NeighborWorks®
TOLEDO REGION

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Toledo, Ohio 43605-0125
Tel. **419.691.2900** Fax 419.691.2980
Weatherization Fax 419.691.2999
MB. 803440.000
customerservice@nwtoledo.org

NEIGHBORWORKS® TOLEDO REGION — FIRSTENERGY-TOLEDO EDISON® COMMUNITY CONNECTIONS PROGRAM APPLICATION CHECKLIST

Neighborhood Housing Services, Inc. doing business as NeighborWorks® TOLEDO REGION will make every effort to assist your request 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)
- ☐ Copy of photo ID
- ☐ 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 complete Appendix IV: Self-Declaration of Income Worksheet

FirstEnergy

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.

FirstEnergy

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)

_____ Date: _____
(Customer Account Number)

7-2016

704 2nd Street
Toledo, OH 43605
www.nwtoledo.org
419-691-2900
MB 803440.000

Neighborhood Housing Services of Toledo, Inc. (NHST) (d/b/a NeighborWorks® Toledo Region) partners with FirstEnergy-ToledoEdison to facilitate the Community Connections program. NHST collaborates with local hardware and appliance stores to purchase appliances to supply applicants in accordance with their homes' energy improvement requirements and available space, all at no cost to the applicant.

Due to the nature of the program, NHST is unable to guarantee the brand, size, or color of any appliances provided to applicants. By signing below, applicants understand that they are provided appliances on a needs-basis, and that their preferred brand/color/size of appliance may not be available.

Applicant signature: _____

Date: _____

Community Connections

NeighborWorks® Toledo Region (NTR) offers the Community Connections program to eligible homeowners and renters to assist them with reducing their energy bills by identifying and replacing inefficient electric appliances and items including light bulbs, power strips, and appliances like refrigerators and freezers. NTR partners with First Energy—Toledo Edison® and Ohio Partners for Affordable Energy to facilitate the Community Connections program in eligible households throughout Lucas County to **decrease their energy consumption and the monthly cost of powering their homes.**

APPLY

Interested applicants can fill out the form on the opposite side of this page and return it to an NTR employee, or contact NeighborWorks® Toledo Region using the information below. Applicants must be able to provide:

- income verification
- their most recent electric bill
- necessary authorization forms
- if applicable, a signoff from their landlord

If you would like to contact our office to start the process or inquire about eligibility, please visit www.nwtoledo.org/contact, or give us a call at (419) 691-2900 opt. 2.

Toledo Edison®
A FirstEnergy Company

NeighborWorks®
TOLEDO REGION

ELIGIBILITY

Homeowners and renters that apply must have incomes at or below 200% of the federal poverty level. See the guide below to determine your eligibility.

Household Size	TOTAL Annual Income
1	$31,300
2	$42,300
3	$53,300
4	$64,300
5	$75,300
6	$86,300

MB.803440.000

Community Connections Interest Form

NeighborWorks® TOLEDO REGION

Full name (printed): _____

Service address: _____

Number of household members: _____

- Number of household members under 18: _____

Property type:

- ◯ Single
- ◯ Duplex
- ◯ 3-4 units
- ◯ 5 units or larger
- ◯ Mobile home

Don't forget to keep an eye on your phone and email. We will reach out to you as soon as we are able!

Do you own or rent your home? ◯ Own ◯ Rent

Gas utility provider: _____

Electric utility provider: _____

Utility account holder is a household member: ◯ Yes ◯ No

What assistance have you received within the last 12 months?

- ☐ HEAP
- ☐ PIPP
- ☐ Not sure/none

Preferred method of contact? ☐ **Phone** ☐ **Email**

Phone: _____ **Permission to text?** ◯ **Yes** ◯ **No**

Email: _____

Comments/concerns? _____

_____

Ohio | Development Services Agency

John R. Kasich, Governor David Goodman, Director

Self-Employment Income and Expense Form

Examples of self-employment include: Owning your own business, rental income, baby-sitting, day care, home party sales, etc.

If you do not file a Form 1040 with the IRS, you must provide an **IRS Verification of Non-Filing Letter** (if applicable), along with this completed form.

Name of Self-Employed Person: _____

Name of Business: _____

Type of Business: _____

Business Address: _____

Itemized Business Income			**Itemized Business Expenses**		
Date	Source	Amount	Date	Source	Amount
12-month Income Total			**12-Month Expense Total**		
Total Business Income (Income minus Expenses):					

Attach additional pages as necessary.

I certify under penalty of perjury that this income and expenditure information is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Ohio | Development Services Agency

Mike DeWine, Governor
Jon Husted, Lt. Governor

Lydia L. Mihalik, Director

Self-Declaration of Income Worksheet

Complete the information below only if you have no other way to document your income. Please complete all applicable sections. If all sections are not complete there may be a delay in processing your application.

Monetary Support section:

If you are receiving help paying your bills and / or expenses from a non-household member, please list their name(s) and phone number(s) below, also include a signed statement from that person(s). The statement should note how much money is provided, how often, and if the money is given to you or paid directly to your creditors. If more than one person is paying expenses, have him/her submit a separate signed statement as well and provide their name(s), phone number(s) and address(es) below.

First Name	**Last Name**	**Telephone Number (include area code)** ( ) -
Address		
First Name	**Last Name**	**Telephone Number (include area code)** ( ) -
Address		
First Name	**Last Name**	**Telephone Number (include area code)** ( ) -
Address		

Explain how the following expenses are paid (Write N/A to any that do not apply):

Bill	**Monthly Amount**	**Gift / Loan (if Other, please explain)**		
Rent/Mortgage	$	☐ Gift	☐ Loan	☐ Other: _____
Food	$	☐ Gift	☐ Loan	☐ Other: _____
Gas	$	☐ Gift	☐ Loan	☐ Other: _____
Electric	$	☐ Gift	☐ Loan	☐ Other: _____
Phone/Cell	$	☐ Gift	☐ Loan	☐ Other: _____
Car Payment/Insurance	$	☐ Gift	☐ Loan	☐ Other: _____
Cable/Internet	$	☐ Gift	☐ Loan	☐ Other: _____
Personal Expenses	$	☐ Gift	☐ Loan	☐ Other: _____
Bulk Fuels (i.e. propane, fuel oil/coal)	$	☐ Gift	☐ Loan	☐ Other: _____
Other Expenses	$	☐ Gift	☐ Loan	☐ Other: _____

Does your household receive any of the following?	**Yes or No**	**Amount**
Food Stamps		**$**
Rental Assistance (i.e. section 8, HUD, Metropolitan Housing)		**$**
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies.		**$**

Income Comments Section

By signing below, I declare under penalty of perjury that the information submitted on this worksheet is true and correct.

Customer Signature:_____ **Date:** _____