



Free Weatherization Requirements

Free weatherization – provides no-cost home weatherization to City of Port Angeles electric utility customers who meet the Federal Low Income & Poverty guidelines.

Free Weatherization Requirements:

- A. Applicant is a resident in the City of Port Angeles, and resides in a single-family or a manufactured home.
- B. Applicant's home must use electricity provided by the City of Port Angeles as its primary heat source, and the home must be structurally sound.
- C. Applicant's household has a combined annual income not greater than the 200% Federal Poverty & Low-income Guidelines.
- D. Applicant verified income shown on application by completing the attached **PROOF OF INCOME** worksheet.
- E. Other restrictions may apply.



Application Form Instructions

1. Please PRINT all information except your signature.
2. **Complete the Income Worksheet.** In computing your income for the year, take your **GROSS MONTHLY HOUSEHOLD INCOME** and multiply by 12. Income *includes* wages, salaries, commissions, business income, dividends from stocks, net rental income from real estate, gifts of \$10,000 or greater, disability payments, retirement pay or pension income, Social Security, annuities and interest income, *less prescription drugs and/or the cost of treatment or care of any household member receiving temporary in home or in a nursing home care.* Do not include return of capital on investments or reimbursement for losses. If your income status has changed greatly since last year, compute your income on the present year.
3. *It is important that you carefully read the affidavit on page two of the application before you sign the application.*
4. Return the completed **income worksheet and application** as soon as possible to City Hall. If you have any problem completing the application, you may you may contact Customer Services at 360- 457-0411 for assistance.
5. **The Application Form and Income Worksheets can be filled out two ways. Print out the forms and fill out by hand, or by typewriter. Sign and return to City Hall.**

Please Note:

You are *required* to notify the City in writing if there are any changes in your income or family size between the time of application and receiving the weatherization treatment. You *cannot* receive the Free Weatherization at more than one address.



Free Weatherization Application

1. _____
Applicant's Last Name, First, Middle
2. _____
Spouses' Last Name, First, Middle
3. _____
Residence Address
4. _____
Mail Address (Only if different from your residence address)
5. _____
Phone Number with Area Code/Length of time lived in City
6. What was your **2018 Gross Household Income?** \$ _____
7. What is your expected **2019 Gross Household Income?** \$ _____
(See *Total Gross income on work sheet*)

Please circle one answer to the following questions:

8. I/we are the OWNER RENTER
9. Type of dwelling: Single-family Home Mobile Home
10. Do you live at this address all year?

Yes No



11. Do you agree to participate in the City’s no-cost conservation program?

Yes No

12. Is the dwelling electrically heated?

Yes No

13. How many members are in your household, including yourself? (Actually living in your home.)

Circle one: 1 2 3 4 5 6 7 8 more than 8

NOTE: All members of the household **MUST BE** listed below **ALONG** with their age and relationship. Any income they have **MUST BE** included in the gross household figure used to compute your eligibility for the Low-Income Weatherization.

Household Member Name	Age	Relationship



Important: Read Affidavit before signing:

Affidavit: I swear under penalties of either civil or criminal perjury that I have read the instruction sheet and that all of the statements, as marked, are true. Falsification of any information on this application will result in loss of eligibility for further project assistance and repayment of all funds received as a result of providing false information.

The date you write here must be the same date you mail or deliver this application to the City.

Dated this _____ day of _____, 20____.

Applicant's Signature (Do Not Print)

Spouse's Signature (Do Not Print)

Name, address, and phone number of a close relative or friend:



TOTAL ANNUAL HOUSEHOLD INCOME WORKSHEET*
January 1, 2019 to December 31, 2019
MUST PROVIDE SUPPORTING STATEMENTS

Yearly Salary and Wages \$ _____

Unemployment Compensation \$ _____

Welfare Benefits \$ _____

Industrial Injury Benefits \$ _____

Social Security Benefits \$ _____

Interest (all sources) \$ _____

Dividends \$ _____

Pensions and Annuities \$ _____

Retirement Benefits \$ _____

Less prescription drugs and/or temporary in-home or nursing home care. **Must Provide Documentation.** (\$ _____)

TOTAL ANNUAL HOUSEHOLD INCOME \$ _____

*Total Annual Household Income includes applicant(s) income and all other persons living in the household during the year.

FOR FINANCE DEPARTMENT USE ONLY		
Acct #:	Date Received:	Received By:
Accepted By:	Date:	