

8025 Liberty Road Windsor Mill, MD 21244 (410)-496-1214 – (410)-496-9352

Weatherization Document Checklist

In this packet, you will find all of the information that needs to be turned in for the WEATHERIZATION PROGRAM. Please submit copies by mail or email to Diversified Housing. Make sure to have all of the documentation to prevent delay in the approval process which can lead to you missing out on the funding. Please give our office a week to process documentation and then feel free to contact us.

usage.	Crossing out the amount due is allowed.)
	Current Gas and Electric Bill (Front and Back - We must be able to see the
	Proof of identification (Driver's license or State of Maryland ID)
>	Any other source of income
>	Pension
>	Social Security Statement
>	Paystubs (Weekly = 5 Pays, Semi Monthly = 2 Pays, Bi-Weekly = 2 or 3 Pays)
	30 Days of Household Income for all Adult household members
	Owner's Release Form
	DHD Disclosure Statement
	Customer Consent to Obtain Energy Information (labeled pg. 17 and 18 at the bottom)
	Personal Information Privacy Protection Policy
	Explanations for Home's Health, Safety, and Structure Conditions
	MEA Weatherization Application



WEATHERIZATION APPLICATION

Diversified Housing Development will review your application for the Weatherization Program.

PLEASE PRINT ALL INFORMATION

Please complete the two pages in this MEA application. Return completed form to Diversified Housing Development along with the following:

- Proof of Household's income received in the 30 days prior to the date you sign this application.
- Government Issued Identification Card, Proof of residence.

5.Native American or Alaskan Native

6.Multi-Racial

2. White

3. Hispanic

	A current electric bill and /or a current gas bill.	siderice.			
1.					
	Name	Home Phone Number			
	Your Street Address	Other Phone Number			
	City, State, Zip	Email			
	Mailing Address (If different from your mailing address or if you've	e moved)			
(Check	One) ☐ Apartment or Multi- Family ☐ Double, Row or T	ownhome ☐ Single Family Home			
2. Fill in a	all spaces below or ALL Household members (List Yourself First):				
TOTAL	NUMBER OF HOUSEHOLD MEMBERS IS Total # of house	shold members 18 years and over is			
Please us	Please use the following choices for "Race Code":				
	1. African-American 4.Asian or Pacific Islander	7.Other			

					Disabled		
First & Last Name	Birthdate M/D/Yr	Relationship To Applicant	SEX M/F	Race Code	(Yes or No)	Types of Income	30-Day Gross Income
1.							
2.							
3.							
4.							
5.							
6.							

My electric con	COMPANY IN npany is le account is Ac							
I have a turn-of	I have a turn-off notice from this company: Yes ☐ No ☐ My Service is off now: Yes ☐ No ☐							
5. CHECK ON Electricity □	E BOX BELO\ Utility Gas⊟	W FOR THE M Propane⊟		G SOURCE OF sene⊡ Coal W	YOUR HOME lood/Pellets□			
	er or fuel Comp ne account is Ac							
•	CUSTOMERS off notice fron	•	ny: YES□ N	о□ м	y service is tui	rned off now	: Yes□ NO□	l
6. <u>HOME'S HI</u>	EALTH, SAFE	TY, AND STRI	UCTURE CON	DITIONS:				
2. Is the 3. Are th 4. Do yo 5. Are yo 6. Are yo 7. How o 8. What	 Do you have any missing external windows or doors? Is there mold or mildew in the house? Are there any active roof leak(s)? Do you have any damage to the exterior walls/ siding/ trims or ceiling? Are you aware of any electrical code violations/hazards? Are you aware of any plumbing leaks/ moisture problems? How old is your heating system/furnace? 							
	nany bedroon ther structura							
7. The applica	ant or proxy m	nust sign this	application be	efore it can be	processed.			
Family Size	1	2	3	4	5	6	7	8
Annual Income	\$70,400	\$80,450	\$90,500	\$100,550	\$108,600	\$116,640	\$124,700	\$132,750
I declare that the information provided to Diversified Housing Development (DHD) is true, correct, and complete. I understand that when this application is signed, permission is given: 1) for the DHD to check all household income and any other benefits; and (2) for the other governmental/non-governmental agencies to give and/or receive information from DHD needed to complete this application. I also certify that I meet the income guidelines listed above which is required to receive weatherization services from DHD. Applicant's Signature Date How did you hear about the program?								
Scheduling – Must be available all day Please list dates in which you can have someone home from 9 a.m. to 5 p.m. over the age of 18.								
1 10000 110	i datoo iii w	mon you ou	111010 001110		10111 0 4.111. 0	о о р.н о	or the age o	10.
						-		
UEEIUE HE	ONLV:							
OFFICE USE Referral:	ONLY:		Organization N	ame:			Date:	

<u>Explanations for Home's Health, Safety, and Structure Condition</u> <u>Answers</u>

Please complete this form in its entirety. Please be sure to give complete and accurate information because some weatherization work can make existing problems worse if work is performed. (Ex. If your home has a lot of mold and the contractor seals up the holes where the air is leaking out of the home the mold can get worse.)

Do yo	u have missing external windows or doors?
Is the	re mold or mildew in the house?
Are th	nere any active roof leak(s)?
Do yo	u have any damage to the exterior walls/siding/trims or ceiling?
Are yo	ou aware of any electrical code violations/hazards?
	ou aware of plumbing leaks/moisture problems?
Does y	your home have a sprinkler system? Yes or No
taff No	tes:

Personal Information Privacy Protection Policy

Protecting the privacy and confidentiality of your personal information is important to Diversified Housing Development, Inc and to our employees. In order to offer you the services you seek to obtain, we collect, maintain, and use information about you on a routine basis. To help you better understand how your personal information is protected, we are providing you with the following statement describing our practices and policies with respect to the privacy of customer information. In the event you terminate your customer relationship with us, or become an inactive customer, we will continue to adhere to the policies and practices described in the notice.

What Information We Collect

We collect nonpublic personal information about you on application or other forms during the application process, gather from your transactions and experiences with us, and obtained from other authorized sources, such as consumer reporting agencies. All information collected and stored by Diversified Housing Development, Inc is used for specific business purposes to ensure compliance with the federal and county programs we administer, and developing a better understanding of your financial situation, to provide you with improved services.

What Information We Disclose

We do not disclose any nonpublic personal information about our customers or former customers to anyone except as permitted by law. We are permitted under law to disclose such information about you to other third parties in certain circumstances. For example, we may disclose nonpublic personal information about you to third parties to assist us in servicing your home or application, to government entities in response to subpoena's and federal and local reporting requirements.

Our Security Procedures

We understand that the protection of you nonpublic personal information is of the utmost importance. Guarding your privacy is our obligation. Diversified Housing Development, Inc maintains strict procedures and policies to safeguard your privacy. We restrict employee access to customer information to only those who have a business reason to know such information, and we educate our employees about the importance of confidentiality and customer privacy. We maintain physical, electronic and procedural safeguards that guard your nonpublic personal information.

I/We have read this disclosure form and understand its contents, as evidenced by my/our signature(s) below.				
Applicant	Date	Applicant	Date	
Applicant	Date	Applicant	Date	



8025 Liberty Road, Windsor Mill, MD 21244

Phone: (410) 496-1214 Fax: (410) 496-9352 Website: <u>www.diversifiedhousing.org</u>

DHD Disclosure Statement

Diversified Housing Development is a non-profit organization with a mission to create and sustain homeownership in the Baltimore metro region. To assist residents and potential residents of Baltimore County, we offer the following services;

- Home Buyer Workshops
- Individual Pre Purchase Counseling
- Foreclosure Prevention Counseling
- Weatherization Assistance
- Down Payment and Closing Cost Assistance

These Services are available to any customer that requests it; however, we do not steer or expect any of our customers to utilize these products or services beyond their initial service. *Clients are not obligated to receive any other services offered by the organization.* You may be referred to other housing services of the organization or another agency or agencies as appropriate who may be able to assist with particular concerns that have been identified. A counselor may answer questions and provide information, but not give legal advice. If you would like legal advice, you will be referred for appropriate assistance.

Client Statement

I have read the above mentioned disclosure and understand that I am not obligated or steered toward using any of the above services beyond my initial service.				
Client Signature	Date			
Client Signature	Date			

Diversified Housing Development Weatherization Assistance Program

Owner's Release Form

This is a program funded by State resources to provide assistance to low income owners by making their homes more energy efficient. The goal of the program is to help owners reduce their fuel bills by lowering the energy consumption needed to heat and cool their homes. The weatherization services provided to approve applicants may include, but are not limited to:

- A. Caulking, weather stripping, door sweeps, replacement of cracked or broken glass windows and doors.
- B. Install LED light bulbs
- C. Install Low-Flow shower Heads and aerators
- D. Air seal home and air seal ducts
- E. Pipe insulation and attic insulation
- F. Furnace efficiency testing (gas and oil-fired furnaces only)
- G. Energy Audit
- H. Inefficient appliances maybe replaced or upgraded depending on eligibility

This is a FREE ONE TIME ONLY service and the work performed is of a permanent nature. After the inspection, the contractor does not return to make repairs at a later date. This is done on a first come first serve basis. These services are contingent on availability of funding.

I have read the above statement and understand it. In consideration for the above services being performed on my home at no expense to me, I consent to permit staff members of Diversified Housing Development Weatherization Assistance Program and the Weatherization Contractor and his staff, to enter my property and perform the services on my home. All contractors utilized by the program are licensed and bonded by the State of Maryland and are fully insured. Your signature below makes the owner and or applicant a party to Diversified Housing Development's with its weatherization contractors.

Please Return With MEA Packet

Owner's Name (Please Print)			
Owner's Name (Please Print)			
Street Address			
City, State, Zip			
Cell Phone			
Days available (please circ	le) M Tu W Th F Sa Su		
Owner's Signature	Date		
Owner's Signature	Date		

Diversified Housing Development 8025 Liberty Rd. Windsor Mills, MD 21244 410-496-1214 phone 410-496-9352 fax info@diversifiedhousing.org



Customer Consent to Obtain Energy Information

The Maryland Energy Administration (MEA) works to promote affordable, reliable, clean energy. As part of this mission, MEA administers programs that are geared towards making Maryland homes and businesses more comfortable, efficient, and affordable through energy savings measures.

WHY WE NEED A RELEASE – For our clean energy programs to be successful, MEA needs to compare energy use before and after energy upgrades. To understand how effective these measures are in reducing your energy bills, we need access to your home's/building's actual energy data for up to three years after the planned energy upgrade of your home/building. This data will allow us to evaluate measure and verify the effectiveness of our programs in order to provide Maryland with the best energy programs possible. We take the security and privacy of your information very seriously. To the fullest extent permissible under the Maryland Public Information Act, \$10-611 et seq. of the State Government Article, MEA will not divulge any of your confidential information outside of the agency or use it for any other nursose. This is a voluntary form

Utility and Energy Supplier Information			
Gas Utility:	Account #:		
Electric Utility:	Account #:		
Other Fuel Supplier:	Oil Propane		
Account #:			
Utility and Energy S	Supplier and Program Information Release		
suppliers named above to release account and energy to MEA, solely for confidential use in connection we the program I have agreed to participate in. This are and bottled propane consumption data for my hour form. PROGRAM DATA RELEASE: MEA will on occase by MEA in conjunction with this program will have removed before it is released. RELEASE PERIOD: This authorization covers the property of the program will have the program will be property or the property of the property	the account holder, I hereby authorize the utilities and fuel or energy ergy information (including my name, address, account number, and usage) with calculating energy savings estimates and evaluating the effectiveness of authorization is given for monthly electric and natural gas and annual fuel oil is sehold for up to 3 years after the date entered by the participant on this sion publicly report on program progress. Any public report released are all personal information such as name, address and account number beriod starting 1 year before the date below and ending 3 years after the me in writing to MEA. The revocation will be effective upon receipt by MEA		
of your written revocation of consent. CONSENT: I understand and agree that my accour consumption information) will be provided to MEA	nt information (including my name, address, account number, and usage or by the above-named utilities and fuel or energy suppliers for the sole and rerification. By signing this release, I authorize the above-named utilities and		
Signature:	Date:		
Printed Name:			
Address of Household/Building Participating	in the MEA Program:		