COMMUNITY ACTION COUNCIL OF PORTAGE COUNTY, INC.

CAC Main Offices
P.O. Box 917
1036 W. Main Street
Ravenna, OH 44266
(330) 297-1456
Fax: (330) 297-1463
Admin Fax:
(330) 298-8680

www.cacportage.net
email:
info@cacportage.net

Community Technology Learning Center of Portage County
PO Box 917
243 S. Prospect Street
Ravenna, OH 44266
(330) 297-8720
Fax: (330) 296-8730
ctlc@cacportage.net

CAC Youth & Family Center
PO Box 917
519 N. Walnut Street
Ravenna, OH 44266
(330) 296-8535
Fax: (330) 296-1735

Thank you for your interest in CACPC Energy & Housing Services

When submitting an application for assistance, you must provide the following:

1. *All pages* of the **Energy & Housing Services (EHS) Application** for Service.
2. **PROOF of INCOME for 12 months** from your application date for all household members: *please refer to the following page for accepted proof of income.*
3. For adults who have had periods with no income or undocumented income within the past 12 months, complete the attached ***Self-Declaration of Income Worksheet*** located at the back of the application packet.
4. **PROOF of CITIZENSHIP** for all household members: *please refer to the following page for accepted citizenship documentation.*
5. **PROOF of OWNERSHIP** (i.e., COPIES of tax statement, deed, title, including mobile home title or tax statement, *notarized* lease/purchase agreements and land-contract agreements. Land-contracts must also be registered with the county auditor).
6. **COMPLETED Certification of All Programs Form**; if there are multiple owners of the home, please note, each owner must sign off on all paperwork when prompted throughout the duration of our services. For Renters, Landlords must also sign off on all paperwork when prompted throughout the duration of our services.
7. **COPIES of most recent HEATING and ELECTRIC BILLS** for the home.
8. Hazard, Intake, Liability, and/or 3rd party(permission to share information)

We process completed applications in the order in which they are received in to our office. Once your application is processed, you will be notified of your status by mail.

When submitting an application for assistance, please remember the following:

- If additional signature lines or pages are needed, please make a copy of or request the blank form(s) and attach with original signatures when submitting the application.
- Do not fax applications—only supporting documentation may be faxed.
- Do not forward original documents—we cannot return them by mail.
- Keep a current phone number on file with us. If you fail to update us of a phone number change and we cannot reach you, your application will be considered inactive.
- Waitlist times may fluctuate based on available funding and regulations. Additional proof or re-verification of income may be required prior to receiving services.
- Your utilities must be connected in order to provide services. You may wish to contact your local HEAP agency for utility assistance if you believe you are at risk of disconnection.
    - For Portage County (CACPC): (330) 297-1456, press "1"
    - For Trumbull County (TCAP): +1 (866) 747-1041

The CACPC Energy & Housing Services is a weatherization/insulation and energy efficiency program. WE CANNOT PROVIDE AND DO NOT HAVE THE FUNDS FOR REHAB WORK OR IMMEDIATE EMERGENCY SERVICES. If you find you are in need of emergency or more immediate services, we suggest calling "211" First Call for Help/Help Network for other assistance inquiries.

Accepted Citizenship Documentation

Proof of U.S. Citizenship	Proof of Legal Resident/Qualified Alien
1. Birth Certificate/Hospital Birth Records 2. Baptismal Records (Only when place and date of birth is shown) 3. Indian Census Record 4. Military Service Record 5. U.S. Passport 6. Verified Citizenship for Ohio Work First (OWF) Program 7. Voter Registration Cards 8. Social Security Cards (Social Security Cards administered by Social Security Administration that do not include notes regarding work authorization status will be accepted).	1. Naturalization Papers/Certifications of Citizenship 2. INS ID Card 3. Alien Registration Cards/Re-entry permits 4. INS Form I-151 or I-551 (Form I-151 will not be valid after August 1, 1993) 5. INS Form I-94 if annotated with either: a) Sections 203(a)(7), 207, 208, 212(d)(5), 243(h), or 241(b)(3) of the Immigration and Nationality Act: or b) One or a combination of the following terms: Refugee, Parolee, or Asylee 6. Permanent Visa INS Form G-641, "Application for verification of Information from INS Records", when annotated at bottom by INS representative as lawful admission for humanitarian reasons 7. Documentation that alien is classified pursuant to Sections: 101(a)(2), 203(a), 204(a)(1)(a), 207, 208, 212(d)(5), 241(b)(3), 243(h), or 244(a)(3), of the Immigration and Nationality Act 8. Court order stating that deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act 9. INS Form I-688

Accepted Proof of Income

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
☐ Award/Benefit Letter ☐ Payment Printout/ statement from issuing agency ☐ Copy of Check or Bank Statement showing deposit	☐ All pay stubs received 30 days from the date of the application that include gross and year-to-date amounts received ☐ Completed and signed Employment Verification Form	☐ Copy of check/ award amount letter ☐ ODJFS documents/ eligibility letter with amounts and dates ☐ IRS Form 1099-G (box 1) ☐ Housing Authority Documentation ☐ Lease/rental agreement ☐ Payment printout/ statement from issuing agency	☐ Statement from Financial Institution ☐ Copy of Check or Bank Statement showing deposit ☐ Most Recent IRS Form 1040, 1099 or W-2	☐ Pay stubs indicating amount received within the previous 12 months from the date of the application ☐ Self-Employment of Income Form for the previous 12 months ☐ IRS Wage and income transcript and record of account transcript ☐ IRS Form 1040

Privacy Act Notice

DISCLOSURE: The disclosure of Social Security Numbers is mandatory to receive HEAP benefits.

AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i)

USE: The state will use Social Security numbers in the administration of the Home Energy Assistance Program to verify information supplied on the application to prevent, detect and correct fraud, waste, and abuse. The information is also used to respond to requests for information from agency programs funded by block grants to states for Temporary Assistance for Needy Families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

Please tear here and keep instructions for your records

Personal Information Section

Client Number

Enter the information completely. **PLEASE USE DARK BLUE OR BLACK INK**
Failure to fill out the application completely, provide all the required documentation and sign the application will delay the processing of your application

First Name*	M.I.	Last Name*

Social Security Number*	U.S. Citizen / Legal Resident (Qualified Alien)*	Military Status	Date of Birth (MM / DD /YYYY)*
	☐ Yes ☐ No	☐ Active ☐ Veteran ☐ No Military Service	

Disabled* ☐ Yes ☐ No	Gender ☐ Female ☐ Male	Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Race

- ☐ White
- ☐ American Indian/Alaskan Native
- ☐ American Indian/Alaskan Native & Black/African American
- ☐ American Indian/Alaskan Native & White
- ☐ Asian
- ☐ Asian/White
- ☐ Black/African American
- ☐ Black/African American/White
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other Multi-Race

Non-Cash Benefits

- ☐ Supplemental Nutrition Assistance Program (SNAP) / Food Stamps
- ☐ Affordable Care Act Subsidy
- ☐ Child Care Voucher
- ☐ Housing Choice Voucher
- ☐ HUD-VASH
- ☐ Permanent Supportive Housing
- ☐ Women, Infants, and Children (WIC)
- ☐ Other

Number of Household Members

Family Type

- ☐ Single Parent/Male
- ☐ Single Parent/Female
- ☐ Two-Parent Household
- ☐ Single Person
- ☐ Non-related Adults with Children
- ☐ Multigenerational Household
- ☐ Other

Housing Type ☐ Own ☐ Rent

Residence Structure

- ☐ Mobile Home
- ☐ Single-Family
- ☐ Multi-Family Low Rise (3 stories or less)
- ☐ Multi-Family High Rise (4 stories or more)

Email Address	Phone Number (including area code) ( )
Preferred Method of Contact* ☐ Email ☐ Postal	
Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor

City*	State*	Zip Code*	County*

Is Utility Service Address the Same?* ☐ Same as above ☐ Different (list below)

Current Service Address (if different from above; number and street including route)	Apt/Lot/Unit/Floor

City	State	Zip Code	County

Do You Receive Rental Assistance?* ☐ Yes ☐ No	Landlord Organization (if you rent)

Landlord First Name*	Landlord Last Name*	Landlord Phone Number (including area code) ( )
Landlord Mailing Address (number and street including route)*		Apt/Lot/Unit/Floor

City*	State*	Zip Code*	County*

If you have additional household members (anyone living under your roof at the same address), please complete page 2 of the application. For additional members, print additional pages.

*Indicates required information in order to process your application. Failure to fill out the application completely, provide the required documentation and sign the application will delay the processing of your application.

Household Members Section

Complete for anyone living in your home.

Full Name*	Social Security Number*	Date of Birth (MM / DD / YYYY)*

Relationship to person applying

Disabled* ☐ Yes ☐ No | Gender ☐ Female ☐ Male | Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Race
☐ White
☐ American Indian/Alaskan Native
☐ American Indian/Alaskan Native & Black/African American
☐ American Indian/Alaskan Native & White
☐ Asian
☐ Asian/White
☐ Black/African American
☐ Black/African American/White
☐ Native Hawaiian/Other Pacific Islander
☐ Other Multi-Race

Full Name*	Social Security Number*	Date of Birth (MM / DD / YYYY)*

Relationship to person applying

Disabled* ☐ Yes ☐ No | Gender ☐ Female ☐ Male | Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Race
☐ White
☐ American Indian/Alaskan Native
☐ American Indian/Alaskan Native & Black/African American
☐ American Indian/Alaskan Native & White
☐ Asian
☐ Asian/White
☐ Black/African American
☐ Black/African American/White
☐ Native Hawaiian/Other Pacific Islander
☐ Other Multi-Race

Full Name*	Social Security Number*	Date of Birth (MM / DD / YYYY)*

Relationship to person applying

Disabled* ☐ Yes ☐ No | Gender ☐ Female ☐ Male | Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

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☐ American Indian/Alaskan Native & White
☐ Asian
☐ Asian/White
☐ Black/African American
☐ Black/African American/White
☐ Native Hawaiian/Other Pacific Islander
☐ Other Multi-Race

Full Name*	Social Security Number*	Date of Birth (MM / DD / YYYY)*

Relationship to person applying

Disabled* ☐ Yes ☐ No | Gender ☐ Female ☐ Male | Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Race
☐ White
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☐ American Indian/Alaskan Native & Black/African American
☐ American Indian/Alaskan Native & White
☐ Asian
☐ Asian/White
☐ Black/African American
☐ Black/African American/White
☐ Native Hawaiian/Other Pacific Islander
☐ Other Multi-Race

Full Name*	Social Security Number*	Date of Birth (MM / DD / YYYY)*

Relationship to person applying

Disabled* ☐ Yes ☐ No | Gender ☐ Female ☐ Male | Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Race
☐ White
☐ American Indian/Alaskan Native
☐ American Indian/Alaskan Native & Black/African American
☐ American Indian/Alaskan Native & White
☐ Asian
☐ Asian/White
☐ Black/African American
☐ Black/African American/White
☐ Native Hawaiian/Other Pacific Islander
☐ Other Multi-Race

Household Income Section*

Fill out table below for all adult household members. Use additional section (on page 4) as needed for other adult household members with income. If there is no income in your household, please visit your local Energy Assistance Provider.

First Name	Last Name

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income[1]
☐ Social Security ☐ Supplemental Security (SSI) ☐ Social Security Disability Insurance (SSDI) ☐ Pension (Private & VA) ☐ Widow/Widower's Benefit ☐ Alimony ☐ Black Lung Pension	☐ Wages ☐ Active Military Pay	☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Ohio Works First (TANF, ADC)	☐ Cash withdrawn from IRAs / Annuities/Other Investments ☐ Interest Income ☐ Lump Sum Payouts (SSI/ SSDI/ Estate & Trust Settlements /Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Other	☐ Self-employment ☐ Seasonal-employment (includes teachers, construction workers, etc.) ☐ Ohio Electronic Child Care [1]This category MUST provide 12 months of income documentation
Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $
Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $

First Name	Last Name

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income[1]
☐ Social Security ☐ Supplemental Security (SSI) ☐ Social Security Disability Insurance (SSDI) ☐ Pension (Private & VA) ☐ Widow/Widower's Benefit ☐ Alimony ☐ Black Lung Pension	☐ Wages ☐ Active Military Pay	☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Ohio Works First (TANF, ADC)	☐ Cash withdrawn from IRAs / Annuities/Other Investments ☐ Interest Income ☐ Lump Sum Payouts (SSI/ SSDI/ Estate & Trust Settlements /Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Other	☐ Self-employment ☐ Seasonal-employment (includes teachers, construction workers, etc.) ☐ Ohio Electronic Child Care [1]This category MUST provide 12 months of income documentation
Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $
Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $

First Name	Last Name

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income[1]
☐ Social Security ☐ Supplemental Security (SSI) ☐ Social Security Disability Insurance (SSDI) ☐ Pension (Private & VA) ☐ Widow/Widower's Benefit ☐ Alimony ☐ Black Lung Pension	☐ Wages ☐ Active Military Pay	☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Ohio Works First (TANF, ADC)	☐ Cash withdrawn from IRAs / Annuities/Other Investments ☐ Interest Income ☐ Lump Sum Payouts (SSI/ SSDI/ Estate & Trust Settlements /Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Other	☐ Self-employment ☐ Seasonal-employment (includes teachers, construction workers, etc.) ☐ Ohio Electronic Child Care [1]This category MUST provide 12 months of income documentation
Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $
Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $

Household Income Section – Continued

Fill out the table below for additional adult household members.
Print additional pages, as needed, for other adult household members with income.

First Name		Last Name		
Fixed Income	**Earned Employment Income**	**Supplemental Income**	**Other Sources of Income**	**Other Earned Income[1]**
☐ Social Security ☐ Supplemental Security (SSI) ☐ Social Security Disability Insurance (SSDI) ☐ Pension (Private & VA) ☐ Widow/Widower's Benefit ☐ Alimony ☐ Black Lung Pension	☐ Wages ☐ Active Military Pay	☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Ohio Works First (TANF, ADC)	☐ Cash withdrawn from IRAs / Annuities/Other Investments ☐ Interest Income ☐ Lump Sum Payouts (SSI/ SSDI/ Estate & Trust Settlements /Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Other	☐ Self-employment ☐ Seasonal-employment (includes teachers, construction workers, etc.) ☐ Ohio Electronic Child Care [1]This category MUST provide 12 months of income documentation
Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $
Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $

First Name		Last Name		
Fixed Income	**Earned Employment Income**	**Supplemental Income**	**Other Sources of Income**	**Other Earned Income[1]**
☐ Social Security ☐ Supplemental Security (SSI) ☐ Social Security Disability Insurance (SSDI) ☐ Pension (Private & VA) ☐ Widow/Widower's Benefit ☐ Alimony ☐ Black Lung Pension	☐ Wages ☐ Active Military Pay	☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Ohio Works First (TANF, ADC)	☐ Cash withdrawn from IRAs / Annuities/Other Investments ☐ Interest Income ☐ Lump Sum Payouts (SSI/ SSDI/ Estate & Trust Settlements /Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Other	☐ Self-employment ☐ Seasonal-employment (includes teachers, construction workers, etc.) ☐ Ohio Electronic Child Care [1]This category MUST provide 12 months of income documentation
Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $
Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $

First Name		Last Name		
Fixed Income	**Earned Employment Income**	**Supplemental Income**	**Other Sources of Income**	**Other Earned Income[1]**
☐ Social Security ☐ Supplemental Security (SSI) ☐ Social Security Disability Insurance (SSDI) ☐ Pension (Private & VA) ☐ Widow/Widower's Benefit ☐ Alimony ☐ Black Lung Pension	☐ Wages ☐ Active Military Pay	☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Ohio Works First (TANF, ADC)	☐ Cash withdrawn from IRAs / Annuities/Other Investments ☐ Interest Income ☐ Lump Sum Payouts (SSI/ SSDI/ Estate & Trust Settlements /Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Other	☐ Self-employment ☐ Seasonal-employment (includes teachers, construction workers, etc.) ☐ Ohio Electronic Child Care [1]This category MUST provide 12 months of income documentation
Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $	Gross Income for the Past 30 Days $
Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $	Gross Income for the Past 12 Months $

Household Deductions Section*

Total Household Income Deductions (Choose all that apply)	☐ Health Insurance Premiums	☐ Medicaid Spend Down (deductibles)	☐ Attorney fees for estate or trust settlements
	☐ Health Care Spending Accounts	☐ Medicare Part D (RX premium)	
	☐ Medicare Part B	☐ Child Support paid-out	

Total Deductions for the past 30 Days	Total Deductions for the past 12 Months
$	$

Total Household Eligible Income Section*

Please add the total income received for each adult household member then subtract the total household deductions.

	Past 30 Days	Past 12 Months
Total Household Income (add amounts from Household Income Section on Page 3 & 4)	$	$
Total Household Deduction (from Household Deductions Section on Page 5)	– $	– $
Total Eligible Income	Total Household Income less Total Household Deductions above: $	Total Household Income less Total Household Deductions above: $

Please Enter Comments for the Difference in 12 Months Income from Total 30 Days

Utility Information Section*

If you wish to enroll in PIPP and have a regulated utility provider, please visit your local Energy Assistance Provider. A list can be found at energyhelp.ohio.gov.

How do you heat your home?	☐ Natural Gas	☐ Fuel Oil or Kerosene	☐ Electric (includes baseboards)
	☐ Propane or Bottle Gas (L.P. Gas)	☐ Coal, Wood, or Pellets	☐ Other

Company/Vendor	Account Number	Costs included in rent? ☐ Yes ☐ No	Shared Meter? ☐ Yes ☐ No

Account Holder's First Name	Account Holder's Last Name	Relationship to Primary Client

If you are currently enrolled in PIPP, do you wish to reverify on this account? ☐ Yes ☐ No

If you do not heat with electric, please provide your electric utility provider information:

Electric Company/Vendor	Account Number	Costs included in rent? ☐ Yes ☐ No	Shared Meter? ☐ Yes ☐ No

Account Holder's First Name	Account Holder's Last Name	Relationship to Primary Client

If you are currently enrolled in PIPP, do you wish to reverify on this account? ☐ Yes ☐ No

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

PO Box 917/1036 West Main St.
Ravenna, Ohio 44266
Fax: 330-297-1463

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.

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.

Address: _____ Phone: _____

Signed (client/authorized agent) _____ **Date:** _____
Printed Name: _____
Signed (property owner/owner, if applicable) _____ Date: _____
Printed Name: _____
Signed (landlord, if applicable) _____ Date: _____
Printed Name: _____

ZERO INCOME SELF-DECLARATION

Instructions for this section:

For individuals 18 or older listed above with zero income who are being supported by another household member, use this section to tell us who is providing support.

Please Print or Type	First Name	M. I.	Last Name	Supported By
	First Name	M. I.	Last Name	Supported By
	First Name	M. I.	Last Name	Supported By
	First Name	M. I.	Last Name	Supported By
	First Name	M. I.	Last Name	Supported By

Instructions for this section:

If you are receiving help paying your bills from a non-household member, list the name(s) and phone numbers(s) and include a signed letter from that person. The letter should state how much and how often the money is given, and if the money is given to you or paid to your creditors directly. Tell us the amount of each item and tell us how the bill is paid. You must tell us if the money provided is given as a loan or a gift.

First Name	Last Name	Daytime Telephone Including Area Code ( )

Explain how you are paying the following monthly expenses:

Bill	Monthly Amount	If paid by someone else, it is:	Bill	Monthly Amount	If paid by someone else, it is:
Rent/Mortgage	$	☐ gift ☐ loan	Car Payment/Insurance	$	☐ gift ☐ loan
Food	$	☐ gift ☐ loan	Cable/Internet	$	☐ gift ☐ loan
Gas	$	☐ gift ☐ loan	Personal Expenses	$	☐ gift ☐ loan
Electric	$	☐ gift ☐ loan	Bulk Fuels (i.e. propane, fuel oil/coal)	$	☐ gift ☐ loan
Phone/Cell	$	☐ gift ☐ loan	Other Expenses	$	☐ gift ☐ loan

Instructions for this section:

Use this section to total your gross household income, source of income, and check if you receive public assistance. Use this space to list other income related information you believe may be important to your application.

3) ☐ What was your total gross household income for the last 12 months?

4) ☐ yes ☐ no Do you receive Public Assistance? Case Number ☐

5) INCOME SOURCE (Check the income source(s) for your household) **DOCUMENTATION MUST BE PROVIDED!**

☐ Active Military Pay	☐ Interest	☐ Social Security	☐ TANF/DA	☐ VA Pension
☐ Child Support	☐ Pension	☐ SSDI	☐ Unemployment	☐ Wages
☐ Employment Disability	☐ Self Employment	☐ SSI	☐ VA Disability	☐ Workers' Comp

☐ **Other or No Income (List other income sources separately or explain how you pay your bills in the space below. If necessary, use an additional, signed sheet. Also, specify if the amounts received are gifts or loans.) An IRS transcript will be required (see front page "Eligibility" section for instructions.)**

X Sign Here _____ **Application Date** _____

COMMUNITY ACTION COUNCIL
OF PORTAGE COUNTY, INC.

CAC Main Offices
P.O. Box 917
1036 W. Main Street
Ravenna, OH 44266
(330) 297-1456
Fax: (330) 297-1463
Admin Fax:
(330) 298-9680

www.cacportage.net
email:
info@cacportage.net

Community Technology Learning Center of Portage County
PO Box 917
243 S. Prospect Street
Ravenna, OH 44266
(330) 297-8720
Fax: (330) 296-8730
ctlc@cacportage.net

CAC Youth & Family Center
PO Box 917
519 N. Walnut Street
Ravenna, OH 44266
(330) 296-8535
Fax: (330) 296-1735

Dear Customer,

Due to the COVID-19 emergency, the CACPC Weatherization department has taken several steps to ensure the safety of our customers and staff. We would like your help to make the work environment safe while we weatherize your home:

1. Upon scheduling your initial inspection and corresponding workdays, we will remind you to keep the following information in mind and if you believe your household does not meet the described conditions, you are required to appropriately notify the agency to request a hold on your services. Your inactive file may resume work at which time you understand to have met the following criteria and notify us accordingly.
    a. **No one in the household is experiencing a fever, cough, shortness of breath, or tested positive for COVID-19 in the last two weeks.**
    b. **No one in the household has been in contact with someone who has had a fever, cough, shortness of breath, or tested positive for COVID-19 in the last two weeks.**
2. Weatherization staff and our contractors are not permitted to work in homes that have had exposure to the symptoms and conditions listed within the last two weeks and will work with you to reschedule the work for a future date.
3. Any information you provide related to the above statements is governed by HIPAA and is completely private and will not be shared with anyone.
4. By signing the attached Hazard Control Agreement, you are agreeing to join us in complying with these health guidelines and others as presented by the Ohio Department of Health as it relates to the COVID-19 pandemic which will preserve the health and safety of both the household members and our staff.
5. Expect updates as frequently as daily during the duration of your services. You are expected to answer the phone or return the call that morning before work may begin for the day. If you fail to do this, work may be suspended.
6. Inactive files with suspended work will expire and be deferred from services after 30 days if you fail to follow up with the agency.
7. Once the inspector, crew, contractor, or auditor arrives they will be utilizing Personal Protective Equipment (PPE) to keep you and them safe. This may include items such as gloves, respirators, shields, glasses, coveralls, booties, sanitizer, and/or masks.
8. We ask that you maintain social distancing by staying 6 feet away from the weatherization staff.
9. While staff are working or away from their work area, we ask that you not enter the work area so a safe work environment can be maintained.

Staff will be following all Center for Disease Control (CDC), Ohio Department of Health, and OSHA guidelines. Weatherization staff will be frequently sanitizing hands, washing hands, and sanitizing equipment. Weatherization staff and our contractors will not be permitted to work if they have experienced the listed symptoms or tested positive for COVID-19 in the last two weeks.

If you have any questions or concerns please call the agency at (330) 297-1456 and dial “2” for the Weatherization department. Thank you for being a partner with CACPC and helping us provide these services safely.

-Energy & Housing Services

Community Action Council of Portage County
Hazard Control Agreement

CUSTOMER/PROPERTY OWNER
RELEASE OF ALL CLAIMS AND
AUTHORIZATION TO USE DATA

In consideration of the receipt and installation of weatherization materials or appliances, I, the Customer homeowner/Customer tenant at the address below do hereby release, acquit, and forever discharge Community Action Council of Portage County and each of their respective officers, agents, employees, successors and assigns (collectively "Providers"), of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against the Providers.

I acknowledge that the weatherization and related measures are being installed on an "**AS IS**" basis, and that Providers **DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION**. I also acknowledge that any energy cost savings projected by Providers as a result of work being performed is only an estimate and not a guarantee.

I authorize Community Action Council of Portage County to release to its designees information about my energy accounts, my energy consumption patterns and photographs and descriptions of weatherization materials or appliances installed on the property at the address below and to allow reasonable access to my home to inspect the work performed.

Customer Homeowner/
Customer Tenant Name:_____
(Signature)

Print Name:_____

_____
(Address)

_____
(City) (State) (Zip Code)

Date:_____

COMMUNITY ACTION COUNCIL OF PORTAGE COUNTY, INC.
INTAKE FORM

SS# _____ LAST NAME _____ FIRST NAME _____

DOB _____ ADDRESS _____

CITY _____ ZIP CODE _____ TELEPHONE _____

CELL PHONE _____ EMAIL _____

GENDER
☐ FEMALE ☐ MALE

DISABLED
☐ YES ☐ NO

RACE ☐ BLACK/AFRICAN AMERICAN ☐ MULTI-RACE ☐ WHITE
☐ NATIVE AMERICAN /ALASKAN ☐ ASIAN
☐ HAWAIIAN/PACIFIC ISLANDER ☐ OTHER _____

EDUCATION
☐ 0-8 ☐ 12+
☐ 9-12 (NON-GRAD) ☐ COLLEGE GRAD
☐ HS GRAD/GED ☐ UNKNOWN

FOOD STAMPS
☐ YES ☐ NO

HEALTH INSURANCE
☐ MEDICAID ☐ SELF INSURED
☐ MEDICARE ☐ NONE
☐ PRIVATE ☐ UNKNOWN

VETERAN
☐ YES ☐ NO

 # IN HSHLD

FAMILY TYPE
☐ SINGLE PAR/FEMALE ☐ SINGLE
☐ SINGLE PAR/MALE ☐ COUPLE
☐ TWO PARENT ☐ OTHER

ETHNICITY
☐ HISPANIC
☐ NON-HISPANIC

HOUSING
☐ OWN
☐ RENT
☐ HOMELESS

CLIENT INCOME
☐ WEEKLY ☐ ANNUAL
☐ BI-WEEKLY ☐ 13-WEEKS
☐ MONTHLY ☐ AMOUNT _____

SOURCES OF INCOME ☐ EMPLOYMENT ☐ UNEMPLOYMENT
☐ SOCIAL SECURITY ☐ VA ☐ TANF
☐ SSI/ SSD ☐ PENSION ☐ DISABILITY
☐ OTHER _____

PREFERRED METHOD OF CONTACT _____

HOUSEHOLD MEMBERS

SS#					
LAST NAME					
FIRST NAME					
DATE OF BIRTH					
GENDER					
DISABLED					
RACE					
EDUCATION					
HEALTH INS.					
VETERAN					
INCOME PERIOD					
AMOUNT					
SOURCE					

I certify that this statement is true and correct to the best of my knowledge, and authorize the release of any or all Information necessary for verification purposes.

CLIENT SIGNATURE DATE INTAKE WORKER

Name of Applicant: _____

RELEASE of LIABILITY AND WAIVER OF CLAIMS

I understand that the use of vent-less gas heaters, kerosene heaters, propane, fuel oil, wood burning and other heating units create a risk of injury to person or property. I acknowledge that vent-less gas heaters and kerosene heaters are potentially unsafe sources of heat.

In consideration of the assistance provided by the Community Action Council of Portage County through the HEAP and/or WCP programs or other assistance programs, I hereby waive, discharge and release CAC and its directors, officers, employees and agents from all claims of damage, loss or liability of any kind or nature arising out of my participation in the aforementioned program, and from my receipt of services from CAC, or from the use of any and all heating sources, units and fuels. I assume all risk inherent in the receipt, possession and use of heating fuel, and agree to hold harmless CAC and its directors, officers, employees and agents from all claims arising from such receipt, possession or use.

I understand and intend that this Release and Waiver shall be binding upon my heirs, administrators, agents and assigns. I further state that I have carefully read and understand the foregoing Release and Waiver and that I freely and voluntarily sign the same.

_____ _____

Signature of Applicant Date

_____ _____

Witness Date

Select the Household's Main Heating Unit Below:

- ☐ Coal Furnace
- ☐ Coal Stove
- ☐ Electric Baseboard Heat
- ☐ Electric Furnace
- ☐ Electric Space Heaters
- ☐ Fuel Oil Furnace
- ☐ Fuel Oil Heater
- ☐ Kerosene Heater
- ☐ Natural Gas Furnace
- ☐ Natural Gas Heaters
- ☐ Natural Gas Fireplace
- ☐ Propane Fireplace
- ☐ Propane Furnace
- ☐ Propane Heater
- ☐ Wood Stove
- ☐ Wood/Corn Pellet Stove
- ☐ Wood Fireplace
- ☐ Wood Furnace
- ☐ Other (specify)_____

COMMUNITY ACTION COUNCIL OF PORTAGE COUNTY, INC.

Administrative & Fiscal Office
P.O. BOX 917
Ravenna, Oh 44266
ph: 330-297-1456
fax: 330-298-9680

Main Office
1036 West Main St.
(P.O.BOX 917)
Ravenna, Oh 44266

Ph: 330-297-1456
HEAP ext 1
Weatherization & Home Repair ext 2

Fax: 330-297-1463

Computer Technology Learning Center
243 S Prospect St
(P.O. BOX 917)
Ravenna, Oh 44266

Ph: 330-297-1456 ext 3
fax: 330-296-8730

21st Century Learning Center
& CAC Youth & Family Center
519 N. Walnut St
(P.O. BOX 917)
Ravenna, OH 44266

Ph: 330-297-1456 ext 4

Request to Share Information

I, _____,
give my permission to share information between

_____
and Community Action Council of Portage County Inc.

The information is regarding my application for any/all programs offered by CAC.

_____ _____
(signed) (dated)

Please return to :_____ at 330-297-1463

Notes:

_____
_____
_____
_____
_____
_____
_____
_____