



Community Resources Department  
Weatherization Division  
907 Salida Way  
Aurora, CO 80011  
Phone: 303-636-1982  
Fax: 303-636-1997

## Application Checklist for Weatherization Services

Thank you for your interest in FREE weatherization services from the Arapahoe County Weatherization Division. Weatherization involves installing energy conservation measures and energy-efficient appliances in a home to achieve long-term energy savings.

The program can weatherize owner-occupied homes and rental properties at no cost in Adams and Arapahoe County, including single-family houses, mobile homes, and multi-family units up to a four-plex.

To be eligible for free weatherization services, residents of either county must either 1) be receiving benefits from one of the following assistance programs, OR 2) meet the following household income guidelines:

<b>Income Eligibility</b>		<b>OR</b>	<b>Program Eligibility</b>
<i>Family Size</i>	<i>Income Limit</i>		
1	\$21,660		Aid for the Needy Disabled
2	\$29,140		Colorado Works (TANF)
3	\$36,620		LEAP
4	\$44,100		Medicaid
5	\$51,580		Old Age Pension
6	\$59,060		Supplemental Security Income
7	\$66,540		
8	\$74,020		

To apply for weatherization services, please complete and return an application and all required supporting documentation listed in the checklist below. Please contact us with any questions:

**Arapahoe County Weatherization Division**  
**Phone: 303-636-1982**  
**Email: [weatherization@co.arapahoe.co.us](mailto:weatherization@co.arapahoe.co.us)**

### REQUIRED APPLICATION DOCUMENTATION:

- Completed Weatherization Application**
- Proof of Income for All Household Members**
- Signed & Dated Residency Affidavit**
- Applicant's Valid Photo ID for Proof of Legal U.S. Residency**  
*(Legible copy of Colorado driver's license, State I.D., Military I.D., or Tribal document)*
- Signed Weatherization Permission Form**  
*(If renting, property owner should complete this form)*



*\*Funding for weatherization services provided by the Colorado Governor's Energy Office and the U.S. Department of Energy Denver Regional Office. Said funding does not constitute the endorsement of these offices on the views expressed on this web page. For more information, please call the Governor's Energy Office at 1-800-632-6662 or visit [www.colorado.gov/energy](http://www.colorado.gov/energy).*

# Governor's Energy Office Weatherization Application

## APPLICANT INFORMATION (please print)

Last Name:	First Name:	Middle Initial:
Street Address: (location of home)	Unit # or Mobile Lot #	
City:	County:	Zip:
Home Phone:	Work Phone:	Cell Phone or Message #:
Mailing Address (PO Box)	City:	Zip:

## UTILITY INFORMATION:

Natural Gas or Propane provider: \_\_\_\_\_ Account #: \_\_\_\_\_

Electric Company provider: \_\_\_\_\_ Account #: \_\_\_\_\_

## QUALIFICATION INFORMATION:

**To AUTOMATICALLY QUALIFY through PUBLIC ASSISTANCE, check all that apply.** You must provide proof for one of the following by submitting a copy of a recent approval letter with this application.

TANF    AND    OAP    SSI (Supplemental Security Income)

MEDICAID Social Security # \_\_\_\_\_

LEAP   LEAP Household Number: \_\_\_\_\_

\*\*\*\*\*

### **To Income Qualify:**

You must send income proof if you are not on one of the programs listed above. Send in pay stubs for the past 3 months of each employed household member.

Household income is received from:    Job income    Social Security    Retirement    Disability    Alimony    Workers Comp  
 Unemployment    Self-employed

If employed, what date did you start your current job? \_\_\_\_\_ **Gross monthly income: \$** \_\_\_\_\_

## HOUSEHOLD INFORMATION:

Name (List yourself and all household members. Please attach separate sheet if more than six people.)	AGE	Do you have an income?		Are you disabled?		Are you Native American?		Are you a single parent?	
		YES	NO	YES	NO	YES	NO	YES	NO

# Governor's Energy Office Weatherization Application

## DESCRIPTION OF HOME:

Do you own or rent your home?  OWN or  RENT

**\*If you are renting your landlord will need to fill out the Weatherization Permission Form\***

**\*If this home is currently for sale weatherization services cannot be provided\***

\*Has this address been weatherized before?  Yes  No If yes, name of Agency: \_\_\_\_\_ (year) \_\_\_\_\_

\*The home I live in is:  Ranch style (one level)  Bi-Level  Tri-level  House divided into 2 units  
 Mobile Home  Singlewide  Doublewide  House  Townhouse  Apartment  Condo  Duplex  
 Multiplex  Cabin  Modular  Other: \_\_\_\_\_

\*What is the approximate age of your home: \_\_\_\_\_

\*The home I live in has:  Finished basement  Unfinished basement  Crawlspace  Pitched roof  Flat roof

\*The exterior siding of my home is:  Brick  Wood  Stucco  Vinyl  Aluminum  Other: \_\_\_\_\_

\*Location of Furnace:  Basement  Crawl space  Wall  Floor  Closet Other: \_\_\_\_\_

\*Type of Heating System (check all that apply):  Forced Air Furnace  Electric Baseboard Heat  Boiler  
 Gravity  Space Heater  Wood burner / Wood Stove  Coal Heater  No Furnace  Propane  
 Other: \_\_\_\_\_

\*Type of hot water heater:  Gas  Propane  Electric

\*Type of cooking stove:  Gas  Propane  Electric

\*Are you currently remodeling or doing construction on any part of your home?  No  Yes

\*If yes, please describe \_\_\_\_\_

\*Is anyone in the household on oxygen  Yes  No

Please list allergies in the household including dust, fiberglass, cellulose, mold, chemical sensitivity and latex.

## HOME ACCESS AUTHORIZATION:

### **Before weatherization work can begin, all homes must meet minimum standards of housekeeping.**

- I agree  
 Disability present (please describe in comments below)

Do you agree to and understand that areas are to be free of debris, clutter, pets and be reasonably hygienic where work is to be completed? (Where these conditions exist because of a disability, reasonable accommodations may apply.)

### **Access to your home:**

- I agree

Do you agree to and understand that Colorado weatherization technicians and contractors must be given access to all rooms in your home during business hours and on a reasonable schedule for any work to proceed?

### **Permission to photograph home:**

- I agree

Do you agree to allow the Governor's Energy Office (GEO) Weatherization Program and its designees to photograph the unit for pre- and post-work documentation?

### **Comments:**

# Governor's Energy Office Weatherization Application

## LEGAL RESIDENCY AFFIDAVIT

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

\_\_\_ I am a United States citizen, or

\_\_\_ I am a Permanent Resident of the United States, or

\_\_\_ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Applicant **MUST** send with application a copy of current picture identification. Acceptable forms of identification include:

- A valid Colorado driver's license or a valid Colorado identification card
- A valid United States military card/Common Access Card
- A valid United States passport

# Governor's Energy Office Weatherization Application

**PLEASE READ THIS SECTION CAREFULLY:**

My signature below authorizes Colorado weatherization Staff and Crew to enter my home as needed to perform weatherization and furnace work. My signature verifies this residence is not currently for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs. Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work. I understand the warranty is one (1) year of workmanship with materials being covered by manufacturers' warranties only. My signature below authorizes the Governor's Energy Office (GEO) Weatherization Program and its designees to inspect heating, fuel usage and utility billing records for up to 5 years before and after completion of weatherization work and authorize pertinent utility and fuel companies to make such records available to them solely for obtaining data for evaluation of subsequent energy conservation effectiveness. I agree, on behalf and for all who stand in my stead, that the GEO, its sub grantees and weatherization crews will not be held liable for any injury or expense incurred by me while participating in this program. I attest to the best of my knowledge that the information on this form is correct and complete. This service is free of charge but if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received. I authorize the release of income and benefits information to the GEO Weatherization Program to document my eligibility.

My signature below indicates that I have read, understood and agree to the conditions of this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**CLIENT APPEALS PROCESS:**

Once you have completed the application for services, you have the right for your application to be processed within 30 days. If your application is not processed within 30 days or if you are denied services, you may appeal the decision using the following appeals procedure: You may appeal to the Program Manager or Executive Director of the local weatherization agency. The Program Manager or Executive Director will issue a decision in a written letter within 30 days receipt of the notice of appeal. If the Program Manager or Executive Director denies services and you still are in disagreement, you have 15 days after receiving the written notification by the Program Manager or Executive Director to appeal to the Governors Energy Office Weatherization Program. Appeals to the GEO should be in writing and addressed to: Governors Energy Office Weatherization Program, 1580 Logan St. #100, Denver, CO 80203. The GEO will have 30 days to respond in writing to all appeals and the decision will be considered final.

**(Do Not Write Below This Line---For Office Use Only)**

I certify that this client is eligible under the appropriate funding guidelines JOB # _____ <input type="checkbox"/> unit has not been previously Wx'ed				
_____	_____	_____	_____	_____
Authorized WX Agent Signature	Date Approved	Income Verification	POV Level %	HHN or Program

# Governor's Energy Office Weatherization Application

## Governor's Energy Office Weatherization Permission Form

To the **LANDLORD** or **PROPERTY MANAGER** of the rental property listed below:

Your tenant is applying for free weatherization services provided by the Governor's Energy Office Weatherization Program. Please complete this permission form for our records. Our files are confidential; your name will not be given out. An energy audit will be done and there is no cost to you for the approved energy conservation materials or installation. If an unsafe condition is found with the heating system or water heater by our technicians, options for repairs or replacements will be discussed prior to any further work on the residence. If significant safety problems are found, the owner will be asked to participate in the cost of repairs or replacements. The Colorado weatherization program has a one year guarantee on all parts and materials installed.

If the walls and/or ceiling cavities are found to be in need of insulation, with your permission, the insulator may drill holes in the interior or exterior surfaces in order to fill these cavities with insulation. While all holes will be plugged, patched and prepared for finish similar to the existing finish, it may not be practical to match textures or materials. Painting, texturing and/or wallpapering part or all of the surfaces will not be the responsibility of the Governor's Energy Office or its sub-grantees. There are several different methods that can be used to install insulation in enclosed cavities and it is sometimes necessary to use more than one method. The method(s) used will depend on what type of interior or exterior finish of your home. Methods can be explained to you and portfolios are available for your viewing, request more information below.

- Use any method(s) necessary to install insulation in wall and/or ceiling cavities.
- Call me with more information at \_\_\_\_\_ Best days & times \_\_\_\_\_
- Various methods have been presented to me and I decline all methods for wall insulation.
- Various methods have been presented to me and I decline all methods for enclosed ceiling insulation.
- Use the following method(s) to insulate: \_\_\_\_\_

My signature below verifies that I agree to let Colorado weatherization workers and their designees enter the following address(es) as needed to perform and inspect weatherization work and have access to utility bills, that no residence below is currently for sale, nor is it designated for acquisition or clearance (foreclosure) by a federal, state, or local program and that rents shall not be raised due to the dwelling's increased value due solely to weatherization. If this is a rental property or multiplex, please provide tenant names & addresses.

Tenant Name (s)	Street Address	Apt/Space #	City
_____	_____	# _____	_____
_____	_____	# _____	_____
_____	_____	# _____	_____
_____	_____	# _____	_____

What year was this structure built? \_\_\_\_\_

\_\_\_\_\_  
**Signature of Landlord or Property Manager                      Phone                      Date**

\_\_\_\_\_  
**Printed Name                      Address**

I decline all weatherization work for the address(es) listed above:

\_\_\_\_\_  
**Signature of Landlord or Property Manager                      Phone                      Date**

\_\_\_\_\_  
**Printed Name                      Address**

# Governor's Energy Office Weatherization Application

## Governor's Energy Office Weatherization Permission Form

### To the HOMEOWNER:

If the walls and/or ceiling cavities are found to be in need of insulation, with your permission, the insulator may drill holes in the interior or exterior surfaces in order to fill these cavities with insulation. While all holes will be plugged, patched and prepared for finish similar to the existing finish, it may not be practical to match textures or materials. Painting, texturing and/or wallpapering part or all of the surfaces will not be the responsibility of the Governor's Energy Office or its sub-grantees. There are several different methods that can be used to install insulation in enclosed cavities and it is sometimes necessary to use more than one method. The method(s) used will depend on what type of interior or exterior finish of your home. Methods can be explained to you and portfolios are available for your viewing, request more information below.

- Use any method(s) necessary to install insulation in wall and/or ceiling cavities.
- Call me with more information at \_\_\_\_\_ Best days & times \_\_\_\_\_
- Various methods have been presented to me and I decline all methods for wall insulation.
- Various methods have been presented to me and I decline all methods for enclosed ceiling insulation.
- Use the following method(s) to insulate: \_\_\_\_\_

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**Signature of Homeowner**                      **Phone**                      **Date**

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**Printed Name**                                              **Address**

### Agency Contact Information:

#### **Arapahoe County Weatherization Division**

907 Salida Way  
Aurora CO 80011  
Phone: 303-636-1982  
Fax: 303-636-1997

[www.co.arapahoe.co.us](http://www.co.arapahoe.co.us)  
[weatherization@co.arapahoe.co.us](mailto:weatherization@co.arapahoe.co.us)

# Homeowner Authorization & Release

## PROPERTY OWNER SIGNATURE REQUIRED

This form to be completed and signed by the *owner of the property* that is under consideration for weatherization services.

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home No. \_\_\_\_\_ Work No. \_\_\_\_\_

I DO HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY LOCATED AT: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

I hereby authorize the Arapahoe County Weatherization Division (WX) and its sub-contractors to enter the property(ies) and perform audits, estimates, weatherization work, and inspections. Weatherization may include any or all of the following: repair of leaky doors and windows; installation or repair of attic, kneewall, or crawlspace accesses; installation or repair of ventilation systems; installing insulation in attics, walls, ceilings, and/or subfloor areas; caulking and sealing of the structure to eliminate drafts and heat loss; cleaning and adjustments to the combustion appliances (furnace, water heater, stove, etc.) to improve safety and efficiency. I understand that any and all services will be performed in accordance with the priorities, guidelines and standards established by the Program, and that there is a warranty of not more than one year on workmanship and the materials installed are covered by manufacturer's warranties only.

Weatherization to be performed on this property will be paid for by the Program. If the furnace needs to be replaced on a rental property the homeowner will be responsible for a minimum of 50% of the costs. The homeowner will be contacted before any replacement would be done. WX cannot perform any of these free services until all forms, including this agreement are properly signed by the owner or the owner's agent. In the event of any willful misrepresentation, the signatory may be held liable for all costs involved, including legal costs.

The home to be weatherized is not presently designated for acquisition or demolition by any program or agency. I agree to permit representatives of WX, State and Federal Weatherization Programs to inspect the work done on my property in order to assure quality, efficiency, and safety. In addition, I will allow building department inspectors to check any work that requires a permit.

I acknowledge and affirm that if this is rental unit, the tenants at the home to be weatherized will not be requested to leave said premises, nor will the rent be increased, solely due to the services provided by WX or its agents.

If the walls and/or ceiling cavities are found to be in need of insulation, the insulator may drill holes in the interior or exterior surfaces in order to fill these cavities with insulation. While all holes will be plugged, patched and prepared for finish similar to the existing finish, it may not be practical to match textures or materials. Painting, texturing and/or wallpapering part or all of the surfaces will not be the responsibility of WX or its sub-contractors.

The homeowner has the option of refusing wall and/or ceiling cavity insulation by checking "no" on any method not approved on the list below. All other work will be completed according to Program guidelines and standards. Please call our office at (303) 636-1982 if you have any questions regarding this procedure or this overall agreement.

- |                          |     |                          |    |                                                                                                                                                                                                                     |
|--------------------------|-----|--------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Wall insulation by exterior drill through wood siding - Either one 2-1/2" hole, or two 1" holes, drilled per stud cavity. All holes will be plugged, spackled, sanded flush and primed for weather protection.      |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Wall insulation by removing and replacing exterior siding - One or more rows of siding will be removed and holes will be drilled under the siding. All holes will be plugged and the siding re-installed.           |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Wall insulation by exterior drill through brick veneer - Three holes per stud cavity, 1" or less, will be drilled in the mortar joints between the bricks. All holes will be patched with mortar.                   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Wall and/or ceiling cavity insulation by interior drill - Either one 2-1/2" hole, or two 1" holes, drilled per cavity from inside the home. All holes will be plugged and spackled flush with the existing surface. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Mobile home walls from exterior - The siding will be unfastened at the bottom for access to either stuff batts or blow loose-fill insulation into the wall cavity. The siding will then be refastened.              |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Mobile home ceiling from exterior - Holes will be cut in the roof membrane as necessary to insulate the entire ceiling cavity. All holes will be plugged, patched and sealed watertight.                            |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Mobile home ceiling from interior - 2-1/2" holes will be drilled from inside the home as necessary to insulate the entire ceiling cavity. All holes will be plugged with compression-fit white plastic caps.        |

For rental properties, the refrigerator located at this property is owned by:  LANDLORD or  TENANT

OVERALL WEATHERIZATION AGREEMENT: I have read the above agreement and understand all the terms and conditions presented herein, and hereby grant permission to perform such weatherization measures as may be suited to this property under the Program standards. I further agree to allow wall and/or ceiling insulation to be installed in my property by any of the methods described above, except as noted by my initials next to any method not approved.

**OWNER/AUTHORIZED AGENT SIGNATURE**

**DATE**

\_\_\_\_\_

\_\_\_\_\_