

## *Weatherization Works in Florida!*

### **SERVING MANATEE, SARASOTA AND CHARLOTTE COUNTIES**

**The Weatherization Assistance program is the nation's core program  
for delivering energy efficiency services to low-income households.**

**Weatherization crews address:**

**Air infiltration \*\*\*  
Attic insulation  
Solar window film  
Compact fluorescent lamps  
Inspection of duct system  
Refrigerator  
Heating and cooling systems  
Water heater**

**Once installed, these energy saving measures will help reduce your  
energy costs for years to come.**

**\*\*\*Air infiltration: caulking, thresholds, weather stripping, repair  
windows, window replacement (4), door replacement (1), minor floor  
repair, minor wall repair, minor ceiling repair.**

Dear Weatherization Customer,

**THIS PROGRAM IS FREE AND WILL COST YOU NOTHING.**

Please read this entire cover letter before sending any information to me and make sure you qualify for the program by checking the income guidelines provided on the next page. This is a gross amount.

For me to assist you with the needs of your home I will need the following items. Please make sure you have all the requested items before submitting.

CLIENT INTAKE FORM MUST BE FILLED OUT AND SIGNED.

COPIES OF PHOTO I.D. AND COPIES OF SOCIAL SECURITY CARDS FOR EVERYONE WHO RESIDES IN THE HOME.

DATE OF BIRTH FOR EVERYONE IN THE HOME

(We do NOT need copies of birth certificates. Just simply write the date of births for everyone in the home on a piece of paper)

PROOF OF INCOME FOR EVERYONE WHO RESIDES IN THE HOME

ACCEPTABLE PROOF OF INCOME IS ONE OF THE FOLLOWING AND MUST BE CURRENT:

1. SOCIAL SECURITY STATEMENT or
2. PAY CHECK STUBS (3 of most recent) or
3. INCOME TAX RETURN

PROOF OF HOME OWNERSHIP:

IF YOU RENT YOU NEED TO REQUEST A LANDLORD AGREEMENT.

1. TAX BILL or
2. DEED or
3. TITLE

COPY OF YOUR MOST RECENT ELECTRIC BILL.

Please mail the items to our office located at: (FAXED APPLICATIONS WILL NOT ACCEPTED)

ATTN: Weatherization  
302 Manatee Avenue East, Suite 322  
Bradenton, Florida 34208

If you have questions about the application process please call:

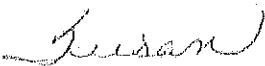
941-827-2887 x. 7806

If I am not at the office and you need copies of your documents someone will be more than happy to make copies for you. **I WILL BE UNABLE TO ASSIST YOU OR PLACE YOU ON THE WAITING LIST UNLESS I HAVE ALL REQUESTED DOCUMENTS.** Remember...I need all the requested documentation requested on the previous page!!!!

There is a waiting list and you will be assisted on the basis of a priority check list provided by The Department of Economic Opportunity in Tallahassee.

I look forward to assisting you with the needs of your home.

Sincerely,



Susan Schoenherr  
Weatherization Director

**2013 POVERTY INCOME GUIDELINES  
CONTIGUOUS STATES U.S. GRANTEEES  
EFFECTIVE JANUARY 24, 2013**

# WEATHERIZATION ASSISTANCE PROGRAMS

## CLIENT INTAKE FORM

|   |                          |  |
|---|--------------------------|--|
| AGENCY NAME: <i>Manatee Community Action Agency</i> |                          | JOB NO:  |
| CLIENT NAME:  | OWNER'S NAME:            |  |
| SOCIAL SECURITY #: (last 4 digits)                  | LANDLORD AGREEMENT       | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>N/A</i> |
| UNIT ADDRESS:                                       | MAILING ADDRESS:         |  |
| CITY: _____ ZIP _____                               | COUNTY: _____            | ZIP _____  |
| PHONE NO.:  | OWNERSHIP PROOF (source) | YEAR BUILT:  |

**INCOME ELIGIBILITY:** Must include annual income for ALL household members.

| Type of Income:              | Client | Others in household |
|------------------------------|--------|---------------------|
| A. EMPLOYMENT                |        |                     |
| B. UNEMPLOYMENT COMPENSATION |        |                     |
| C. SOCIAL SECURITY           |        |                     |
| D. SUPPLEMENTAL INCOME (SSI) |        |                     |
| E. RETIREMENT                |        |                     |
| F. T.A.N.F.                  |        |                     |
| G. OTHER (type)              |        |                     |
| <b>Subtotals:</b>            |        |                     |

**TOTAL HOUSEHOLD INCOME = \$** \_\_\_\_\_

**Main Heating Fuel Source (Check one)** Propane  Natural Gas  Electric  Wood  Other

|                                      |  |  |
|--------------------------------------|--|--|
| TOTAL # OF PEOPLE RESIDING IN HOUSE: |  | <b>CLIENT CHARACTERISTICS:</b><br>Check each characteristic of the client who qualifies for assistance.<br>(Client may be counted in more than one category. Client is not a child.) |
|--------------------------------------|--|--|

|   |  |  |
|---|--|--|
| Utility Bill at time of application \$  |  | ELDERLY (60 & older)                             |
| CHARACTERISTICS OF ALL PEOPLE IN HOUSE:<br>(Each person may be counted in more than one category) |  | DISABLED   |
|   |  | N. AMERICAN INDIAN                               |
| ELDERLY (60 & older)  |  | HIGH ENERGY BURDEN HOUSEHOLD                     |
| DISABLED  |  | RECURRING HIGH ENERGY BURDEN (LIHEAP Referral)   |
| NATIVE AMERICAN INDIAN  |  | OTHER (Income qualified only)                    |
| CHILDREN ( 2 & under )  |  | <b>UNITS BY OCCUPANCY: check only one below:</b> |
| CHILDREN ( 3 to 5 years )   |  | OWNER OCCUPIED HOME                              |
| CHILDREN ( 6 to 12 years )  |  | SINGLE FAMILY RENTER                             |
| All others not included in above categories   |  | MULTI FAMILY                                     |
| Do any occupants have breathing or health issues?<br>No Yes Issue:                                |  | OWNER MOBILE HOME                                |
|   |  | RENTER MOBILE HOME                               |

**CLIENT AGREEMENT:**

- I voluntarily waive the provisions of the Privacy Act in order to permit verification of my income eligibility.
- I certify that my household meets the income guidelines of this program.
- I hereby give permission to enter these premises for the purpose of conducting an energy audit and having my home weatherized.
- I authorize this agency or its representatives to obtain information regarding my utility usage as needed from the appropriate utility company.
- There are \_\_\_\_\_ are not \_\_\_\_\_ occupant health issues that will prevent performing diagnostic testing.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MANATEE COMMUNITY ACTION AGENCY  
NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS  
WEATHERIZATION ASSISTANCE PROGRAM

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Weatherization Assistance Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.

A social security number collected pursuant to this notice can only be used by MANATEE COMMUNITY ACTION AGENCY for the purposes specified above.

**Nondisclosure except under limited circumstances.**

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:


- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

**Acknowledgment of Receipt of Notice**

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Weatherization Assistance Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

 PLEASE SIGN AND RETURN WITH  
REQUIRED DOCUMENTS 