

# NORTHEAST SOUTH DAKOTA COMMUNITY ACTION PROGRAM

104 Ash Street East, Sisseton, South Dakota 57262-1908  
Phone: (605) 698-7654 Fax: (605) 698-3038

Dear Energy Assistance Program Applicant,

Enclosed you will find the weatherization application per your request. This is a separate program from the State Fuel Assistance. If your home has received weatherization services after September 30, 1994, it will not be eligible.

If you are interested in receiving weatherization assistance at your home, return the following information to the address on top of this form.

- ✓ Completed four page application (signed by applicant and co-applicant)
- ✓ Completed and signed indoor air quality form
- ✓ Verification of homeownership (may be a copy of the tax receipt, deed, etc.)
- ✓ If the home is a rental you will need a Landlord Authorization form from our agency.
- ✓ Copy of the last three months utility bills.
- ✓ If you are not on the current fuel assistance, you will need to submit a copy of your last 3 months income for the household.
- ✓ If your home is 45 years or older; provide pictures of all sides of your home.

You will receive written confirmation regarding the status of your application.

If you have any questions, feel free to contact our agency.

Sincerely,

*LeAnn Glynn*

LeAnn Glynn

Assistant Housing Manager



*"Serving People's Needs to Promote Community Excellence."*

NESDCAP is an Equal Opportunity Lender, Provide, and Employer

Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, 1400 Independence Ave SW, Washington DC 20250-9410

# **Summary of Housing Programs: Northeast South Dakota Community Action Program (NESDCAP), Sisseton, SD**

## **Department of Energy (DOE):**

**DOE-** The home, as well as the applicant, will need to meet criteria for this program. It is the discretion of NESDCAP to cancel an application if the rehabilitation is not considered feasible.

- This program is in the form of a grant, there is no financial obligation to the applicant unless the applicant moves or sells the property within 2 years.
- If your home has received weatherization services after September 30, 1994, it will not be eligible for this program.
- Rental units can be eligible if they meet the DOE requirements. The landlord is responsible for 33.3% of the total cost unless the homeowner's income falls below 200% of the poverty income guidelines. There is additional paperwork that needs to be completed by the homeowner and applicant, prior to any approval for rental units.
- Ownership must be verified. A copy of the deed, contract for deed or property tax receipt must accompany the application. Ownership for mobile homes will need to be a copy of the title.
- A home audit is conducted by the NESDCAP Energy Auditor. Information is obtained and installed in the NEAT/MHEA computer program. This program will determine what measures, if any, are to be installed on the home.
  - Energy saving measures to be considered may include but are not limited to:
    1. Insulation, proper ventilation.
    2. Air infiltration measures, weather strip, glass replacement, foam sealant, caulk.
    3. Minor health and safety measures, furnace clean and tune, water heater replacement.
    4. Pressure balancing.
    5. Furnace replacement/repair.
    6. Minor repairs that will reduce energy consumption.

# SOUTH DAKOTA WEATHERIZATION ASSISTANCE APPLICATION

The Weatherization program helps low income households make their homes more energy efficient. Priority is given to households with individuals that are elderly or disabled and to families with children. Information on where to send the application is on page 5.

If you are receiving Energy Assistance check this box  and only complete pages 1, 3, and 4. If you know your 9-digit Customer Identification Number (CID) from your Energy Assistance case, enter it here \_\_\_\_\_.

If you are not receiving Energy Assistance please complete all pages.

Print or type the information. The application will be denied if it is incomplete or if required proof is not attached.

## TELL US YOUR ADDRESS

<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
<i>Residence Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
<i>Provide directions – use landmarks</i>				
<i>Home phone number</i>	<i>Work phone number</i>		<i>Cell phone number</i>	
<i>Other phone number where message may be left</i>				

## TELL US WHO LIVES IN THE HOME (LIST YOURSELF FIRST)

\*You are not required to furnish race information.

(W=White, A=Native American, B=Black, H=Hawaiian, O=Asian, S=Hispanic or Latino)

Name First	MI	Last	Social Security #	Date of Birth	*Race	Sex	Are they Disabled	Are they a U.S. Citizen
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## TELL US ABOUT INCOME

Enter GROSS INCOME (amount before deductions) such as \*Wages, \*Self-employment, \*Alimony, \*Social Security, \*SSI, \*SSI State Supplement, \*BIA GA, \*TANF, \*Unemployment, \*Worker's Compensation, \*Veteran's Benefits, \*Retirement, \*Pensions, \*Annuities, \*Dividends, \*Rental Income, \*Tribal Lease or \*Per Capita Income, \*Net Gambling or Lottery Winnings, and \*all other sources of income FOR ALL PERSONS IN THE HOME



**ATTACH PROOF:** Examples of proof are

- ⇒ Money NOT from work: Award letters or copies of checks
- ⇒ Money from work: wage stubs, copies of checks, employer statement verifying gross pay and date received.
- ⇒ Money from self-employment: copy of your most recent income tax return. (INCLUDE ALL PAGES AND SCHEDULES OF THE TAX RETURN) Partnership or S corporation should include a K-1 and 1065 forms.

If you send your application in:	Send proof of all income received in these 3 months:	If you send your application in:	Send proof of all income received in these 3 months
APRIL	January 1 - March 31	OCTOBER	July 1 - September 30
MAY	February 1 - April 30	NOVEMBER	August 1 - October 31
JUNE	March 1 - May 31	DECEMBER	September 1 - November 30
JULY	April 1 - June 30	JANUARY	October 1 - December 31
AUGUST	May 1 - July 31	FEBRUARY	November 1 - January 31
SEPTEMBER	June 1 - August 31	MARCH	December 1 - February 28

### Income month 1:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### Income month 2:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### Income month 3:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**TELL US ABOUT THE HOME**

**Is the home currently being remodeled/or will it be remodeled within the next six months.**  Yes  No

**Has the home ever been weatherized?**  Yes  No  Not sure

If YES:  1-5 years ago  5-10 years ago  10-15 years ago

If YES, who did the weatherization?

**This is a**

House:  1-10 yrs.  10-20 yrs.  20-50 yrs (Built before 1978?  Yes  No)

Number of stories  1  2  3 Permanent basement?  Yes  No

Mobile Home: List serial number or title number \_\_\_\_\_ Yr. \_\_\_\_\_

Apartment: How many apartments are in the building \_\_\_\_\_.

**The home is heated with:**

Natural Gas  Electric  Propane/Bottled Gas  Fuel Oil/Kerosene  Wood  Coal

Name of Supplier: \_\_\_\_\_

Amount paid to the supplier October – April of previous year \$ \_\_\_\_\_

The additional (secondary) source used to heat the house is:

No other source used  Natural Gas  Electric  Propane/Bottled Gas  Fuel Oil/Kerosene  Wood  Coal

If secondary fuel source is used percentage of heat from that source  10%  20%  30%  40%

Name of Supplier \_\_\_\_\_

Amount paid October – April of previous year \$ \_\_\_\_\_

**The home has problems relating to:**

Structure  Electrical  Plumbing  Other  Not aware of problems

Explain

**The home has unhealthy conditions relating to:**

Asbestos  Lead-Based Paint (home built before 1978)  Mold/Mildew  Sewage Fumes

Chemical/Smoke Fumes  Other  Not aware of unhealthy conditions

Explain

**Do you currently own or are you buying the home?**  Yes  No

If yes, is the residence for sale?  Yes  No

is there a contract for deed  Yes  No

is there homeowners insurance?  Yes  No

If you own the home, please attach a copy of the real estate tax notice to the application.

**Do you rent the home or apartment?**  Yes  No

If yes, Name of Landlord \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Landlord's phone number \_\_\_\_\_

**Is this Subsidized, Low Income Housing (Section 8, Senior Housing, Public Housing)**  Yes  No



**PLEASE READ THE FOLLOWING INFORMATION**

**Privacy Act Information:** This information will be used to determine your eligibility for the weatherization program. Information obtained from this and other forms may be used by the U.S. Department of Energy to monitor the effectiveness of this program. In addition, this information may be used for investigative or prosecutorial proceedings in the event of fraudulent claims or statements. If you refuse to provide the information requested on this application, your home will not be considered for weatherization assistance. No information on this application is made available to the general public.

**By my signature below**

- ⇒ I authorize the agency to make any necessary contacts to verify any aspect of eligibility.
- ⇒ I authorize investigation of past, present and future heating costs in order to evaluate the effectiveness of the Weatherization program.
- ⇒ I authorize employees of the community action agency to perform, monitor and inspect Weatherization work.
- ⇒ I authorize Office of Energy Assistance and Weatherization staff of the Department of Social Services to monitor to ensure quality weatherization work.
- ⇒ I agree to report if the home is scheduled for acquisition or clearance by a Federal, State, or local program within 12 months from the date weatherization work is scheduled
- ⇒ I understand that any false statement made in this application is legal grounds for prosecution by any agency of the government using this application as a basis for assistance and certify, under penalty of perjury, the truth of the information in this application.

\* \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Applicant Signature Date

\* \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Applicant Signature Date

<b>Agency use only</b>	
Approved by _____	Date approved _____ / ____ / ____
# in Household: _____	Total Income: _____ Maximum Allowable Income: _____

Please send the application to the Community Action Agency that serves your county. Refer to the map and/or the counties listed below to find the information for the community action agency for your county.



**INDOOR AIR QUALITY CHECKLIST  
TO BE COMPLETED BY HOME OCCUPANT**

NAME \_\_\_\_\_ TOWN \_\_\_\_\_

Your answers to the following questions may help us reduce your exposure to indoor pollutants and potential health risks.

1. Are you or any other members of the household experiencing any of the following problems, if so, how many?

Chronic headaches \_\_\_\_\_ Dizziness \_\_\_\_\_ Asthma or bronchitis \_\_\_\_\_

Breathing difficulties \_\_\_\_\_ Chronic drowsiness \_\_\_\_\_

Burning or watery eyes \_\_\_\_\_ Nausea \_\_\_\_\_

**None \_\_\_\_\_ if no one is experiencing any of the above, skip to question #7.**

**If you answered yes to any of the above, please complete all questions.**

2. Are the symptoms more severe in those who spend the most time in the home?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do the symptoms become less severe when you leave the house?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many hours or days is it before you feel better? \_\_\_\_\_

If there are young children or elderly persons in the home, do they experience more severe symptoms?

None \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

When are the symptoms the most severe?

Summer \_\_\_\_\_ Winter \_\_\_\_\_ Both \_\_\_\_\_

3. Do you store any of the following items in your home? (especially in winter)

Paints, solvents, grease, oil Yes \_\_\_\_\_ No \_\_\_\_\_

Pesticides, herbicides, bug bombs, Yes \_\_\_\_\_ No \_\_\_\_\_

Gas cans, gas lawn mowers, chain saws, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

Kerosene, or kerosene space heaters Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you **regularly** use any of the following chemicals in your home?

Strong cleaning products Yes \_\_\_\_\_ No \_\_\_\_\_

Room deodorizers Yes \_\_\_\_\_ No \_\_\_\_\_

Pest killers, insect sprays, flea bombs Yes \_\_\_\_\_ No \_\_\_\_\_

Hobby materials such as glue, paint, varnish Yes \_\_\_\_\_ No \_\_\_\_\_

5. In the last three years have any of the following been newly installed?

Extensive remodeling and/or painting Yes \_\_\_\_\_ No \_\_\_\_\_

New plywood, particle board paneling or sub-flooring Yes \_\_\_\_\_ No \_\_\_\_\_

New carpets, draperies, or upholstered furniture Yes \_\_\_\_\_ No \_\_\_\_\_

New cabinets, teak or oak veneered or plastic laminate furniture Yes \_\_\_\_\_ No \_\_\_\_\_

New/different furnace, water heater, chimney, wood stove Yes \_\_\_\_\_ No \_\_\_\_\_

6. Do you warm up a car or truck in an attached garage (even with the door open) or very close to the house?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Does anyone regularly smoke in your home?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Do you have indoor pets?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Do you have mold or mildew problems during the winter? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Do you hang wet clothes to dry indoors? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Do you use a humidifier in the winter (free standing or furnace mounted)? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Is your basement or crawlspace frequently damp or wet? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, is it damp or wet during the summer \_\_\_\_\_ winter \_\_\_\_\_ both \_\_\_\_\_
13. Does your bathroom have an exhaust fan? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, do you regularly use the fan? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Does your kitchen have an exhaust fan? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, do you regularly use the fan? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, when was the last time the filter was cleaned? \_\_\_\_\_
15. Have your water pipes ever been frozen? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, does this happen regularly? Yes \_\_\_\_\_ No \_\_\_\_\_
16. Do you use any of the following in the winter?  
 Wood Stove \_\_\_\_\_ Non-vented space heater (other than electric) \_\_\_\_\_  
 Fireplace \_\_\_\_\_ None \_\_\_\_\_  
 If you use one of the above, do you have any problems with it drafting properly?  
 Yes \_\_\_\_\_ No \_\_\_\_\_
17. Does your furnace have a filter? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, do you check and change it regularly? Yes \_\_\_\_\_ No \_\_\_\_\_
18. Has any work been done on your furnace recently? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, by whom? \_\_\_\_\_
19. Are you aware of any asbestos materials in your home? Yes \_\_\_\_\_ No \_\_\_\_\_
20. Are you aware of any unhealthy situations in your home? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain – For example: Asbestos, Lead, Mold/Mildew, Sewage fumes,  
 Chemical/Smoke fumes: \_\_\_\_\_

\_\_\_\_\_  
 Occupant's Signature Date

\_\_\_\_\_  
 Auditor's Signature Date

**AUDITOR'S COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_