identified above that I may not be able to receive a complete inspection which can further defer any weatherization services.

CUSTOMER SIGNATURE

DATE

1/31/2020 psm

COVID-19 CUSTOMER RELEASE FORM

Dear Customer,

Because of the Covid-19 emergency, the Home Weatherization Assistance Program has taken several steps to ensure the safety of our customers and staff. We would like your help to make the work environment safe while we weatherize your home:

1. The agency will be giving you a call each day before we arrive to ask a few questions and describe the days workplan. These questions will include:
 - a. Is anyone in the household experiencing a fever, cough, or shortness of breath in the last two weeks?
 - b. Has anyone in your household been in contact with someone who has had a fever, cough, or shortness of breath in the last two weeks?
2. Weatherization staff will not be permitted to work in your home if you have experienced any of these conditions and will reschedule the work for a future date.
3. If you do not answer the phone or return the call that morning, the weatherization crew will not come to your home that day.
4. Once the inspector, crew, contractor, or auditor arrives they will be wearing Personal Protective Equipment (PPE) to keep you and them safe. This may include items such as gloves, respirators, shields, glasses, coveralls, booties, or masks.
5. We ask that you maintain social distancing by staying 6 feet away from the weatherization staff.
6. While staff are working or away from their work area, we ask that you not enter the work area so a safe work environment can be maintained.

Staff will be following all Center for Disease Control (CDC), Ohio Department of Health, and OSHA guidelines. Weatherization staff will be frequently sanitizing hands, washing hands, and sanitizing equipment. Weatherization staff will not be permitted to work if they have experienced COVID-19 symptoms.

If you have any questions or concerns please call the agency at 419-691-2900. Thank you for being a partner with (agency) and helping us provide these services safely.

Sincerely,

Weatherization Department

COVID-19 CUSTOMER RELEASE FORM

Neighborhood Housing Services of Toledo Inc.
dba NeighborWorks Toledo Region

CUSTOMER RELEASE OF ALL CLAIMS AND AUTHORIZATION TO USE DATA

In consideration of the receipt and installation of weatherization materials or appliances, I, the Customer homeowner/Customer tenant at the address below do hereby release, acquit, and forever discharge NeighborWorks Toledo Region, and each of their respective officers, agents, employees, successors and assigns (collectively "Providers"), of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against the Providers.

I acknowledge that the weatherization and related measures are being installed on an "**AS IS**" basis, and that Providers **DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION.** I also acknowledge that any energy cost savings projected by Providers as a result of work being performed is only an estimate and not a guarantee.

I authorize NeighborWorks Toledo Region to release to its designees information about my energy accounts, my energy consumption patterns and photographs and descriptions of weatherization materials or appliances installed on the property at the address below and to allow reasonable access to my home to inspect the work performed.

Customer Homeowner/

Customer Tenant Name: _____
(Signature)

Print Name: _____

(Address)

(City) (State) (Zip Code)

Date: _____



Department of
Development

Mike DeWine, Governor
Jon Husted, Lt. Governor

Lydia L. Mihalik, Director

State Historic Preservation Certification

I, _____, hereby certify that all undertakings by
Client Name

_____ at _____,
Agency/Contractor *Client Address*

which is a dwelling unit more than 50 years old and eligible for the Home Weatherization Assistance Program are exempt under Appendices B or C of the Programmatic Agreement between the U.S. Department of Energy, the Ohio Department of Development, and the Ohio Historic Preservation Office.

Signature

Date

Agency Representative

Client/Homeowner



**WARMCHOICE PROGRAM
APPLICANT'S ASSISTANCE AGREEMENT**

RELEASE OF ALL CLAIMS AND AUTHORIZATION TO USE DATA

In consideration of the receipt and installation of weatherization materials, I, the customer at the address below do, hereby release, acquit and forever discharge, Columbia Gas of Ohio, Inc. and **NHS of Toledo, dba NeighborWorks(r) TOLEDO REGION** (CBO), their officers, agents, employees, successors and assigns, of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against Columbia Gas of Ohio, Inc. or **NHS of Toledo, dba NeighborWorks(r) TOLEDO REGION** (CBO), their officers, agents, employees, successors, and assigns, on account of, or in any way growing out of the weatherization materials provided as well as the installation and use thereof.

I acknowledge that Columbia Gas of Ohio, Inc., **NHS of Toledo, dba NeighborWorks(r) TOLEDO REGION** (CBO), and their contractors are providing and installing weatherization materials on an "As IS" basis and that Columbia Gas of Ohio, **NHS of Toledo, dba NeighborWorks(r) TOLEDO REGION** (CBO), and their contractors DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OR MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION. I also acknowledge that any energy savings projected by Columbia Gas of Ohio, Inc., **NHS of Toledo, dba NeighborWorks(r) TOLEDO REGION** (CBO), or their contractors as a result of the installation of weatherization materials are only an estimate.

I authorize Columbia Gas of Ohio, Inc. to release to its designees information about my account and about weatherization materials installed on the property at the address below.

Signed: _____

Customer's Signature

Date: _____

Address

City, State, Zip Code

Customer Account Number



Home Weatherization Assistance Program Homeowner/Authorized Agent Certification (EIA-29D)

Agency _____

Agency Address _____

Agency Phone (_____) _____

I, _____ (Name of Homeowner/Authorized Agent) certify that I am the homeowner/authorized agent for the property located at the following address:

I further certify that I have given my permission to allow work on the property listed above which may include the following:

- | | | | |
|--|-----------|----------|-----------|
| 1. Drill sidewalls and replace exterior covering | YES _____ | NO _____ | N/A _____ |
| 2. Drill and plug interior walls | YES _____ | NO _____ | N/A _____ |
| 3. Install S-TYPE fuses | YES _____ | NO _____ | N/A _____ |
| 4. Lower the thermostat on the water heater | YES _____ | NO _____ | N/A _____ |
| 5. _____ | _____ | | |
| 6. _____ | _____ | | |
| 7. _____ | _____ | | |
| 8. _____ | _____ | | |
| 9. _____ | _____ | | |
| 10. _____ | _____ | | |
| 11. _____ | _____ | | |

12. Other work that must be done in accordance with the State of Ohio Weatherization Field Guide for Home Energy Updates.

I further certify that I understand that all work must be done in accordance with the rules and regulations governing the Home Weatherization Assistance Program.

Signed _____
(Owner/Authorized Agent)

Date _____