



## *Free Weatherization Requirements*

*Free weatherization* – provides no-cost home weatherization to City of Port Angeles electric utility customers who meet the Federal Low Income & Poverty guidelines.

### Free Weatherization Requirements:

- A. Applicant is a resident in the City of Port Angeles, and resides in a single-family or a manufactured home.
- B. Applicant's home must use electricity provided by the City of Port Angeles as its primary heat source, and the home must be structurally sound.
- C. Applicant's household has a combined annual income not greater than the 200% Federal Poverty & Low-income Guidelines.
- D. Applicant verified income shown on application by completing the attached **PROOF OF INCOME** worksheet.
- E. Other restrictions may apply.



## *Application Form Instructions*

1. Please PRINT all information except your signature.
2. **Complete the Income Worksheet.** In computing your income for the year, take your **GROSS MONTHLY HOUSEHOLD INCOME** and multiply by 12. Income *includes* wages, salaries, commissions, business income, dividends from stocks, net rental income from real estate, gifts of \$10,000 or greater, disability payments, retirement pay or pension income, Social Security, annuities and interest income, *less prescription drugs and/or the cost of treatment or care of any household member receiving temporary in home or in a nursing home care.* Do not include return of capital on investments or reimbursement for losses. If your income status has changed greatly since last year, compute your income on the present year.
3. *It is important that you carefully read the affidavit on page two of the application before you sign the application.*
4. Return the completed **income worksheet and application** as soon as possible to City Hall. If you have any problem completing the application, you may contact Customer Services at 360- 457-0411 for assistance.
5. **The Application Form and Income Worksheets can be filled out two ways. Print out the forms and fill out by hand, or by typewriter. Sign and return to City Hall.**

### *Please Note:*

You are *required* to notify the City in writing if there are any changes in your income or family size between the time of application and receiving the weatherization treatment. You *cannot* receive the Free Weatherization at more than one address.

## **Free Weatherization Application**



1. \_\_\_\_\_  
Applicant's Last Name, First, Middle

2. \_\_\_\_\_  
Spouses' Last Name, First, Middle

3. \_\_\_\_\_  
Residence Address

4. \_\_\_\_\_  
Mail Address (Only if different from your residence address)

5. \_\_\_\_\_  
Phone Number with Area Code/Length of time lived in City

6. What was your **2019 Gross Household Income**? \$ \_\_\_\_\_

7. What is your expected **2020 Gross Household Income**? \$ \_\_\_\_\_  
(See *Total Gross income on work sheet*)

Please circle one answer to the following questions:

8. I/we are the                      OWNER                      RENTER

9. Type of dwelling:              Single-family Home              Mobile Home

10. Do you live at this address all year?

Yes                      No





**Important: Read Affidavit before signing:**

***Affidavit:*** I swear under penalties of either civil or criminal perjury that I have read the instruction sheet and that all of the statements, as marked, are true. Falsification of any information on this application will result in loss of eligibility for further project assistance and repayment of all funds received as a result of providing false information.

The date you write here must be the same date you mail or deliver this application to the City.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Applicant's Signature (Do Not Print)

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Spouse's Signature (Do Not Print)

Name, address, and phone number of a close relative or friend:

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**TOTAL ANNUAL HOUSEHOLD INCOME WORKSHEET\***  
**January 1, 2019 to December 31, 2019**  
**MUST PROVIDE SUPPORTING STATEMENTS**

Yearly Salary and Wages \$ \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_

Welfare Benefits \$ \_\_\_\_\_

Industrial Injury Benefits \$ \_\_\_\_\_

Social Security Benefits \$ \_\_\_\_\_

Interest (all sources) \$ \_\_\_\_\_

Dividends \$ \_\_\_\_\_

Pensions and Annuities \$ \_\_\_\_\_

Retirement Benefits \$ \_\_\_\_\_

*Less* prescription drugs and/or temporary in-home or nursing home care. **Must Provide Documentation.** (\$ \_\_\_\_\_)

TOTAL ANNUAL HOUSEHOLD INCOME \$ \_\_\_\_\_

\*Total Annual Household Income includes applicant(s) income and all other persons living in the household during the year.

FOR FINANCE DEPARTMENT USE ONLY		
Acct #:	Date Received:	Received By:
Accepted By:	Date:	