



Weatherization Program – Preliminary Application

Service through the Weatherization Assistance Program is determined according to an established priority system.

Name of Head of Household: _____
Address: _____ City/County _____ ZipCode _____
Phone: _____
Email: _____

Name of person on deed to house/title of mobile home (if different): _____
Phone (if different): _____

Do you rent your home or mobile home? ___ Yes ___ No
If yes, please provide name and phone number of current owner(s): _____

What year was your home built? _____

To your knowledge, has your home ever been weatherized? ___ Yes ___ No

Are you a Dominion Virginia Power Customer? ___ Yes ___ No

How did you hear about project:HOMES Weatherization Program? _____

Complete the following for ALL household members (including head of household):

Name	Date of Birth (MM/DD/YY)	Age	Sex (M/F)	Disabled (Y/N)	Veteran (Y/N)	Gross Monthly Income & Source
						\$
						\$
						\$
						\$
						\$
						\$

Total Gross Monthly Income: \$ _____

- To speed the completion process of your application, copies of the following items are requested:**
- Deed of trust or tax records (home), or certificate of title (mobile home) showing homeownership.
 - Income verification of all household members (social security letter; SSI letter; paystubs; recent tax return; or 3 months of bank statements showing deposits from social security, SSI, or work pay).
 - Anyone over the age of 18 without income coming into the home will need a notarized letter confirming their unemployment status.
 - Past 3 months of all utility bills showing how much energy your home currently uses (electric, gas, oil, propane).

My signature below certifies that the information contained on this 2-page Preliminary Application is accurate to the best of my knowledge.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

(Please TURN OVER to BACK PAGE)

Please complete the following to help us prioritize your request:

Please check which county/city you live in:

Amelia Buckingham Charles City Chesterfield Cumberland Goochland
 Hanover Henrico New Kent Powhatan Prince Edward Richmond City
 Spotsylvania **Other Location:** _____

Do you have pets inside? Yes No What kind & how many _____

Type of home (please check one):

One-Story Two-Story Tri-Level Townhome Mobile Home (singlewide)
 Doublewide Mobile Home Other, explain: _____

Type of heat (please check one):

Gas Oil Heat Pump Electric Baseboard Propane Wood Stove

Is your heat currently working? Yes No

Do you have accessible fuel to run a heating system test? Yes No

Type of home exterior (please check all that apply):

Brick Stone Stucco Wood Log Vinyl Siding Aluminum/Metal Siding
 Asbestos Tile Siding Other Exterior, explain: _____

Do you have two layers of siding? Yes No Not Sure

Please indicate if any of the following are present in your home:

Deteriorating roof system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Minor roof leaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Plumbing leaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Sewer leaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Septic issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Holes in ceilings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Holes in walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Electrical problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Active knob and tube wiring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Asbestos wrapped pipes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Lead paint in/on structure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Attic space	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Crawl space	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Existing attic insulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Existing wall insulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Knee walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Gas stove	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Gas hot water heater	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Electric hot water heater	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Existing bathroom fan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Windows with cracked glass	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Storm windows with cracked glass	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure

Notes: _____

*Please mail completed form
to:
project:HOMES
Weatherization Program
88 Carnation Street
Richmond, VA 23225*