

Community Action Council of Portage County, Inc.  
Energy & Housing Services/Weatherization Department  
Ph: 330-297-1456

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Ravenna, Ohio 44266  
Fax: 330-297-1463

**Project HOPE  
Application for Service**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell / Message: \_\_\_\_\_ County: \_\_\_\_\_

List all the persons living in your home, **including yourself.**

Name (First, M.I., Last)	Age	Last 4 SS No.	Income per mo.
		xxx-xx-	
		xxx-xx-	
		xxx-xx-	
		xxx-xx-	
		xxx-xx-	

Total # people in home \_\_\_\_\_ 3 mo. total: \$ \_\_\_\_\_ 12 mo. total: \$ \_\_\_\_\_

1. I am a (circle one): **RENTER** **HOMEOWNER**

2. My home is a (circle one): **Mobile Home** **Site-built Home**  
If applicable: What size is the mobile home? \_\_\_\_\_ (width) X \_\_\_\_\_ (length) N/A

3. How long have you lived in your home? ..... \_\_\_\_\_ yrs.

4. How old is your home?..... \_\_\_\_\_ yrs old / built in \_\_\_\_\_ yr

5. Do you have an eviction notice for a material violation from your mobile home park management? (If yes, please include a copy with this application).....Yes No

6. Do you plan on selling your home within the next (12) twelve months?.....Yes No

7. Is your home currently for sale? Yes No

8. Is your home in foreclosure? Yes No (If yes, you are ineligible for assistance)  
*Legal Aid* may assist with mortgage and foreclosure issues. Call their Helpline at 1-800-998-9454

9. Do you have a current problem with your furnace?.....Yes No  
Describe: \_\_\_\_\_  
\_\_\_\_\_

10. Do you have a current problem with your water heater?.....Yes No  
Describe: \_\_\_\_\_  
\_\_\_\_\_

11. How many people live in your home with a disability that limits their mobility? \_\_\_\_\_
12. My Primary Heating Source is: \_\_\_\_\_ Utility Natural Gas; \_\_\_\_\_ Electric; \_\_\_\_\_ Oil; \_\_\_\_\_ Propane; \_\_\_\_\_ Kerosene; \_\_\_\_\_ Wood; \_\_\_\_\_ Coal; \_\_\_\_\_ Other \_\_\_\_\_
13. My main type of heating system is: \_\_\_\_\_ Furnace; \_\_\_\_\_ Boiler; \_\_\_\_\_ Heat Pump; \_\_\_\_\_ Electric Baseboard; \_\_\_\_\_ Radiant; \_\_\_\_\_ Other \_\_\_\_\_
- 14a. My supplemental type of heat is: \_\_\_\_\_ Electric; \_\_\_\_\_ Wood; \_\_\_\_\_ Coal; \_\_\_\_\_ Oil; \_\_\_\_\_ Natural Gas; \_\_\_\_\_ Propane; \_\_\_\_\_ Kerosene; \_\_\_\_\_ Other \_\_\_\_\_
- 14b. What percentage is supplemental heat of whole household? 25% 50% 75% 100%  
(circle one)
15. My water heater heats with: \_\_\_\_\_ Natural Gas \_\_\_\_\_ Electric \_\_\_\_\_ Propane
16. I have (number of): \_\_\_\_\_ fireplace(s) \_\_\_\_\_ woodburner(s) \_\_\_\_\_ Other \_\_\_\_\_ N/A
17. I have: \_\_\_\_\_ central air \_\_\_\_\_ heat pump \_\_\_\_\_ window AC units  
\_\_\_\_\_ wall AC units other \_\_\_\_\_ NONE
18. How many floors does your home have, excluding the basement? \_\_\_\_\_
19. How many bedrooms in your home? \_\_\_\_\_
20. My dryer fuel is: \_\_\_\_\_ Electric \_\_\_\_\_ Gas \_\_\_\_\_ Other
21. My home has: \_\_\_\_\_ open joist attic OR \_\_\_\_\_ kneewall attic
22. My home has: wood framed walls OR solid walls/cement block or brick walls (circle)
23. How many working carbon monoxide alarms are in your home? \_\_\_\_\_
24. How many working smoke alarms are in your home? \_\_\_\_\_
25. My home is a: \_\_\_\_\_ single wide mobile home \_\_\_\_\_ double wide mobile home  
\_\_\_\_\_ Ranch \_\_\_\_\_ 1-1/2 to 2 Stories \_\_\_\_\_ Bi-Level \_\_\_\_\_ Other
26. I have a: \_\_\_\_\_ full basement \_\_\_\_\_ partial basement \_\_\_\_\_ crawlspace  
\_\_\_\_\_ slab / no basement \_\_\_\_\_ post foundation
27. How many seniors live in your home that are 60 years of age or greater? \_\_\_\_\_
28. How many minors live in the home? \_\_\_\_\_
29. If you have any additional comments, please list them *briefly* in the comments section at the bottom of this page.

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\_\_\_\_\_

# Certification of All Programs

**PERMISSIONS:** As the homeowner/authorized agent and renter, as applicable, I give my permission to allow Community Action Council or its authorized agents to make the needed alterations to the home listed on this application in accordance with local building codes and State of Ohio programmatic guidelines and requirements, *at little to no cost*, and/or address any other health and safety issues as required by the Agency, governmental entities, and/or funding sources. I certify that, if required under any applicable State and Local Building or Health Codes, *I will make my home available to local building and/or health inspectors for inspection following the completion of work done to my home.*

**ACCESSIBILITY:** *I give permission to access all areas of the residence. If, however, a room is not available for viewing, all services will stop until full access to the dwelling is allowed.*

**CO/SMOKE ALARMS:** Additionally, I give my permission to allow Community Action Council or its authorized agents to make the needed installation of carbon monoxide (CO) and/or smoke alarms to my home as required by the Ohio Revised Code and any other governmental entities. *I understand and agree that I am responsible for the maintenance and care of the installed alarms and will replace the standard batteries at least annually, as applicable.*

**COMPLAINTS:** *If a complaint is made one (1) year after completion of the unit, I agree to contact the manufacturer of the equipment directly for any equipment failure or malfunction.*

**ENERGY EFFICIENCY MEASURES AND FOLLOW UP:** I do agree to participate in any energy efficiency services I am offered (if eligible), including home energy audits (i.e., energy assessments) and/or weatherization services (i.e., insulation), as well as any follow up activities as required by the funding sources. I also agree to allow the CAC of Portage County to monitor my utility costs for a period of at least one (1) year to determine the overall cost-effectiveness of the services provided herein.

**MOBILE HOMES:** In the case of mobile homes or other non-site built housing, the agency will not be held responsible for frozen pipes or heat tape failure. *I certify that I understand I am responsible for plugging in heat tape each winter.*

**ONE TIME SERVICE:** *I understand that, due to funding limitations, these programs are offered as a one-time service.*

**PLAN TO REMAIN IN HOME:** Additionally, I certify that my home currently is not for sale, that I plan on remaining in my home for *at least* the next twelve (12) months, and that my home is not in foreclosure.

**TRUTH OF STATEMENTS:** I verify that all statements made by me on this application are true and correct to the best of my knowledge, and realize that I may be held civilly and criminally liable under Federal and State Law for any knowingly false or fraudulent statement.

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## General Authorization

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP Plus and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Development Services Agency or any designated agent or employee of the Director, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Development Services Agency or any designated agent or employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Development Services Agency, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Development Services Agency, and the Director of the Ohio Department of Jobs and Family Services.

I understand that by signing this application, I grant the Ohio Development Services Agency, or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Development Services Agency, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP Plus customer I understand that I may be included in a group for which electric service is purchased in common. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

I declare under penalty of perjury that the information submitted in this application is true and correct.

Signed {client/authorized agent} \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed {property owner/co-owner, if applicable} \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed {landlord, if applicable} \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_