






Main Office  
3158 West St.  
Weirton, WV 26062  
304.797.7733

Moundsville Office  
700 First St.  
Moundsville, WV 26041  
304.845.8269

Newell Office  
1151 Washington St.  
Newell, WV 26050  
304.459.4010

Wintersville Office  
200 Luray Dr.  
Wintersville, OH 43953  
740.314.8258

[www.changeinc.org](http://www.changeinc.org)     
*CHANGE, Inc. is an equal opportunity provider & employer.*

## CHANGE, Inc. Weatherization Application Checklist

**All sections of this application must be completed *and* copies of all documentation must be provided before we can accept your application. Incomplete applications will be returned to applicant.**

☐ **Proof of income for ALL household members for the past 12 months** (everyone living in the household for the past 12 months regardless of age)

- Income includes employment paystubs (if applicable) for the past 12 months, Social Security, SSD and SSI letters, Welfare Check, Pension, Alimony, etc. and any other income source for the past 12 months. No Bank Statements,
- If there has been no income for the past 12 months for a household member over 18 years of age, they must complete a Zero Income Affidavit (attached to application) and have it notarized.

☐ **Copy of driver's license/photo ID**

☐ **Copy of your most recent electric utility bill** (complete bill showing energy usage)

☐ **Copy of your most recent primary heating bill** (complete bill showing energy usage)

☐ **Read Weatherization application guidelines on next page to fully understand program.**

☐ **Intake form must be filled out for each household member**

☐ **Residence Information** (including date of construction) / **Energy Information Form**

☐ **Customer Consent Form**

☐ **Weatherization Consent Form**

☐ **Family Matrix Survey** (Check one per category.)

☐ **West Virginia Saves Form**

☐ **Zero Income Affidavit** (Only applicable to any household member over 18 years of age who has no income in the past 12 months from date of application.)

☐ **RENTERS ONLY: Read Multiple Dwelling Unit Guidelines**

☐ **RENTERS ONLY: WAP Rental Release and Agreement signed by Landlord**

UD: 03/31/23

**Your home cannot have water leaks in the roof, walls, plumbing or sewage drainage system. This program does not cover those repairs. There cannot be any type of animal infestation or feces in or around the home; no black mold.**

# CHANGE, Inc. Weatherization Application Guidelines

In order to qualify for the Weatherization Assistance Program, you must meet or fall below the Federal income guidelines listed below; if your income is above these guidelines OR you already received Weatherization services after 2007—you do **NOT** qualify at this time.

**Your home cannot have water leaks in the roof, walls, plumbing or sewage drainage system. This program does not cover those repairs. There cannot be any type of animal infestation or feces in or around the home; no black mold.**

## GROSS MONTHLY INCOME IS USED TO DETERMINE ELIGIBILITY 2023 Income Guidelines are determined by the Federal Government.

<u>Family Size</u>	<u>Gross Monthly Income</u>	<u>Annual Income</u>
1	\$2,430.00	\$29,160.00
2	\$3,286.00	\$39,440.00
3	\$4,143.00	\$49,720.00
4	\$5,000.00	\$60,000.00
5	\$5,856.00	\$70,280.00
6	\$6,713.00	\$80,560.00
7	\$7,570.00	\$90,840.00
8	\$8,426.00	\$101,120.00

For family units with more than 8 members, add \$10,280.00 per year for each additional member.

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If your application is approved, you will receive a letter and be placed on a waiting list. Your home will then be scheduled for an audit to determine if your home fall within the scope of the program. If your home passes the audit, you will then called to schedule when we are ready to work on your home. There is a waiting list and your home could be on the list for several months. Priority is given to disabled, elderly, and children.

### **After Weatherization has been completed, the following applies:**

- Customer is responsible for upkeep and maintenance on all work performed.
- If your furnace is only cleaned and tuned, the program is **not** responsible for problems that occur after.
- If your furnace is replaced, it is **only** covered by the manufacturer's warranty.
- All warranties are manufacturer warranties **only**.
- DOE regulations prohibit the weatherization crew from returning to a job once it is completed.

***If you have any questions about Weatherization or need assistance, please call the Weatherization department at 304-797-7733 x1354.***



<b>Intake Date</b> ____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div>	<b>Staff Completing Intake</b> _____
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**Address / Demographics**

**First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Suffix** \_\_\_\_\_

<b>Mailing Address</b>	_____ _____ _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> </div>	<b>Physical Address</b>	_____ _____ _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> </div>
<b>Phone</b>	Home- (____) ____ - ____ Cell- (____) ____ - ____ Work- (____) ____ - ____ X ____	<b>Message</b>	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail- _____ <input type="checkbox"/> Block from Search
<b>SS#</b>	____ - ____ - ____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	<b>Date of Birth</b>	____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div> <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Ethnicity</b>	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
<b>Race</b>	<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"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unspecified	<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed
		<b>Tribe</b>	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima
<b>Primary Language</b>	<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	<b>Secondary Language</b>	<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
<b>Health Insurance</b>	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<b>Education Level</b>	<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
<b>Disabling Condition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Military Status</b>	<input type="checkbox"/> Active Military <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown

<b>Household Type</b>	<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 Adults (NO children) <input type="checkbox"/> Single parent Female (living with children) <input type="checkbox"/> Single parent Male (living with children) <input type="checkbox"/> Two Parent Household (living with children) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Grandparent(s) (raising grandchildren)	<b>Housing</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
<b>Charact. (check all that apply)</b>	<input type="checkbox"/> Applicant <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> Youth (14-24) not working or in school <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Foster Child <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> Referred by DHHR	<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Head Start /EHS – Foster Parent of Child <input type="checkbox"/> Head Start /EHS – Parent of Child <input type="checkbox"/> Head Start /EHS – Dual Custody Agreement <input type="checkbox"/> Head Start /EHS – Guardian of Child <input type="checkbox"/> Head Start /EHS – Over Income Exception <input type="checkbox"/> Head Start – Board of Edu. 4 yr. old	

**Income**

<b>Monthly Income Sources for Household Member</b>	<input type="checkbox"/> No Financial Resources	
	<input type="checkbox"/> Employment Earnings.....	\$ _____ .00
	<input type="checkbox"/> Other Income Sources	
	<input type="checkbox"/> TANF..... <input type="checkbox"/> SSI..... <input type="checkbox"/> SSDI..... <input type="checkbox"/> VA Service-Connected Disability Compensation ..... <input type="checkbox"/> VA Non-Service Connected Disability Pension ..... <input type="checkbox"/> Private Disability Insurance..... <input type="checkbox"/> Worker's Compensation..... <input type="checkbox"/> Retirement Income from Social Security..... <input type="checkbox"/> Pension..... <input type="checkbox"/> Child Support..... <input type="checkbox"/> Alimony or other Spousal Support..... <input type="checkbox"/> Unemployment Insurance..... <input type="checkbox"/> EITC..... <input type="checkbox"/> Other.....	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00
	<input type="checkbox"/> Non-Cash Benefits	
	<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing	<input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other
<b>Total Monthly Income.....</b>		\$ _____ .00

**Employment**

<b>Work Status</b>	<b>Is this person employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Current Employer Name:</b>
	<b>If yes or no, what is her/his status?</b> <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)	Employed Since: ____/____/____ MM   DD   YYYY  <b>2<sup>nd</sup> Current Employer Name:</b>  Employed Since: ____/____/____ MM   DD   YYYY



## Additional Household Member

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

<b>Relationship to Head of Household</b>	<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	

<b>Phone</b>	Home- ( ) - Cell- ( ) - Work- ( ) - X	<b>Message</b>	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail- <input type="checkbox"/> Block from Search
<b>SS#</b>	- - <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	<b>Date of Birth</b>	/ / 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
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed
<b>Race</b>	<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"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unspecified	<b>Ethnicity</b>	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
		<b>Tribe</b>	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima
<b>Primary Language</b>	<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	<b>Secondary Language</b>	<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
<b>Health Insurance</b>	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<b>Education Level</b>	<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
<b>Disabling Condition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Military Status</b>	<input type="checkbox"/> Active Military <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown

<b>Household Type</b>	<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 Adults (NO children) <input type="checkbox"/> Single parent Female (living with children) <input type="checkbox"/> Single parent Male (living with children) <input type="checkbox"/> Two Parent Household (living with children) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Grandparent(s) (raising grandchildren)	<b>Housing</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
<b>Charact. (check all that apply)</b>	<input type="checkbox"/> Applicant <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> Youth (14-24) not working or in school <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Foster Child <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> Referred by DHHR	<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Head Start /EHS – Foster Parent of Child <input type="checkbox"/> Head Start /EHS – Parent of Child <input type="checkbox"/> Head Start /EHS – Dual Custody Agreement <input type="checkbox"/> Head Start /EHS – Guardian of Child <input type="checkbox"/> Head Start /EHS – Over Income Exception <input type="checkbox"/> Head Start – Board of Edu. 4 yr. old	

**Income**

<b>Monthly Income Sources for Household Member</b>	<input type="checkbox"/> No Financial Resources..... (No-Income Affidavit Required)	
	<input type="checkbox"/> Employment Earnings.....	\$_____ .00
<input type="checkbox"/> Other Income Sources	<input type="checkbox"/> TANF.....	\$_____ .00
	<input type="checkbox"/> SSI.....	\$_____ .00
	<input type="checkbox"/> SSDI.....	\$_____ .00
	<input type="checkbox"/> VA Service-Connected Disability Compensation .....	\$_____ .00
	<input type="checkbox"/> VA Non-Service Connected Disability Pension .....	\$_____ .00
	<input type="checkbox"/> Private Disability Insurance.....	\$_____ .00
	<input type="checkbox"/> Worker's Compensation.....	\$_____ .00
	<input type="checkbox"/> Retirement Income from Social Security.....	\$_____ .00
	<input type="checkbox"/> Pension.....	\$_____ .00
	<input type="checkbox"/> Child Support.....	\$_____ .00
	<input type="checkbox"/> Alimony or other Spousal Support.....	\$_____ .00
	<input type="checkbox"/> Unemployment Insurance.....	\$_____ .00
	<input type="checkbox"/> EITC.....	\$_____ .00
	<input type="checkbox"/> Other.....	\$_____ .00
	<input type="checkbox"/> Non-Cash Benefits	
	<input type="checkbox"/> SNAP	<input type="checkbox"/> Permanent Supportive Housing
	<input type="checkbox"/> WIC	<input type="checkbox"/> HUD-VASH
	<input type="checkbox"/> LIHEAP	<input type="checkbox"/> Childcare Voucher
	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Affordable Care Act Subsidy
	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Other
<b>Total Monthly Income.....</b>		\$_____ .00

**Employment**

<b>Work Status</b>	<b>Is this person employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Current Employer Name:</b>
	<b>If yes or no, what is her/his status?</b> <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)	Employed Since: ____/____/____ MM   DD   YYYY  <b>2<sup>nd</sup> Current Employer Name:</b>  Employed Since: ____/____/____ MM   DD   YYYY



## Additional Household Member

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

<b>Relationship to Head of Household</b>	<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	

<b>Phone</b>	Home- ( ) - Cell- ( ) - Work- ( ) - X	<b>Message</b>	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail- <input type="checkbox"/> Block from Search
<b>SS#</b>	- - <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	<b>Date of Birth</b>	/ / 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
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed
<b>Race</b>	<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"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unspecified	<b>Ethnicity</b>	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
		<b>Tribe</b>	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima
<b>Primary Language</b>	<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	<b>Secondary Language</b>	<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
<b>Health Insurance</b>	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<b>Education Level</b>	<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
<b>Disabling Condition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Military Status</b>	<input type="checkbox"/> Active Military <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown

<b>Household Type</b>	<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 Adults (NO children) <input type="checkbox"/> Single parent Female (living with children) <input type="checkbox"/> Single parent Male (living with children) <input type="checkbox"/> Two Parent Household (living with children) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Grandparent(s) (raising grandchildren)	<b>Housing</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
	<b>Charact. (check all that apply)</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> Youth (14-24) not working or in school <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Foster Child <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> Referred by DHHR		<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Head Start /EHS – Foster Parent of Child <input type="checkbox"/> Head Start /EHS – Parent of Child <input type="checkbox"/> Head Start /EHS – Dual Custody Agreement <input type="checkbox"/> Head Start /EHS – Guardian of Child <input type="checkbox"/> Head Start /EHS – Over Income Exception <input type="checkbox"/> Head Start – Board of Edu. 4 yr. old

**Income**

<b>Monthly Income Sources for Household Member</b>	<input type="checkbox"/> No Financial Resources..... (No-Income Affidavit Required)	
	<input type="checkbox"/> Employment Earnings.....	\$ _____ .00
	<input type="checkbox"/> Other Income Sources	
	<input type="checkbox"/> TANF..... <input type="checkbox"/> SSI..... <input type="checkbox"/> SSDI..... <input type="checkbox"/> VA Service-Connected Disability Compensation ..... <input type="checkbox"/> VA Non-Service Connected Disability Pension ..... <input type="checkbox"/> Private Disability Insurance..... <input type="checkbox"/> Worker's Compensation..... <input type="checkbox"/> Retirement Income from Social Security..... <input type="checkbox"/> Pension..... <input type="checkbox"/> Child Support..... <input type="checkbox"/> Alimony or other Spousal Support..... <input type="checkbox"/> Unemployment Insurance..... <input type="checkbox"/> EITC..... <input type="checkbox"/> Other.....	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00
	<input type="checkbox"/> Non-Cash Benefits	
	<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing	<input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other
<b>Total Monthly Income.....</b>		\$ _____ .00

**Employment**

<b>Work Status</b>	<b>Is this person employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Current Employer Name:</b> _____ Employed Since:    ____/____/____ MM    DD    YYYY
	<b>If yes or no, what is her/his status?</b> <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)	<b>2<sup>nd</sup> Current Employer Name:</b> _____ Employed Since:    ____/____/____ MM    DD    YYYY



## Additional Household Member

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

<b>Relationship to Head of Household</b>	<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	

<b>Phone</b>	Home- ( ) - Cell- ( ) - Work- ( ) - X	<b>Message</b>	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail- <input type="checkbox"/> Block from Search
<b>SS#</b>	- - <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	<b>Date of Birth</b>	/ / 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
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed
<b>Race</b>	<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"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unspecified	<b>Ethnicity</b>	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
		<b>Tribe</b>	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima
<b>Primary Language</b>	<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	<b>Secondary Language</b>	<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
<b>Health Insurance</b>	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<b>Education Level</b>	<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
<b>Disabling Condition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Military Status</b>	<input type="checkbox"/> Active Military <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown

<b>Household Type</b>	<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 Adults (NO children) <input type="checkbox"/> Single parent Female (living with children) <input type="checkbox"/> Single parent Male (living with children) <input type="checkbox"/> Two Parent Household (living with children) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Grandparent(s) (raising grandchildren)	<b>Housing</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
<b>Charact. (check all that apply)</b>	<input type="checkbox"/> Applicant <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> Youth (14-24) not working or in school <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Foster Child <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> Referred by DHHR	<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Head Start /EHS – Foster Parent of Child <input type="checkbox"/> Head Start /EHS – Parent of Child <input type="checkbox"/> Head Start /EHS – Dual Custody Agreement <input type="checkbox"/> Head Start /EHS – Guardian of Child <input type="checkbox"/> Head Start /EHS – Over Income Exception <input type="checkbox"/> Head Start – Board of Edu. 4 yr. old	

**Income**

<b>Monthly Income Sources for Household Member</b>	<input type="checkbox"/> No Financial Resources.....	(No-Income Affidavit Required)	
	<input type="checkbox"/> Employment Earnings.....	\$	_____ .00
	<input type="checkbox"/> Other Income Sources		
	<input type="checkbox"/> TANF.....	\$	_____ .00
	<input type="checkbox"/> SSI.....	\$	_____ .00
	<input type="checkbox"/> SSDI.....	\$	_____ .00
	<input type="checkbox"/> VA Service-Connected Disability Compensation .....	\$	_____ .00
	<input type="checkbox"/> VA Non-Service Connected Disability Pension .....	\$	_____ .00
	<input type="checkbox"/> Private Disability Insurance.....	\$	_____ .00
	<input type="checkbox"/> Worker's Compensation.....	\$	_____ .00
<input type="checkbox"/> Retirement Income from Social Security.....	\$	_____ .00	
<input type="checkbox"/> Pension.....	\$	_____ .00	
<input type="checkbox"/> Child Support.....	\$	_____ .00	
<input type="checkbox"/> Alimony or other Spousal Support.....	\$	_____ .00	
<input type="checkbox"/> Unemployment Insurance.....	\$	_____ .00	
<input type="checkbox"/> EITC.....	\$	_____ .00	
<input type="checkbox"/> Other.....	\$	_____ .00	
<input type="checkbox"/> Non-Cash Benefits			
<input type="checkbox"/> SNAP	<input type="checkbox"/> Permanent Supportive Housing		
<input type="checkbox"/> WIC	<input type="checkbox"/> HUD-VASH		
<input type="checkbox"/> LIHEAP	<input type="checkbox"/> Childcare Voucher		
<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Affordable Care Act Subsidy		
<input type="checkbox"/> Public Housing	<input type="checkbox"/> Other		
<b>Total Monthly Income.....</b>		\$	_____ .00

**Employment**

<b>Work Status</b>	<b>Is this person employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Current Employer Name:</b> _____ Employed Since:    ____/____/____ MM    DD    YYYY
	<b>If yes or no, what is her/his status?</b> <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)	<b>2<sup>nd</sup> Current Employer Name:</b> _____ Employed Since:    ____/____/____ MM    DD    YYYY



## Residence Information / Residence Energy Information

<b>Dwelling Type</b>	<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		
<b>Structure</b>	<input type="checkbox"/> Brick <input type="checkbox"/> Masonry <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Wood Frame	<b># of Stories</b>	<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	<b>Do you live in?</b>	<input type="checkbox"/> City/Town <input type="checkbox"/> Suburb <input type="checkbox"/> Rural Area				
				<b>Year of Construction</b>	_____ YYYY				
<b>Smokers in House-hold?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____	<b>Was the dwelling previously Weather-ized?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____ Were DOE funds used? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are non-electric, unvented space heaters in use?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____				
<b>If previously Weatherized, was the dwelling subsequently damaged by fire, flood, wind or any other Act of God?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____			<b>Does the Government assist with the rent or mortgage payment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No How much is monthly Rent or Mortgage Payment? \$ _____				
<b>If dwelling is rented and being Weatherized, what is Owner's Contribution?</b>	\$ _____			<b>House Exposure</b>	<input type="checkbox"/> Exposed <input type="checkbox"/> Normal <input type="checkbox"/> Shielded				
<b>Primary Heating</b>	<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			<b>Who is your Primary Heating Vendor?</b>	Vendor _____ Acct. #- _____				
<b>Secondary Heating</b>	<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			<b>Who is your Secondary Heating Vendor?</b>	Vendor _____ Acct. #- _____				
<b>Cooling Energy</b>	<input type="checkbox"/> Electric <input type="checkbox"/> None Vendor _____ Acct. #- _____			<b>How much is your monthly energy bill?</b>	\$ _____				
<b>Please provide detailed directions to your dwelling.</b>	_____ _____ _____								

# Customer Consent Form

DBA FACS Pro Client Intake Form

I, \_\_\_\_\_ give Change Inc consent to release, obtain and share all pertinent identifying and non-personally identifying social, educational, 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 Change Inc. I release Change Inc 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 Change Inc 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



# Weatherization Consent Form DBA FACS Pro Client Intake Form V.12.2024.

- ☐ The following must be attached to this application:
- ☐ Proof of Income for all Household Members
- ☐ A copy of the most recent electric utility bill AND A copy of the most recent primary and secondary household heating bill (if applicable)

I, \_\_\_\_\_, acknowledge that I am entitled to a fair hearing regarding the decision made concerning this application for weatherization assistance. By signing below, I authorize the agency indicated above to obtain comprehensive information regarding my past, present, and future utility bills.

Furthermore, I grant consent for the agency to perform weatherization measures on the dwelling listed above, with an understanding that these measures have been thoroughly explained to me. I acknowledge that weatherization measures are subject to change based on federal and state weatherization priorities, as well as existing and future funding limitations.

I understand and accept that I cannot hold the agency liable for any pre-existing program-identified health and safety violations that may not be corrected by the agency Weatherization Program. I also acknowledge that the agency cannot be held responsible for existing conditions prior to weatherization work.

Moreover, I acknowledge that the weatherization crew may need to utilize my electricity to perform the aforementioned weatherization measures.

In addition to the above, I certify that, to the best of my knowledge, all information provided by me is true. I am aware that any falsification of information is subject to prosecution.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of CAA Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

## CHANGE, INC. FAMILY MATRIX SURVEY

Choose the statement that best describes your current situation for each category.

### EMPLOYMENT

- ☐ Full-time employment paying above minimum wage with benefits, including health insurance. (10)
- ☐ Full-time employment paying above minimum wage with at least one benefit. (8)
- ☐ Full-time employment paying minimum wage, with benefits. (6)
- ☐ Full-time employment paying minimum wage, without benefits. (5)
- ☐ Retired with pension. (5)
- ☐ Part-time or seasonal employment with benefits. (4)
- ☐ Part-time or seasonal employment without benefits. (3)
- ☐ Unemployed, but have work history or skills. (2)
- ☐ Unemployed, with no work history or skills. (1)
- ☐ Physically or Mentally unable to maintain employment, but receiving benefits. (4)
- ☐ Physically or Mentally unable to maintain employment, and not receiving benefits. (0)

### EDUCATION

- ☐ Doctorate, Masters, Bachelors or Associates Degree, or National Recognized License/Certificate. (10)
- ☐ Post high school vocational, non-college business, technical or professional education. (8)
- ☐ High School Diploma and some College Credits. (8)
- ☐ High School Diploma or GED. (6)
- ☐ No Diploma or GED, but have reading, writing and basic math skills. (4)
- ☐ Some reading, writing and basic math skills. (1)
- ☐ No reading, writing and/or basic math skills. (0)

### HOUSING

- ☐ Own Home, Condominium, or Co-Op Home. (10)
- ☐ Non-subsidized Rental Housing. (8)
- ☐ Subsidized Section 8 Rental Housing or Public Housing. (6)
- ☐ Transitional Housing. (4)
- ☐ Owned or Subsidized Housing which is unsafe and/or unaffordable. (3)
- ☐ Temporary Shelter. (3)
- ☐ Living with relatives or friends. (2)
- ☐ Homeless. (1)
- ☐ Homeless by choice. (0)

### EMERGENCY SERVICES

- ☐ Able to meet financial obligations with no assistance. (10)
- ☐ Able to meet financial obligations with no assistance for over one year. (8)
- ☐ Able to meet financial obligations with occasional assistance (once a year). (6)
- ☐ Frequent use of emergency assistance on order to met financial obligations (twice a year). (4)
- ☐ Regular use of emergency assistance on order to met financial obligations (more than twice a year). (2)

### TRANSPORTATION

- ☐ Always have transportation needs met through public transportation, car or regular ride. (10)
- ☐ Most times have transportation needs met through public transportation, car or regular ride. (8)
- ☐ Sometimes have transportation needs met through public transportation, car or regular ride. (6)
- ☐ Rarely have transportation needs met through public transportation, car or regular ride. (4)
- ☐ Do not have transportation needs met through public transportation, car or regular ride. (0)

**PLEASE TURN OVER FOR REMAINING QUESTIONS**



### NUTRITION

- ☐ Able to purchase food of choice and meet nutritional needs of family. (10)
- ☐ Able to purchase limited food and meet nutritional needs of family. (8)
- ☐ Able to purchase food that meets nutritional needs of family, with occasional use of Food Banks. (6)
- ☐ Use Food Banks and Food Stamps to purchase food. (4)
- ☐ Do not receive Food Stamps or have access to food banks, and do not meet nutritional needs of family. (2)

### HEALTH

- ☐ Have insurance/medical card, income to cover deductibles/co-pays, and receive preventive care. (10)
- ☐ Have insurance/medical card, but neglects health due to lack of funds for out-of-pocket expenses. (8)
- ☐ Have insurance/medical card, but need education to adequately provide health care to dependents. (6)
- ☐ Only children have insurance/medical card. (4)
- ☐ No insurance/medical card, and income not sufficient to cover health needs. (2)

### CHILD AND DEPENDENT CARE

- ☐ NO CHILD/DEPENDENT (NA)
- ☐ Child/dependent enrolled in unsubsidized, licensed care facility of choice. (10)
- ☐ Child/dependent receiving in home services to meet needs. (10)
- ☐ Child/dependent enrolled in subsidized, licensed care facility of choice. (8)
- ☐ Child/dependent enrolled in subsidized, licensed care facility, with limited choice. (7)
- ☐ Child/dependent receiving in home services to meet most needs (7)
- ☐ Family requires regularly scheduled counseling or parenting classes to maintain family functioning and participates voluntarily. (6)
- ☐ Family has been ordered to participate in regularly scheduled counseling or parenting classes by CPS, juvenile probation, or other court order and participates as required. (5)
- ☐ Child/dependent provided care by family member or friend some of the time. (4)
- ☐ Child/dependent on waiting list for enrollment in licensed facility or in home services. (4)
- ☐ Child/dependent not enrolled or on waiting list for licensed care facility. (2)
- ☐ Child/dependent enrolled in unregulated or unlicensed care facility. (0)
- ☐ Child/dependent not enrolled or on waiting list for in home services. (0)

### FOR AGENCY USE ONLY

#### INCOME

- ☐ 200% poverty or greater (10)
- ☐ 175-200% poverty (8)
- ☐ 150-175% poverty (6)
- ☐ 100-150% poverty (4)
- ☐ 50-100% poverty (2)
- ☐ 0-50% poverty (0)

#### ENERGY

- ☐ 7-8% of Energy Cost to HH Income (10)
- ☐ 8-9% of Energy Cost to HH Income (8)
- ☐ 9-11% of Energy Cost to HH Income (6)
- ☐ 11-16% of Energy Cost to HH Income (4)
- ☐ 16-20% of Energy Cost to HH Income (2)
- ☐ 20% or greater of Energy Cost to HH Income (0)

EMPLOYMENT		HEALTH	
EDUCATION		TRANSPORTATION	
HOUSING		CHILD AND DEPENDENT CARE	
EMERGENCY SERVICES		INCOME	
NUTRITION		ENERGY	








**Main Office**  
3158 West St.  
Weirton, WV 26062  
304.797.7733

**Moundsville Office**  
700 First St.  
Moundsville, WV 26041  
304.845.8269

**Newell Office**  
1151 Washington St.  
Newell, WV 26050  
304.459.4010

**Wintersville Office**  
200 Luray Dr.  
Wintersville, OH 43953  
740.314.8258

[www.changeinc.org](http://www.changeinc.org)     
*CHANGE, Inc. is an equal opportunity provider & employer.*

## Zero Income Affidavit

I, \_\_\_\_\_, hereby certify under the penalties of perjury and fraud the following: (1) I have not received any income in the past twelve (12) months prior to this date; (2) I do not have any additional proof of income; and (3) the information that I have provided in this affidavit is true and accurate. In addition, I authorize state and federal agencies to verify any of this information and hereby consent to the release of my West Virginia tax return for this purpose. My household living expenses have been met over the past twelve (12) months as follows:

Income means Cash Receipts earned and/or received by the applicant before taxes during applicable tax year(s). Cash Receipts include the following: money, wages and salaries before any deductions; net receipts from non-farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends and/or interest; net rental income and net royalties; periodic receipts from estates or trusts; and net gambling or lottery winnings. V.11.2013

**Housing Assistance:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Source of Assistance/Name:** \_\_\_\_\_

**Utility Assistance:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Source of Assistance/Name:** \_\_\_\_\_

**Food Assistance:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Source of Assistance/Name:** \_\_\_\_\_

**Cash or Other Assistance:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Source of Assistance/Name:** \_\_\_\_\_

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years.

\_\_\_\_\_  
**Signature of Zero Income Claimant** **Date**

## NOTARY ACKNOWLEDGEMENT

**WITNESS** my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**My County of Residence:** \_\_\_\_\_

**Notary Public Signature:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

**Notary Public Printed Name:** \_\_\_\_\_

## HEAD OF HOUSEHOLD & AGENCY SIGNATURES

**Head of Household Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_








**CHANGE, INC.**

**Main Office**  
3158 West St.  
Weirton, WV 26062  
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**Moundsville Office**  
700 First St.  
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304.845.8269

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Income means Cash Receipts earned and/or received by the applicant before taxes during applicable tax year(s). Cash Receipts include the following: money, wages and salaries before any deductions; net receipts from non-farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends and/or interest; net rental income and net royalties; periodic receipts from estates or trusts; and net gambling or lottery winnings. V.11.2013

**Housing Assistance:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Source of Assistance/Name:** \_\_\_\_\_

**Utility Assistance:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Source of Assistance/Name:** \_\_\_\_\_

**Food Assistance:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Source of Assistance/Name:** \_\_\_\_\_

**Cash or Other Assistance:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Source of Assistance/Name:** \_\_\_\_\_

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**Signature of Zero Income Claimant** \_\_\_\_\_ **Date** \_\_\_\_\_

## NOTARY ACKNOWLEDGEMENT

**WITNESS** my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**My County of Residence:** \_\_\_\_\_

**Notary Public Signature:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

**Notary Public Printed Name:** \_\_\_\_\_

## HEAD OF HOUSEHOLD & AGENCY SIGNATURES

**Head of Household Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

UD: 11.16.16