

ILLINOIS HOME WEATHERIZATION ASSISTANCE (IHWAP) APPLICATION PROCESS

1. **Applications will be accepted until Friday, October 29, 2021 at 4:30pm.** Applications should be submitted as soon as you have it completed, however the **deadline for submitting your application is Friday, October 29, 2021 at 4:30pm.**
2. **Review Income Eligibility Guidelines.** If your total household gross income (amount before taxes) is at or below the identified threshold listed, then proceed with the application process. See the income chart on next page to determine your income eligibility.
3. **Complete the “Application for Illinois Home Weatherization Assistance (IHWAP).”**
 - Answer every question. **Applications with blank questions will be considered incomplete and will be discarded/rejected.**
 - Complete and sign the Universal Signature on the final page of the application.
4. **Collect the “Required Documentation” to include with your application.**

Applications received without the required documentation listed above will be immediately discarded/ rejected.

Hard/ paper copies of the following must be submitted with your completed application:

- Photo identification (State ID with a picture and the applicant’s legal name)
 - Social Security card for all household members
 - Proof of Home Ownership; following is acceptable documentation:
 - A copy of your Deed
 - A copy of your Title for Mobile Homes
 - Or in lieu of Deed or Title; a copy of your current mortgage documents
 - A copy of your current Champaign County Real Estate Tax document.
 - Copy of your **most recent power bill**; bills over one month old will not be accepted. NOTE- hard/paper copy of power bill is required.
 - Proof of income for all household members; following is acceptable documentation:
 - Copy of the last 90 days of income for all household members
5. **Submit the completed application and all Required Documentation in a sealed envelope and labeled “Weatherization (IHWAP) APPLICATION” using one of the following methods.**
 - SUBMIT THE APPLICATION IN PERSON AT THE RPC IN URBANA, or
 - MAIL to: Regional Planning Commission
 1776 E. Washington Street
 Urbana, IL 61802
 Attn: WEATHERIZATION APPLICATION

The following will occur after RPC receives your application:

1. RPC staff will review application submissions as they are received.
 - a. If an application is complete, RPC staff will contact the applicant by phone to schedule an in- person intake appointment to complete the eligibility determination. If we are unable to reach the applicant by phone, applicants will also receive an email on who to contact to schedule the appointment.
 - b. If an application is incomplete, RPC staff will attempt to contact the applicant by phone and advise them the application has been rejected. Applicants will also receive an email with the details. **The incomplete application will be shred.** Applicants are welcome to resubmit a full and complete application for consideration.

What applicants should do after submitting their application:

2. Check your email, including spam/ junk folders for an email related to the status of your application.

IHWAP INCOME ELIGIBILITY GUIDELINES

2021 INCOME GUIDELINES

For the 2022 Program Year

| Household Size | 30 Day Income | Annual Income |
|----------------|---------------|---------------|
| 1 | \$ 2,147 | \$ 25,760 |
| 2 | \$ 2,903 | \$ 34,840 |
| 3 | \$ 3,660 | \$ 43,920 |
| 4 | \$ 4,417 | \$ 53,000 |
| 5 | \$ 5,173 | \$ 62,080 |
| 6 | \$ 5,930 | \$ 71,160 |
| 7 | \$ 6,590 | \$ 79,081 |
| 8 | \$ 6,737 | \$ 80,838 |
| 9 | \$ 6,883 | \$ 82,596 |
| 10 | \$ 7,029 | \$ 84,353 |
| 11 | \$ 7,176 | \$ 86,111 |
| 12 | \$ 7,853 | \$ 94,230 |
| 13 | \$ 8,420 | \$ 101,040 |
| 14 | \$ 8,988 | \$ 107,850 |
| 15 | \$ 9,555 | \$ 114,660 |
| 16 | \$ 10,123 | \$ 121,470 |
| 17 | \$ 10,690 | \$ 128,280 |
| 18 | \$ 11,258 | \$ 135,090 |

For families with more than 18 persons, add \$568 for each additional person.

These figures are based on the 2021 Federal Poverty Guidelines published in the US Department of Health and Human Services in the Federal Register/Volume 86/Number 19/February 1, 2021.

WEATHERIZATION PRE-SCREEN QUESTIONNAIRE

Date: _____

Name: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Email: _____

What type of dwelling do you own or rent?

Single Family Mobile Home 2, 3, or 4 Unit Building Other (Specify)

What is the approximate age of your home? _____

How many live in your household? _____

Is anyone living in your household a Veteran? Yes No

Was your home weatherized by the Illinois Home Weatherization Program (IHWAP) after July 01, 2006?

Yes No

RPC is prohibited from re-weatherizing units that received IHWAP assistance after July 01, 2006. In compliance with these guidelines, we may be unable to service your home at this time.

How did you hear about the Weatherization Program?

Brochure/Flyer Website Television Friend Newspaper Other (Specify)

Does your furnace and air conditioning unit adequately heat/cool your home? Yes No

If no, please describe any problems you may have with your heating and cooling system:

Has your family experienced any flu-like symptoms during the winter heating season? Yes No

If yes, please describe:

Is there visible mold in **any** area of your home? Yes No

If yes, please describe where mold is visible in the home:

Have you smelled any gas leaks? Yes No

If yes, please describe:

Is there water leaking anywhere inside the home? ___Yes ___No

If yes, please check the answer that best describes where the water is coming from:

- From windows or doors
- From Roof
- From broken water line
- From Furnace or Boiler
- From Water Heater
- Unknown source of leak

Are you aware of any sewer line or septic problems in or under the home? ___Yes ___No

If yes, please describe:

Are you aware of any structural problems with the home? ___Yes ___No

If yes, please check the answer that best describes the structural problem:

- Visible damage to the foundation
 - Wooden structures inside or outside the home that have fallen into disrepair
 - Broken Windows
 - Damaged exterior doors
 - Soft, damaged, or missing areas of interior floor
 - Prior flooding of any areas of the home
 - Other (please describe)
-

Are there any rooms inside the home that you do not use or cannot access? ___Yes ___No

If yes, please describe:

Are you aware of any pest infestations within the home? ___Yes ___No

If yes, please describe:

Are there any other Health and Safety issues, or hazardous conditions that you are aware of in, or around your home? ___Yes ___No

If yes, please describe:

Is anyone in the home experiencing health issues that would inhibit work from being conducted in or outside of your home? ___Yes ___No

If yes, please describe:

Weatherization Client Demographics Form

DEMOGRAPHIC INFORMATION

Applicant Name (First, Middle, Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number (SSN): _____ - _____ - _____ Date of Birth _____

Gender: Male Female Ethnicity: Hispanic/Latino: Yes No

Race: American Indian African American Asian White Other _____

Disability Determination: Yes No U.S. Military Veteran? Yes No

Please complete page two for additional household members.

HOUSEHOLD INCOME

List the total monthly of all household members. This includes Wages, Salary, Alimony, Child Support, Social Security, Disability Payments, Workers Compensation, Unemployment Benefits, Veterans Benefits, Retirement/Pension Payments, Rental Property Income, Gifts/Contributions and any other source of income. Please complete a Non-Income Affidavit if no monthly income for household.

| Name | Source of Income | Monthly Amount (before taxes) | Payment Frequency (weekly, monthly, etc.) |
|------|------------------|----------------------------------|---|
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- I certify that the information presented above is true and accurate.
- I understand that to perjure myself in order to obtain assistance is a fraudulent offence for which I can be prosecuted.
- I understand the above information will be entered into a database as required by the funder for reporting purposes.

Signature of Applicant (or Caseworker collecting the information)

Date

HOUSEHOLD COMPOSITION

List all person(s) who are/will be living in your household. You must use the legal name for each member of your household as it appears on their Social Security Card or Birth Certificate. **PLEASE PRINT**

| | | | | |
|---------------|-------------|-------------------------------|-------------------------|--|
| Name | | Social Security Number | Birthdate | Relationship to Head of Household |
| Gender | Race | Hispanic/Latino (Y/N) | Disability (Y/N) | U.S. Military Veteran (Y/N) |

| | | | | |
|---------------|-------------|-------------------------------|-------------------------|--|
| Name | | Social Security Number | Birthdate | Relationship to Head of Household |
| Gender | Race | Hispanic/Latino (Y/N) | Disability (Y/N) | U.S. Military Veteran (Y/N) |

| | | | | |
|---------------|-------------|-------------------------------|-------------------------|--|
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| Gender | Race | Hispanic/Latino (Y/N) | Disability (Y/N) | U.S. Military Veteran (Y/N) |

| | | | | |
|---------------|-------------|-------------------------------|-------------------------|--|
| Name | | Social Security Number | Birthdate | Relationship to Head of Household |
| Gender | Race | Hispanic/Latino (Y/N) | Disability (Y/N) | U.S. Military Veteran (Y/N) |

Weatherization Utility Release Form

This is to authorize the Local Gas and Electric Utility to release gas and/or electric consumption records for the past, present and future years of the person listed below, for the purpose of developing and tracking energy use of the property/building.

These records will be used solely for the purposes of measuring performance outcomes, and will remain confidential.

Owner's Name

Property Address

Gas Account Number and Provider

Electric Account Number and Provider

Client Signature

Date

CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION COMMUNITY SERVICES DIVISION

CLIENT RIGHTS

Clients participating in the programs of the Champaign County Regional Planning Commission (RPC) Community Services Division have the following rights:

- The right to be treated with dignity and respect.
- The right to accept or refuse services offered.
- The right to referral, as appropriate, to other service providers.
- The right to receive services regardless of your sex, race, age, sexual orientation, national origin, ancestry or marital status.
- The right to services in a safe and caring environment.
- The right to participate in the development and maintenance of your service plan.
- The right to review and obtain a copy of your record. If you disagree with any part of the record, you may enter a written statement of your objections into the record.
- You have a limited right to confidentiality. Personal information about you and the services you receive is private and may be shared with someone else only if allowed by you in a signed release with the exception of mandated reporting or if ordered by the court.
- You have the right to have disabilities accommodated as required by the Americans with Disabilities Act, section 504 of the Rehabilitation Act and the Illinois Human Rights Act [775 ILCS 5].
- You have a right to use RPC's grievance procedure regarding decisions about your services. Any individual served through a CCRPC program may express dissatisfaction with the services received by initiating a complaint. If you wish to initiate the grievance process, you should contact the Program Manager.

Champaign County Regional Planning Commission (CCRPC) Community Services Division staff, interns and volunteers are Mandated Reporters under the Illinois Abused and Neglected Child Reporting Act (325 ILCS 5), Illinois Abused and Neglected Long Term Care Facility Residents Reporting Act (210 ILCS 30), and Illinois Adult Protective Services Act (320 ILCS 20).

CLIENT RESPONSIBILITIES

As a client of Champaign County Regional Planning Commission (RPC) Community Services Division, you have the responsibility to:

- Conduct yourself in a manner appropriate to a community setting.
- Respect personal, physical, and property rights of other RPC clients and staff.
- Participate in all aspects of your services. Services may be discontinued for failure to do so.
- Keep scheduled appointments or cancel them at least 24 hours in advance.
- Notify staff of changes that may affect your services (contact information, employment status, family size, etc.).

**ACKNOWLEDGEMENT OF
CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION
COMMUNITY SERVICES DIVISION
CLIENT RIGHTS AND RESPONSIBILITIES**

Client Name: _____

D.O.B.: _____

I have read my Rights and my Responsibilities, staff have also explained them to me, and I understand and agree to the content.

Client Signature: _____

Date: _____

UNIVERSAL SIGNATURE PAGE

IMPORTANT NOTICE: This state of Illinois grantee agency, Champaign County Regional Planning Commission, is requesting disclosure of information that is necessary to accomplish a complete application for:

| | |
|----------|--|
| | Community Service Block Grant (CSBG) |
| X | Illinois Home Weatherization Assistance Program (IHWAP or Weatherization) |
| | Low Income Home Energy Assistance Program (LIHEAP or Energy Assistance), including the Percentage of Income Payment Plan (PIPP) Program. |

APPLICANT STATEMENT:

I certify that the information I have provided is an accurate and complete disclosure of the requested information. I also certify that every household member in the application is a resident of Illinois.

I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and/or other sources for verification and additional information and to exchange information contained in or otherwise used regarding my application and participation in CSBG/LIHEAP/IHWAP.

For LIHEAP and IHWAP, I also authorize the Department of Commerce & Economic Opportunity and my utility/fuel supplier to share my usage and bill information during the twenty-four (24) month period prior to and twelve (12) month period after the date of my application submittal and/or completion of LIHEAP and IHWAP services for the purpose of program evaluation and analysis.

I have received information outlining my appeal rights. I understand that filling out this application does not guarantee that my household will receive assistance. I understand I will be provided a copy of this application for my future reference.

Applicant Name: _____

Applicant Signature: _____

Date: _____