

INFORMATION TO BE PROVIDED BY THE APPLICANT WHEN APPLICATION IS TAKEN

1. Proof of all income in the household (copies of checks or paystubs)
2. Copy of heating and power bill.
3. Deed to house- Book # & Page # (if they own home)
4. Deed to trailer- Title # & Serial # (if they own trailer)
5. Name of Landlord- (if house is rented) and Deed # & Page #
6. Name of Landlord-(if trailer is rented) and Title # & Serial #
7. Landlord needs to sign owner agreement and rental release forms

There is a minimum of Three (3) Years waiting period
(with the exception of elderly- sixty (60) and older

PLEASE SIGN WHERE APPLICABLE,FILL OUT ALL FORMS,AND ATTACH
ALL INFORMATION NEEDED FAILURE TO COMPLY WILL SLOW THE
APPLICATION PROCESS.

WHAT YEAR WAS YOU HOME BUILT

**MountainHeart Community
Services, Inc.
DBA FACS Pro Client Intake Form**

Address / Demographics – Head of Household

Intake Date _____ / _____ / _____ <div style="text-align: center; font-size: small;">MM DD YYYY</div>		Staff Completing Intake _____	
First Name _____		MI _____	
Last Name _____		Suffix _____	

<u>Mailing Address</u>	_____ _____ CITY _____ STATE _____ ZIP CODE _____ COUNTY _____	<u>Physical Address</u>	_____ _____ CITY _____ STATE _____ ZIP CODE _____ COUNTY _____
<u>Phone</u>	Home- (____) _____ - _____ Cell- (____) _____ - _____ Work- (____) _____ - _____ X____	<u>Message</u>	Phone- (____) _____ - _____ E-mail- _____ <input type="checkbox"/> Block from Search
<u>SS#</u>	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	<u>Date of Birth</u>	_____ / _____ / _____ <div style="text-align: center; font-size: small;">MM DD YYYY</div> <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<u>Gender</u>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<u>Marital Status</u>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
<u>Race</u>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified	<u>Ethnicity</u>	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
<u>Primary Language</u>	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	<u>Secondary Language</u>	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
<u>Tribe</u>	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima	<u>Education Level</u>	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown

**MountainHeart Community
Services, Inc.
DBA FACS Pro Client Intake Form**

Family Type	<input type="checkbox"/> Grandparent(s) (raising grandchildren) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Multiple Adults (no children) <input type="checkbox"/> Single parent – female (living with children) <input type="checkbox"/> Single parent – male (living with children) <input type="checkbox"/> Single person (living alone) <input type="checkbox"/> Single person (living with partner) <input type="checkbox"/> Single person (living with others) <input type="checkbox"/> Two parent household (living with children)	Living Arrangement	<input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> No Health Insurance <input type="checkbox"/> High Energy User <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Referred by DHHR <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> HS/EHS – Parent of Child <input type="checkbox"/> HS/EHS – Foster Parent of Child	<input type="checkbox"/> HS/EHS – Dual Custody Agreement <input type="checkbox"/> HS/EHS – Guardian of Child <input type="checkbox"/> Deceased <input type="checkbox"/> HS- Board of Ed. 4 yr. old <input type="checkbox"/> Hurricane Katrina Evacuee <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative OR Board Member <input type="checkbox"/> HS/EHS- Over Income Exception	

Income- Head of Household			
Income Sources	Monthly Amount		Monthly Amount
No Financial Resources	<input type="checkbox"/>	Pension/Retirement	\$ _____ .00
Alimony	\$ _____ .00	Public Assistance	\$ _____ .00
Black Lung	\$ _____ .00	Rental Income	\$ _____ .00
Child Support	\$ _____ .00	Royalties	\$ _____ .00
Educational Assistance	\$ _____ .00	Social Security	\$ _____ .00
Employment Earnings	\$ _____ .00	SSI	\$ _____ .00
Estates/Trusts	\$ _____ .00	State Assistance (IS General Assistance)	\$ _____ .00
Interest/Dividends	\$ _____ .00	TANF	\$ _____ .00
Miscellaneous	\$ _____ .00	Unemployment	\$ _____ .00
Non-Cash Benefits _____	\$ _____ .00	Veteran's Benefits	\$ _____ .00
Outside Assistance	\$ _____ .00	Worker's Compensation	\$ _____ .00
		Total Monthly Income	\$ _____ .00

Employment Status	<p>Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so what is her/his status? <input type="checkbox"/> Full-time w/ benefits <input type="checkbox"/> Full-time, no benefits <input type="checkbox"/> Left employment <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend <input type="checkbox"/> Temporary <input type="checkbox"/> Termination/Layoff</p> <p>Employer Name: _____</p> <p>Employed Since: ____/____/____</p>
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	MM DD YYYY
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Additional Household Member

First Name _____ **MI** _____ **Last Name** _____ **Suffix** _____

Relationship to Head of Household	<input type="checkbox"/> Aunt	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Nephew	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Niece	<input type="checkbox"/> Stepchild
	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other	<input type="checkbox"/> Uncle
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Partner	
	<input type="checkbox"/> Father	<input type="checkbox"/> In-law	<input type="checkbox"/> Sister	
	<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Son	

SS#	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	____ / ____ / ____ MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Tribes	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Referred by DHHR <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> HS/EHS – Parent of Child <input type="checkbox"/> HS/EHS – Foster Parent of Child		
	<input type="checkbox"/> HS/EHS – Dual Custody Agreement <input type="checkbox"/> HS/EHS – Guardian of Child <input type="checkbox"/> Deceased <input type="checkbox"/> Hurricane Katrina Evacuee <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative OR Board Member <input type="checkbox"/> HS/EHS- Over Income Exception		

Monthly Income Sources for Household Member	No Financial Resources <input type="checkbox"/>	Pension/Retirement	\$ _____ .00
		Public Assistance	\$ _____ .00
		Rental Income	\$ _____ .00
		Royalties	\$ _____ .00
		Social Security	\$ _____ .00
		SSI	\$ _____ .00
		State Assistance (IS Gen. Assistance)	\$ _____ .00
		TANF	\$ _____ .00
		Unemployment	\$ _____ .00
		Veteran's Benefits	\$ _____ .00
		Worker's Compensation	\$ _____ .00
		Total Monthly Income	\$ _____ .00
	Alimony	\$ _____ .00	
	Black Lung	\$ _____ .00	
	Child Support	\$ _____ .00	
	Educational Assistance	\$ _____ .00	
Employment Earnings	\$ _____ .00		
Estates/Trusts	\$ _____ .00		
Interest/Dividends	\$ _____ .00		
Miscellaneous	\$ _____ .00		
Outside Assistance	\$ _____ .00		
	\$ _____ .00		
Non-Cash Benefit			
	\$ _____ .00		
Non-Cash Benefit			

[illegible]

Residence Information / Residence Energy Information

Dwelling Type	<input type="checkbox"/> Site Built (built from bottom up) <input type="checkbox"/> Modular Home (no wheels) <input type="checkbox"/> Doublewide <input type="checkbox"/> Mobile Home		<input type="checkbox"/> Mobile Home with add-on <input type="checkbox"/> Row House <input type="checkbox"/> Multi-Family Unit (5 or more homes in 1) <input type="checkbox"/> Duplex (2 homes under 1 roof)		<input type="checkbox"/> 3 to 4 Unit Rental <input type="checkbox"/> Shelter <input type="checkbox"/> Transitional <input type="checkbox"/> Other	
Structure	<input type="checkbox"/> Brick <input type="checkbox"/> Masonry <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Wood Frame	# of Stories	<input type="checkbox"/> 1 story <input type="checkbox"/> 1.5 stories <input type="checkbox"/> 2 stories <input type="checkbox"/> 3 stories <input type="checkbox"/> 4 stories	Do you live in?	<input type="checkbox"/> City/Town <input type="checkbox"/> Suburb <input type="checkbox"/> Rural Area	Year of Construction _____ YYYY
Smokers in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____	Was the dwelling previously Weatherized?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____ Were DOE funds used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are non-electric, unvented space heaters in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____	
If previously Weatherized, was the dwelling subsequently damaged by fire, flood, wind or any other Act of God?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____			Does the Government assist with the rent or mortgage payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No How much is monthly Rent or Mortgage Payment? \$ _____	
If dwelling is rented and being Weatherized, what is Owner's Contribution?	\$ _____			House Exposure	<input type="checkbox"/> Exposed <input type="checkbox"/> Normal <input type="checkbox"/> Shielded	
Primary Heating	<input type="checkbox"/> Electricity <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood			Who is your Primary Heating Vendor?	Vendor _____ Acct. #- _____	
Secondary Heating	<input type="checkbox"/> Electricity <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood			Who is your Secondary Heating Vendor?	Vendor _____ Acct. #- _____	
Cooling Energy	<input type="checkbox"/> Electric <input type="checkbox"/> None Vendor _____ Acct. #- _____			How much is your monthly energy bill?	\$ _____	
Please provide detailed directions to your dwelling.	_____ _____ _____					

Customer Consent Form

I, _____ give MountainHeart consent to release, obtain and share all pertinent identifying and non-personally identifying social, medical, and other information about myself or other members of my household that will allow me to benefit from services offered. In granting such permission, I understand that such information will remain confidential and that such information will only be used for my benefit or to benefit other members of my household. Only authorized personnel will share client information needed for service delivery, program eligibility, to track demographic trends, service patterns and the client outcomes achieved. Non-personally identifying information may also be used for the purposes of research and reporting to other service agencies, current and potential program funding sources and other programs offered by MountainHeart. I release MountainHeart and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. Unless I make a formal request to MountainHeart that I no longer want to participate in the services offered, this release will remain in force indefinitely as of today. The statements made by me on this consent form are true, correct and complete to the best of my knowledge as of the date signed.

Customer Signature

Date

Signature of CAA Staff Member

Date

MountainHeart, its agent, partners and funding sources do not discriminate on the basis of race, color, sex, religion, national origin, disability or marital status.

Weatherization Consent Form

Attach the following to this application:

- ☐ Proof of Income for all Household Members
 - ☐ A copy of most recent electric utility bill **AND**
 - ☐ A copy of most recent primary and secondary household heating bill (if applicable)
-

I, _____ understand that I am entitled to a fair hearing regarding the decision made concerning this application for weatherization assistance. I hereby authorize the agency indicated above to obtain information regarding past, present and future bills. I further authorize work to be performed on the dwelling listed above in accordance with federal and state weatherization priorities and within existing and future funding limitations. I agree that I cannot hold the agency liable for existing program-identified health and safety violations that are NOT corrected by the agency Weatherization Program. I also understand that I cannot hold the agency responsible for existing conditions prior to weatherization work. I further understand that the weatherization crew may need to use my electricity to perform weatherization measures. I certify that to best of my knowledge all information furnished by me is true and I acknowledge that falsification of information is subject to prosecution.

Customer Signature

Date

Signature of CAA Staff Member

Date

Weatherization Assistance Program

Rental Release and Agreement

I, _____ owner of the dwelling unit located at _____
and presently occupied by _____ hereby give my consent to having said dwelling unit weatherized
by MountainHeart Community Services, Inc.

I further agree that for a period of two years, the rent shall not be raised because of the increased value of the dwelling unit solely due to weatherization, unless those increases are demonstrably related to matters other than weatherization work. I understand that in the event of a rent increase, the agency can request justification of such increases and could seek remuneration of the increases. In cases where the cost of heating or cooling the dwelling unit is included in the rent, I further agree that any significant reduction in such costs will be passed on to the occupant in the form of reduced rents.

It is understood that the West Virginia Weatherization Assistance Program (WAP) policy requires this agency to obtain investments from the owner to supplement the weatherization energy conservation services to be performed on the building. The policy states:

1. If an owner of the dwelling unit qualifies for WAP, no landlord contribution is expected.
2. In all other situations, a **mandatory** landlord contribution of 25% of the total cost of weatherization to the sub grantee performing the work is expected.

It is further understood that the agency and the weatherization program cannot be held liable for existing program-identified health and safety violations that are not corrected by the agency. It is also understood that the work to be done shall consist of weatherization activities only, as defined by WAP audit, and that no undue enhancement shall accrue to the value of the dwelling.

A cost estimate of needed weatherization work will be made and supplied to me. I will review the estimate, and upon agreement, will sign so that work can begin. Upon completion of the agreed work, an invoice will be sent to me reflecting the work completed and my costs based on the above-mentioned policy. In the event that costs exceed those estimated, the additional costs will be explained to me and those additional costs negotiated.

Owner Signature

Date

Signature of CAA Staff Member

Date