

Dear Applicant,

Interfaith Housing Services, Inc. (IHS) appreciates the opportunity to introduce the Kansas Weatherization Assistance Program (KWAP) to you. As a 501(c)(3) nonprofit corporation, our mission is to develop, promote, and implement programs which assist persons of low to moderate income to meet their housing needs.

The following application is for the **Kansas Weatherization Assistance Program (KWAP)**. The application must be completed and returned with **all** appropriate verifications. **If the application is incomplete or verifications are missing, then it cannot be processed.** A great amount of time is often spent requesting additional information. **An incomplete application can lead to a significant delay in your home being weatherized.**

Please make certain **all pages are signed and returned**; even if they do not apply. Page 7 **must** be completed, though citizenship status **does not** affect the household qualification for weatherization. All applications **must** include the fuel information release form. The enclosed unemployed applicant affidavit is necessary **only if** there are adult members (over age 18) in the household without an income.

Please include the following items for income verification and proof of ownership with your application. (Please use this checklist to ensure all the required documents are included with your application)

- ☐ If employed, then include **prior three months** consecutive pay stubs
- ☐ If self-employed, then include previous year's tax return and profit and loss statement with proof of last three months income
- ☐ If receiving **Social Security**, or **Supplemental Security Income**, then include **current award letter** or **statement of benefits from the Social Security Administration**
- ☐ If you received Temporary Assistance for Needy Families (TANF) in the past twelve months, then please include proof of said assistance
- ☐ If you receive Veteran's Administration (VA) benefits, then include a current statement of benefits from the VA
- ☐ **If currently unemployed, then we need all gross income for the previous 12 months**
- ☐ If there is an adult member who received no income in the past 12 months, then include the Unemployed Applicant Affidavit
- ☐ If you are currently renting, **you and the owner** must complete the Rental Property Agreement and a **copy of the deed** must be attached.
- ☐ If you are the owner of your property, **you must submit proof of ownership**, such as: a copy of the deed; or an Inventory Contents Sheet from your county appraiser's website; or property tax documents.

Please complete the enclosed application in its entirety and return with all required documentation to:

Interfaith Housing Services, Inc.
PO Box 1987
Hutchinson, KS 67504-1987

If you have any questions about our programs or need assistance with this application, please contact us.

Sincerely,

Interfaith Housing Services

Project #: _____

Interfaith Housing Services, Inc.**Application for the Kansas Weatherization Assistance Program (KWAP)***Please answer each question presented below and **do not** leave any questions blank.*• **CONTACT INFORMATION (USE HEAD OF HOUSEHOLD INFORMATION)**

LAST NAME		FIRST NAME		MI	SUFFIX
HOME PHONE	CELL PHONE		ALT. PHONE/EMAIL		
PHYSICAL ADDRESS/MAILING ADDRESS					
CITY			ST	ZIP	COUNTY
			KS		

• **HOUSEHOLD COMPOSITION**

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Use an extra page if necessary. Please indicate whether each member of the household has an income or is disabled.

Name <u>ALL</u> People in Household LAST NAME, FIRST	Date of Birth	Age	Relationship	Income "Yes" or "No"	Disabled "Yes" or "No"
			Head of Household		

• **HOUSEHOLD INCOME**

Directions to Applicant: Please complete the table below for each member of your household having an income in the past 12 months. If you are uncertain which types of income must be included or can be excluded, then please ask IHS staff for assistance. For proof of employment, please include the last **THREE MONTHS** consecutive paystubs as well as the most recent household tax return. CURRENT award letters provide adequate proof of income for Social Security and SSI. Please include verification of all financial aid including TANF; do not include food stamps. Application **WILL NOT** be processed without ALL verifications included.

Member of Household	Source of Income*	Amount (\$)

**If you have more sources of income, then please include on a separate page.*

Total Gross Annual Income: \$

• HOMEOWNERSHIP INFORMATION

This section is required for understanding your current housing situation.

1. Do you: own ☐; rent ☐; rent to own ☐; or have a land contract ☐?
2. What year (approximately) was your house built?
3. If you rent, rent to own, or have a land contract, then please have the owner of the property fill out the attached *Rental Property Agreement* which must include your signature as well. (Page 6)
4. Type of dwelling--single dwelling home ☐; mobile home ☐; apartment complex ☐?
5. Are you receiving assistance for housing repairs from other agencies? Yes ☐ No ☐
If yes, then please list agency information and describe assistance.
6. Are you planning to sell your home in the next two years? Yes ☐ No ☐

• HOUSING REPAIR/WEATHERIZATION NEEDS

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Does the roof in your dwelling leak? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a working heating system in your dwelling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Please detail any disabilities or other information that will assist IHS in processing your application.
Priority given to individuals with disabilities (using Federal definition of "disabled") and homes with immediate life/health/safety concerns. | | |

Current Marital Status: Single ☐; Married ☐; Divorced ☐; Separated ☐; Widowed ☐.

IHS complies with the Fair Housing Act and does not discriminate based upon Race, Color, National Origin, Disability, Familial Status, Religion, or Sex.

The requested information regarding race, national origin and sex designation solicited on this application is requested in order to ensure compliance with Federal Laws prohibiting discrimination against applicants on the basis of Race, Color, National Origin, Religion, Sex, Familial Status, Age, and Disability. This information is not used in evaluating your application or to discriminate against you in any way. You are not required to furnish this information, but are encouraged to do so; however, if you choose not to furnish it, then our organization is required to note the race, ethnicity, and sex of each individual applicant based on visual observation or surname.

RACE: (PLEASE CHECK ONE OF THE FOLLOWING FOR EACH MEMBER OF HOUSEHOLD IN ORDER OF HOUSEHOLD COMPOSITION.)

- | | | | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. WHITE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. BLACK OR AFRICAN AMERICAN | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. HISPANIC OR LATINO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ASIAN | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. NATIVE AMERICAN/ALASKA NATIVE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. MIXED RACE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. OTHER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

• STATEMENTS

IHS often collaborates with other service agencies in order to complete all requested repairs to your dwelling; do you authorize sharing your information when necessary? Yes ☐ No ☐

Our household is a Spanish-speaking only household and will require a Spanish-speaking person for all phone contact. Yes ☐ No ☐

I/We authorize IHS to photograph my/our home, and use the photographs for administrative, marketing, and other purposes. I/We will not claim any compensation for the use of the photographs. Yes ☐ No ☐

I/We understand in order to weatherize my/our home; holes are drilled in all the exterior walls for installing insulation. I/We understand it is the applicant's responsibility to paint the plugs used to fill these holes. Furthermore, with older vinyl siding and other siding materials, there is possibility of damage for which neither IHS, its employees, or contractors is liable.

I/We certify that if selected for assistance, full access and cooperation will be provided to inspectors, contractors and employees for the purpose of obtaining signatures and completing all necessary measures. Furthermore, specific guidelines dictate certain procedures; if at any time I/we cease cooperation, then any measures made to my dwelling will be billable to me/us.

I/We understand that if the dwelling is deemed unsafe for inspectors or contractors to perform their duties, (for various reasons including but not limited to mold, insect/rodent infestations, threat of violence or uncleanness) then the project is deferred until the situation is corrected.

I/We understand that there are certain scoring criteria for each of the IHS funding sources; therefore, submitting an application is not a guarantee of service. While acceptance to the waiting list qualifies applicant for the program, scoring criteria determines the order of service.

I/We certify that all information provided is true and accurate and that I/we occupy the home needing repairs/rehabilitation/weatherization. I/We consent to the release of information contained in this application to concerned social service agencies, and authorize social service agencies to release all information necessary for verifying this application to IHS. I/We understand that deliberate or misleading answers will result in disqualification for assistance from IHS and may result in legal action to recover expenses.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, **18 YEARS OR OLDER:**

Signature

Date

Signature

Date

Signature

Date

Signature

Date

MANAGEMENT USE ONLY:

Date Application Received:

Date Application Reviewed:

Application Reviewed By:

Application:

☐ qualifies/ ☐ does not qualify

If applicant is disqualified/deferred for assistance, then list reasons:

INTERFAITH HOUSING SERVICES, INC.
KANSAS WEATHERIZATION ASSISTANCE PROGRAM
Notification of Client Appeals Procedures

This document must be signed and returned by the applicant with the original application.

Interfaith Housing Services, Inc. (IHS) has formulated an appeals procedure for those denied/deferred benefits for the IHS Weatherization Program.

Your Right to Appeal Decision – If you do not agree with IHS’s determination regarding your application for assistance, then you may submit a written appeal within thirty (30) days including all supporting documentation to the IHS Home Office.

Interfaith Housing Services, Inc.
Attn: Weatherization Director
PO BOX 1987
Hutchinson, KS 67504-1987

Within thirty (30) business days, IHS will review your appeal and respond with a notice of its finding. If you wish to appeal this decision, then you may request a hearing with the Compliance Officer and Weatherization Director.

After a second review of your appeal, you will receive notice within thirty (30) business days, stating either the:

1. Date, time, and place your review will be heard, or
2. Reasons your appeal is not scheduled for a hearing.

Results of the second review or hearing are final, and IHS will not review this further.

IHS is an equal opportunity organization, and forbids discrimination based on race, creed, color, national origin, sex, political affiliation, beliefs, age, or handicaps in all aspects of its policies, procedures, and operations. Persons who believe they were denied services due to discriminatory actions of this agency may file an appeal within thirty days (30) of the denial.

I, the undersigned, have reviewed the IHS Appeal Procedures and understand my rights.

Signature of Applicant

Date

INTERFAITH HOUSING SERVICES, INC.
KANSAS WEATHERIZATION ASSISTANCE PROGRAM
Housing Occupancy Agreement

This document must be signed and returned by the applicant with the original application.

This AGREEMENT is between Interfaith Housing Services, Inc. hereinafter referred to as "IHS" and

_____ of _____, Kansas, hereinafter referred to as "Applicant".
 Name of applicant City

WHEREAS, IHS is providing services under the weatherization contract on the Applicant's domicile or property

at _____;
 Address of home to be weatherized

THEREFORE, it is agreed in consideration for IHS provision of services, the applicant:

1. Will allow access to the Applicant's property or domicile in order for IHS or their representatives to provide weatherization services. Such access is provided continually as needed, during the workday without interruption while the contractor is on site. **An adult household member over the age of 18 must be on location at all times with staff or contractors.**
2. Will provide utility service, including water and electricity as needed for supporting the contractor's work.

FURTHERMORE, the Applicant, assignees or successors will forever save and hold IHS, its employees, agents, and subcontractors harmless from all claims, dividends, costs, and liabilities arising from damage or injury, actual or claimed, of whatever kind or character, to persons or property, occurring or claimed in, on or about the premises arising out of the service provided and will defend IHS in any action or proceeding brought against them. ADDITIONALLY, I understand the Department of Energy mandates that **all** materials replaced (including but not limited to HVAC equipment, refrigerators, wall heaters, space heaters, light bulbs, etc.) **must** be removed from the premises.

FURTHERMORE, it is understood by the Applicant that any and all pets, whether considered vicious or not, **must** be restrained by the Applicant while any inspector, contractor, or crew is on the property. Failure to abide by this clause may result in the termination of weatherization services.

 Signature of Applicant

 Date

INTERFAITH HOUSING SERVICES, INC.

KANSAS WEATHERIZATION ASSISTANCE PROGRAM

Rental Property Agreement

This document must be completed and signed by the homeowner; then signed and returned by the applicant with the original application ONLY if applicant's dwelling is a rental property.

INSTRUCTIONS:

- This form is completed by the owner & the tenant of the rental property
- **Proof of ownership evidenced by a copy of the deed is required as an attachment to this document**

I, _____ do hereby declare that I am the legal owner of the dwelling located at _____ in _____, Kansas, and that this dwelling is occupied by _____. My ownership of this property is evidenced by providing a copy of my deed with this agreement.

I grant Interfaith Housing Services, Inc. (IHS) or its subcontractors permission to weatherize the dwelling at the aforementioned address and perform reasonable repairs deemed necessary within guidelines set forth by the U.S. Department of Energy (DOE). I declare that I will forever save and hold IHS, its employees, agents, and subcontractors harmless from all claims, dividends, costs, and liabilities arising from damage or injury, actual or claimed, of whatever kind or character, to persons or property, occurring or claimed in, on or about the premises arising out of the service provided and will defend IHS in any action or proceeding brought against them.

Additionally, I declare that IHS is entitled to all materials replaced with new weatherization materials. Furthermore, the DOE often dictates that any materials replaced including but not limited to refrigerators, wall heaters, space heaters, light bulbs, etc. **must** be removed from the premises.

In return for weatherization of the aforementioned residence, I, as owner, agree to and understand the following:

1. **I agree to contribute any cost of materials and labor for heating appliance repairs or replacements (if needed) in excess of \$250.00 (the Weatherization Program will pay the first \$250.00)**
2. I will not raise the rent on this property because of any improvements made by IHS for a period of one (1) year following completion of the weatherization work. I have the right to increase the rent an appropriate sum if I do additional repairs at my own expense. The Legal Aid Society is responsible for arbitrating landlord—tenant disagreements arising from weatherization activities. Contact the Kansas Legal Services statewide hotline at 1.800.723.6953 and they will direct you towards the nearest Legal Aid Office.
3. I will allow the weatherization work to be continued if the client moves from the dwelling before the work scope has been completed. Access to the unit is made available as needed to all weatherization staff, inspectors, contractors and crews to allow for completion of the work.
4. IHS will notify the appropriate utility company, the local housing authority, and the tenant and myself if it discovers any physical condition which IHS believes poses a threat to the life, health, and safety of the tenant.
5. I hereby GRANT A WAIVER OF LIABILITY to IHS from any and all claims against the Weatherization Program arising from its presence on said property.
6. I give permission for holes, approximately 2" wide, to be drilled in any or all walls, floors or ceilings for the installation of insulation materials, and understand that it will be my responsibility to apply the desired finish to the plugs used to seal the holes. Refusal of core measures cause project to be deferred.

Owner Signature				Date		Tenant Signature				Date			
Address				City,	State	Zip	Address				City,	State	Zip
Phone #						Phone #							

INTERFAITH HOUSING SERVICES, INC.
KANSAS WEATHERIZATION ASSISTANCE PROGRAM
Alien Certification

This document MUST be signed and returned by the applicant with the original application; however, your status DOES NOT affect the ability to weatherize your home.

INSTRUCTIONS:

The following document must be in each file.

If each member of your household is a Citizen of the United States, then please sign where it calls for "Signature of Applicant."

"I certify that no member of this household is an alien whose status has been adjusted to lawful temporary or permanent resident under section 245A (Amnesty Aliens) or 210A (Replenishment Agricultural Workers) of the Immigration and Nationality Act, as amended by the Immigration Reform and Control Act of 1986".

Signature of Applicant

Date

If a member of the household is **not** a Citizen of the United States but qualifies under this certification, then please list the household members qualifying under this certification and sign where it calls for "Signature of Applicant."

"I certify that the following member(s) of this household are alien(s) whose status has been adjusted to lawful temporary or permanent resident under section 245A (Amnesty Aliens) or 210A (Replenishment Agricultural Workers) of the Immigration and Nationality Act, as amended by the Immigration Reform and Control Act of 1986".

Household Member

Household Member

Household Member

Household Member

Signature of Applicant

Date

Project #: 050.

**INTERFAITH HOUSING SERVICES, INC.
KANSAS WEATHERIZATION ASSISTANCE PROGRAM
UNEMPLOYED APPLICANT'S AFFIDAVIT**

Instructions: *This form must be completed by EACH adult member (over 18) that reported no income on the application.*

Having made an application to *Interfaith Housing Services, Inc* for the Kansas Weatherization Assistance Program, I hereby certify that:

- I am not presently employed, nor have I been employed in the previous 12 months
- I do not have any income, and have not received an income in the previous 12 months
- Misrepresentation of income disqualifies me for Weatherization
- If Weatherization measures are performed and previously undisclosed income is discovered, then I am responsible for reimbursing the Weatherization Provider for **all** costs associated with my project
- **Note:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

SIGN HERE

Signature of Client

Date

Printed Name of Client

Signature of Client

Date

SIGN HERE

Printed Name of Client



FUEL INFORMATION RELEASE FORM

(FOR AGENCY USE ONLY)

Applicant's Name: _____ WX Job #: _____
Address: _____ WX Completion: _____
City, State, Zip: _____ County: _____
Telephone Number: _____

(TO BE COMPLETED BY APPLICANT)

Applicant must fill out the rest of this page for application to be processed:

HEATING FUEL SUPPLIER:

Name: _____

Address: _____

Bill to: _____

Account #: _____

ELECTRIC SUPPLIER:

Name: _____

Address: _____

Bill to: _____

Account #: _____

This release shall apply to the above energy providers and any subsequent energy provider(s) formed through merger or acquisition therewith.

Do you use the same supplier for both heating and electric? Yes ☐ No ☐

I hereby authorize the above energy providers to release information on my fuel bills to the following agencies: **Kansas Weatherization Assistance Program, Low Income Home Energy Assistance Program, and Interfaith Housing Services, Inc.**

I understand that this information will be used only to provide data for the above named agencies, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

This Release shall apply for 3 years following the date of its execution.

Client Signature

Date

Heating/Electricity Supplier, please return this form attached to the requested data to:
Kansas Housing Resources Corporation – 611 S. Kansas Avenue, Suite 300 – Topeka, KS 66603-3803