



Weatherization Assistance Application

Disclaimer: Completion of this application does not guarantee assistance under the FVUC Weatherization Assistance Program. Assistance will be provided on a first come—first serve basis and is subject to the availability of funds.

Office Use Only

Date Received:

Request for Residential Energy Audit

Name: _____

Mailing Address: _____

Service Address: _____

Email Address: _____ Phone Number: _____

Best time to call: _____ Do you? _____ Own your home _____ Rent

Best time/day for someone to come to your home: _____

Type of Residence: _____ Single Family Home _____ Multi-family building _____ Mobile Home

If rental unit, name and address of landlord: _____

If you co-own the dwelling with someone who does not live in your household, list them below:

Co-owner (If Applicable):

Name: _____ Address: _____

Phone Number: _____ Email: _____

By signing this application you:

- ◆ Certify that you are the person responsible for the utility bill at the above listed service address.
- ◆ You understand that this application for an energy audit does not guarantee that an audit will be conducted and that assistance will be provided based on availability of funds.
- ◆ You understand that this information is being made available to help evaluate your energy use patterns in order to identify potential and actual energy savings resulting from work performed or services offered through the Weatherization Assistance Program.
- ◆ Grant your permission for weatherization program representatives to enter the dwelling to provide weatherization services.
- ◆ Grant this permission on behalf of all members of your household.
- ◆ INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Fort Valley Utility Commission or any of its agents from any and all liabilities or claims made as a result of participation in this weatherization program, whether caused by the negligence of release or otherwise.
- ◆ If you have any concerns that a household member may not agree to allow weatherization program staff to enter the premises, please contact us.

Applicant

Landlord (If applicable)

Date

Date

In addition to a FREE residential home energy audit, if you meet certain income guidelines, you may be eligible to receive items or repairs to the home to make your residence more energy efficient. Please complete page 2 to see if you qualify.

Complete this side if you want to be evaluated to determine if you qualify to receive FREE items or repairs to the home to make your residence more energy efficient.

Applicant Name: _____ DOB: _____

Name and ages of everyone dwelling in the residence:

_____	_____
_____	_____
_____	_____
_____	_____

Total Annual Household income:

___	Less than \$13,500	___	\$13,500 - \$17,500	___	\$17,501 - \$21,500	___	\$21,501 - \$25,500
___	\$25,501 - \$29,500	___	\$29,501 - \$33,500	___	\$33,501 - \$34,500	___	\$34,501 - \$35,000
___	\$35,001 - \$36,000	___	\$36,001 - \$37,000	___	Above \$37,000		

**** Attach proof of income****

By signing and submitting this application:

- ◆ I certify that the information provided on this form in its entirety is true and correct
- ◆ I understand that making application for energy assistance does not guarantee assistance and that assistance will be provided based on availability of funds

Applicant's Signature

Date