



Mid-Cumberland Community Action Agency Weatherization Assistance Program

233 Legends Drive, P.O. Box 310, Lebanon, TN 37088-0310

Phone: 615.742.1113 ext. 17 Fax: 615.742.3911

Weatherization Director: Debbie Houser

HOMEOWNER/AUTHORIZED AGENT* AND RELEASE OF INFORMATION FORM**

I, _____, hereby authorize the above named agency to take the
(Applicant's Name)

1. To share information contained in my Weatherization Assistance Program application with other agencies and/or programs from which I seek additional services; and
2. (If property owner) To allow work on the dwelling unit listed on my application in accordance with the following provisions:
 - (a) As Owner (or authorized agent) I agree to share the cost in Weatherization and/or Energy Savings costs by agreeing to install Insulated Outlet Covers to all outlets throughout the home.
 - (b) Allow survey and inspection of dwelling unit inside and outside;
 - (c) Allow installation of weatherization materials as required;
 - (d) Allow supervision of installation;
 - (e) Allow follow-up inspection of work; and
 - (f) Such other particulars as may be attached to this agreement.

Signature: X _____ Date _____
Applicant or Authorized Agent

* Note: If an applicant or local contracting agency does not want information regarding an application to be shared with other agencies or programs, then draw a line through the first statement before the client's signature is made.

** Note: If an applicant rents and consents to the release of information, then draw lines through the second statement before the client's signature is made.

Housing Information (Please check the appropriate):

Type of Structure: Single Family _____ Owner Occupied _____ Rental _____ Public Housing _____
Private Multi-Unit _____ One Story _____ Two Story _____ Three Story _____
Split Level _____ Mobile Home _____

Exterior Type: Wood/Masonite _____ Aluminum/Steel/Vinyl _____ Stucco _____
Brick/Stone _____ None _____ or Other _____



Mid-Cumberland Community Action Agency

Weatherization Assistance Program

233 Legends Drive, P.O. Box 310, Lebanon, TN 37088-0310

Phone: 615.742.1113 ext. 17 Fax: 615.742.3911

Weatherization Director: Debbie Houser

THE FOLLOWING MEMBERS IN THE HOUSEHOLD ARE 18 YEARS OLD OR OLDER
AND ARE UNEMPLOYED:

NAME

REASON NOT EMPLOYED: "EXPLAIN"

X _____
CLIENT'S SIGNATURE

DATE

INTAKE WORKER'S SIGNATURE

DATE



Mid-Cumberland Community Action Agency

Weatherization Assistance Program

233 Legends Drive, P.O. Box 310, Lebanon, TN 37088-0310
Weatherization Director: Debbie Houser

Phone: 615.742.1113 ext. 17 Fax: 615.742.3911

HANDICAPPED STATEMENT

I, _____, hereby attest that I am considered handicapped under Section 7 G 6 Section 7 of the Rehabilitation Act of 1973. This section states that "handicapped individual" means and individual who has a physical or mental disability which for such individual constitutes or results in a substantial handicap to employment and can reasonably be expected to benefit in terms of employment from vocational rehabilitation. The nature of my handicap is:

Physical _____

Mental _____

X _____

Client's Signature

Date

Intake Worker's Signature

Date



Mid-Cumberland Community Action Agency

Weatherization Assistance Program

233 Legends Drive, P.O. Box 310, Lebanon, TN 37088-0310

Phone: 615.742.1113 ext. 17 Fax: 615.742.3911

Weatherization Director: Debbie Houser

MEDICARE DEDUCTION SHEET

FOR

SOCIAL SECURITY AND RAILROAD PENSIONS

I, _____, declare that I do not have Medicare deducted from my benefit check, including Social Security, Railroad Pension, and VA Benefits.

X _____
Client's Signature

Date

Intake Worker's Signature

Date



Mid-Cumberland Community Action Agency

Weatherization Assistance Program

233 Legends Drive, P.O. Box 310, Lebanon, TN 37088-0310

Phone: 615.742.1113 ext. 17 Fax: 615.742.3911

Weatherization Director: Debbie Houser

Fuel Release Form

I, _____ hereby authorize the release of all information pertaining to my fuel bills, both past and future to the following agency: Mid-Cumberland Community Action Agency or its designee.

Fuel Supplier: _____

Account Number: _____

I understand that this information will be used only to provide data for the Low Income Weatherization Assistance Program (WAP) and the Low Income Home Energy Assistance Program (LIHEAP) and the information obtained through this release shall not be made public in such a manner that the dwelling or occupants may be identified.

*** NOTE: Please attach a copy of your highest heating bill.

Client Signature: X _____ Date: _____

Agency Official : _____ Date: _____