



*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.**

WEATHERIZATION ASSISTANCE PROGRAMS

CLIENT INTAKE FORM

AGENCY NAME: MANATEE COMMUNITY ACTION AGENCY		JOB NO.:
CLIENT NAME:	OWNER'S NAME:	
SOCIAL SECURITY #: (last 4 digits)	PHONE NO.:	
UNIT ADDRESS:	MAILING ADDRESS:	
CITY: _____ ZIP _____	COUNTY: _____	ZIP _____
LANDLORD AGREEMENT YES 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)		
Subtotals:		

TOTAL HOUSEHOLD INCOME = \$ _____

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

TOTAL # OF PEOPLE RESIDING IN HOUSE:		CLIENT CHARACTERISTICS: Check each characteristic of the client who qualifies for assistance. (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: (Each person may be counted in more than one category)		DISABLED
ELDERLY (60& older)		N. AMERICAN INDIAN
DISABLED		HIGH ENERGY BURDEN HOUSEHOLD
NATIVE AMERICAN INDIAN		RECURRING HIGH ENERGY BURDEN (LIHEAP Referral)
CHILDREN (2 & under)		OTHER (Income qualified only)
CHILDREN (3 to 5 years)		UNITS BY OCCUPANCY: check only one below:
CHILDREN (6to 12 years)		OWNER OCCUPIED HOME
All others not included in above categories		SINGLE FAMILY RENTER
Do any occupants have breathing or health issues?		MULTI FAMILY
No Yes Issue:		OWNER MOBILE HOME
		RENTER MOBILE HOME

CLIENT AGREEMENT:

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

CLIENT SIGNATURE: _____ **DATE:** _____

Dear Weatherization Customer,

THIS PROGRAM IS FREE AND WILL COST YOU NOTHING.

Please read this entire cover letter before sending any information to me.

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 OWNER SHIP:

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:

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

You can also fax your items to 941.827.3001, **ATTN: Weatherization**

If you have questions about the application process please call:

941-757-1157

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 Community Affairs in Tallahassee.

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

Sincerely,
Susan Schoenherr
Director of Weatherization

POVERTY INCOME GUIDELINES*

# of People in the Household	200% - Yearly	200% - Monthly	200% - Weekly
1	\$21,660.00	\$1,805.00	\$416.53
2	\$29,140.00	\$2,428.33	\$560.38
3	\$36,620.00	\$3,050.66	\$704.23
4	\$44,100.00	\$3,675.00	\$848.07
5	\$51,580.00	\$4,298.33	\$991.92
6	\$59,060.00	\$4,921.66	\$1,135.76
7	\$66,540.00	\$5,545.00	\$1,279.91
8	\$74,020.00	\$6,168.33	\$1,423.46
Add this amount for each additional person in the household over eight.	\$7,480.00	\$623.34	\$143.85