

HOMEWISE WEATHERIZATION Income Qualification Chart & Information

The HomeWise Weatherization Program provides FREE energy efficiency improvements to qualified homes, increasing comfort, and saving money. Utilities are one of a household's greatest expenses. For more information visit our website: <http://www.seattle.gov/housing/homeowners/weatherization>

Improvements could include:

- Energy audits
- Insulation
- Air sealing
- Furnace repair or replacement

Income Limits

The Office of Housing's weatherization program uses different income eligibility thresholds for renter occupied and owner-occupied housing: 60% and 80% of area median income, respectively. Specific dollar limits for each affordability category vary by the number of people in the household. The income eligibility limits (below) were effective as of April 1, 2022.

In some cases, the weatherization program's geographic span can extend beyond Seattle city limits. Income-eligible households with homes located within Seattle city limits can receive assistance regardless of the way they heat their home (e.g., electricity, gas, or oil).

Income-eligible households who live outside of Seattle city limits but are both Seattle City Light customers and heat their homes with electricity may also receive assistance.

If you have an **OIL FURNACE** and live in **SEATTLE jurisdiction (only)** and interested in replacing oil furnace with an electric heating system (free program), call 206-684-0244 and ask for the Clean Heat application. If you live outside of Seattle jurisdiction such as Burien, Federal Way, Shoreline, we cannot accept your application. Please contact King County Housing Authority Weatherization (206) 214-1240. For more information about our program please visit our website <http://www.seattle.gov/housing/homeowners/weatherization/oil-to-electric-program>

To qualify, your income must not exceed the income (gross) limits below:

ELECTRIC AND OIL TO ELECTRIC CONVERSION

MONTHLY INCOME LIMITS

Family Size	Owner	Renter
1	\$6,281	\$5,562
2	\$7,178	\$6,354
3	\$8,075	\$7,150
4	\$8,973	\$7,941
5	\$9,690	\$8,579
6	\$10,409	\$9,212
7	\$11,126	\$9,850
8	\$11,845	\$10,483

GAS HEATED

MONTHLY INCOME LIMITS

Family Size	Owner	Renter
1	\$5,562	\$5,562
2	\$6,354	\$6,354
3	\$7,150	\$7,150
4	\$7,941	\$7,941
5	\$8,579	\$8,579
6	\$9,212	\$9,212
7	\$9,850	\$9,850
8	\$10,483	\$10,483



OFFICE OF HOUSING WEATHERIZATION PROGRAM

Since 1980, the HomeWise program has offered weatherization services to income eligible households, helping thousands to decrease their energy bills and increase their comfort and safety. Services are provided through federal, state and local utility funding. All weatherization work is contracted and managed by the HomeWise Program and is FREE of charge for eligible households.

1. See if you are income eligible for HomeWise services (Page 1)
2. Completely fill out the Weatherization application and send copies of required documents.
3. Homewise will review your application for eligibility and notify you in writing.
4. If you are eligible, we will call you to a date and time for a comprehensive home energy audit conducted by our well-trained and certified HomeWise Property Rehabilitation Specialist (auditor).
5. HomeWise staff will identify possible energy saving, health and safety measures such as; new insulation, bath and kitchen fans, furnaces, ductless heat pumps and air sealing.
6. HomeWise selects and manages a specialty and/or general contractor(s) to perform the work.
7. All work, we provide, is inspected at completion and HomeWise pays the contractor.

Processing of applications may take approximately 4 to 6 weeks. Send your completed application with required documentation to:

City of Seattle-Office of Housing
PO Box 94725
Seattle, WA 98124-4725
Attn: Weatherization applications



**Warranty & Inspections
Client Release Form**

Property address:

If you are eligible to receive City of Seattle, Office of Housing (OH) home improvement services, the work will be performed by a qualified OH approved licensed contractor. All work, upon completion, will be inspected by OH and will carry a one (1) year warranty.

Owner and/or Resident Acknowledgement

Indemnification: I hereby release and pledge to hold harmless, indemnify and defend City of Seattle, Office of Housing (OH), it's agents, elected and appointed officials, servants and employees (collectively, "Indemnified Parties"), harmless from and against any liability and all claims for injuries, sickness or damage to persons or property of whatsoever kind or character in connection with the work, or any act or eventuality arising from this work, performed by any of the Indemnified Parties and any business contracted by any of the Indemnified Parties to perform work in the home located at the address listed above.

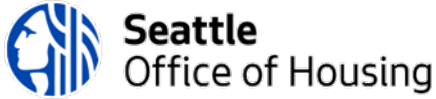
Attest by signing below, I agree to provide access to my home (address listed above) by the HomeWise Property Rehabilitation Specialist (auditor), program contractors, their crew members for purposes of auditing, testing, installing a heating system, improvements listed on work order, and follow-up inspection(s). I hereby release and hold harmless OH, and its employees, from any liability in connection with the work.

If this property is jointly owned by more than two (2) individuals, please attach additional page, listing all legal owner's names, signatures, and date signed.

(print) owner's name	date
owner's signature	
(print) owner's name	date
owner's signature	
(print) renter's name	date
renter's signature	
(print) renter's name	date
renter's signature	

CLIENT COPY

**Please return this list with your application.
Check off items you are sending.**



HOMEWISE WEATHERIZATION APPLICATION

Document Checklist

The following forms are required, and included with this application:

- 1. Resident Information
- 2. Seattle City Light Utility Release Form
- 3. Puget Sound Energy Utility Release form
- 4. Warranty & Inspections Client Release Form
- 5. Declaration of No Income Form

Send only if haven't receive income for the last 3 months. Each household member, age 19 years or older with no income must complete a form. If you have more than one individual with no income in the household, call us for additional forms.

- 6. Self-employment Worksheet

If you are self employed, attach this form, along with copies of applicable forms: proof of income, and receipts per instructions.

Send copies of required documentation items #7 thru #10:

- 7. Residence verification document. All persons in your household must provide a copy of one of the following items: The copy of this document must have your current name.

- U.S. Birth Certificate(s)
- Social Security card(s)
- Passport (s)
- qualified alien residence card documents

Call our office if you need a list of other acceptable alien residence documents. If you do not include a copy with your application, you might still qualify, however, it might result in fewer home improvements available to you.

Please enter your comments (below) explaining why you didn't send one of the required documents (item 7).

Date

Name ([print])

Signature

Date

Name ([print])

Signature

Document Checklist Page 2

8. From the list below, send copies of income you have received in the last 3 months. (All residents living in your home must send copies of their income).
- Paycheck stubs** (these documents must show your name and address)
 - Bank Statements** (send only if you have drawn from investment accounts within the last 3 months (example: IRA, and/or CDs). Send all pages, do not cross out information on the statements.)
 - TANF** (Public Assistance payments)
 - Child Support Income:** send copy of checks and copy of full Divorce Decree
 - Pension/retirement income**
Send form or letter from the company you receive payment. Send most current letter with payment information.
 - Social Security payment information**
Send copy of Benefits form or letter from Social Security showing **current year monthly payments**. Do not send 1099 Form. Your copy must show name and address of recipient, call 1-800-772-1213 or go to their webpage: <https://www.ssa.gov/myaccount/>
 - Unemployment payments/ Claim History from Employment Security Dept**
Send copy of your records from Employment Security Dept. (website) <https://esd.wa.gov/newsroom/public-records>, or call our office to request this form. Request they return form / letter to you. Then, send it with your HomeWise Weatherization application.
9. Send verification of where you live by sending a copy of **one** of the following items (below) with your application. The item you send must show applicant's name and address.
- Current Seattle City Light bill, Puget Sound Energy bill, or fuel bill
 - Mortgage payment receipt
 - Current Lease or rental agreement from your landlord
 - Mobile Home Residents: If you live in a mobile home, you must also send a copy of your State of Washington Vehicle Certificate of Ownership (Title)
10. If you live in a condominium or townhouse, and interested in qualifying for a mini- split ductless heat pump, you must include a letter from the condo association, or HOA, to allow Office of Housing permission to install this unit. The letter must be on their letterhead with authorized individual's name, signature, including their title. Only those with electric heat (only) may apply.



RESIDENT INFORMATION

Home/Residence Type: (circle one)	Single Family – House	Duplex	Triplex	4-plex	Mobile home	Condominium	Townhouse
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Homeowner does the homeowner live in this property? **(circle one)** Yes No

Property Address:	city:	zip code:
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Homeowner 1 Name:	cell phone	home phone	TTY
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Homeowner 2 Name:	cell phone	home phone	TTY
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If this property is jointly owned by more than two (2) individuals, please attach additional page, listing all legal owner’s data, name, address, phone, include signature, and date signed.

For rental properties, you must attach Weatherization Assistance Covenant (completed by owner). Call 206-684-0244 to request complete rental package.

Renter 1 Name:	cell phone	home phone	TTY
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Renter 2 Name:	cell phone	home phone	TTY
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List names of all residents permanently living in the home, include yourself, and all other adults, and children . If more than 4 in your household, attach a separate page listing all additional persons living in the home.		Male or Female	Age	Date of Birth	Source of Income (attach copies)	Monthly Income (before deductions)
1						
2						
3						
4						
Total Combined Income						

What kind of heat do you have? Please circle which type of furnace you have, even if it’s broken or not working.	GAS furnace	Electric furnace	Oil furnace	If you have an OIL FURNACE and live in SEATTLE (ONLY) and interested in replacing oil furnace with an electric heating system (free program), call to request a Clean Heat/Weatherization application. 206-684-0244
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If you can’t use your furnace, explain why and how long haven’t you used it? (attach additional page if necessary)

Do you have any of the following?:	electric baseboard heaters	electric wall heaters	portable plug-in electrical heaters
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Office of Housing / Internal Use Only							
HH<7 Non-LIHEAP		LIWA %		MM %		LIEP %	
Approved by:UW Initials		Date		Proj #			
Priority		Criteria		Intake Staff		Date	

The Household Demographics information helps us better serve all Seattle residents. Please complete the **optional** information below. If you do **not** want to fill out this information, **check this box** indicating you choose **not** to provide the following information. **You may still be eligible for our program.**

HOUSEHOLD DEMOGRAPHICS

How <u>MANY</u> household members are:		White __	Black African American __	Black & White __	Asian __	Pacific Islander __	Native __
Native & White __	Native & Black __	Alaskan Native __	Native Hawaiian __		Latino/Hispanic __	Multi-Racial __	
Is applicant a single female/head of household? (circle one) Yes No				How many household members have disabilities? _____			

Is your primary language other than **English**? If yes, please circle language(s) below. We offer free translation and interpretation services; do you need this assistance? If yes, which language do you require translation? _____

Amharic	Cambodian/Khmer	Cantonese	Korean	Laotian	Mandarin	Oromo	Russian
Somali	Spanish	Tagalog	Tigrinya	Ukrainian	Vietnamese	Other: _____	

Does anyone in the household have Asthma? (circle one) Yes No

How did you hear about our program?	Received a letter	Minor Home Repair	King County Weatherization	other _____
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APPLICANT ACKNOWLEDGEMENT

By signing below, I certify that the information provided, in this application and required documentation, is complete, and accurate. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I give the City permission to request or release information to other non-profit or government organization for the purpose of providing assistance to me. Such information may include but is not limited to my application, including income and related documentation, photographs showing before and after condition of the home and weatherization scope of work. Such information may result in my receiving or being denied other City assistance.

For state weatherization programs: I understand that I may request a Fair Hearing if the provision of the above information is not acted on to determine my eligibility within a reasonable time or if I do not receive benefits for which I am eligible. I authorize the City to enroll me in all City or King County assistance programs for which I am eligible.

The utility company(s) may release past and future consumption information on my household to City of Seattle, Office of Housing (OH) HomeWise Weatherization Program. If determined that I am eligible for service, I grant permission to: OH, it's staff and contractors to gain access to this property for audit, installation, and inspection purposes. In the case that work requires subsequent inspection from Seattle City Light or the State of Washington, I agree to provide access for these audit purposes.

Signature	Date	Phone Number	e-mail address
Signature	Date	Phone Number	e-mail address

SEATTLE CITY LIGHT
Utility Information Release Form

AUTHORIZATION TO RELEASE ENERGY USE AND BILLING INFORMATION

SUBJECT: The City of Seattle, Office of Housing Weatherization Program uses billing data information to track actual energy savings resulting from weatherization. The energy savings achieved through the Weatherization Program are calculated to assess program impacts, increase accountability, and improve future weatherization work. To accurately calculate energy savings, the Weatherization Program needs energy use and billing information five years prior to weatherization and five years after weatherization. This release form authorizes the City of Seattle Office of Housing Program to obtain and use energy use and billing information from only this customer at this residence for up to a ten-year period for the following uses:

- PURPOSE:**
- Determining household energy use before and after weatherization.
 - Determining which weatherization measures to provide.

Note: All release information will be kept confidential and will only be used by the HomeWise Weatherization Program and only for the mentioned uses.

To: **Seattle City Light:** Please release energy use and billing information to: **City of Seattle Office of Housing** for the purpose of assessing energy use and/or savings:

- Release historical billing data for a maximum five years prior to the date at the bottom of this release to a maximum of five years after this date.
- Release historical billing data for all of the following sites, accounts, and meters.

Account or Meter Number

Service Address

Print Name

Phone Number

Customer Signature

Date

Complete this form ONLY if you have a gas furnace.



Puget Sound Energy Residential Utility Release Authorization

PSE Contact
RESIDENTIAL ENERGY EFFICIENCY SERVICES
P.O. BOX 97034 (EST-10W)
BELLVUE, WA 98009-9942
VIA FAX: 425.456.2706
Email Address

CUSTOMER INFORMATION:	
First Name:	PSE Account Number: <input type="text"/>
Last Name:	
Service Street Address:	
City:	Zip Code:

SUBJECT: AUTHORIZATION TO RELEASE ENERGY USE AND BILLING INFORMATION	
PLEASE RELEASE ENERGY USE AND BILLING INFORMATION TO:	
Recipient Office of Housing	Company or Organization HomeWise Program
Mailing Address: PO Box 94725	
City: Seattle	State: WA Zip Code: 98124
Phone Number:	Email:

I have elected to participate in certain Puget Sound Energy (PSE) energy efficiency programs designed to help me better manage my energy consumption. By signing below, I authorize PSE to provide my contact and customer account information, including my billing and energy usage information, for a period not to exceed 36 months from the below date, to the above named company/organization and such independent third-party evaluator(s) and pre-authorized contractor (s), as may be necessary to evaluate energy savings, to arrange for no-obligation estimate(s), and quality assurance. However, I understand that this information will not be provided to any third party for general marketing purposes. I also agree to the direct installation of qualifying energy efficiency upgrades associated with program(s) in which I elect to participate, and I acknowledge that PSE may inspect the work performed in association with such program(s). I further agree that PSE has made no implied or express warranties or representations with regard to these products or energy savings from their installation and usage. This is a tariffed service and is subject to change or termination without prior notice.

SIGNATURE REQUIRED:	
Account Holders Signature: _____	Date: _____

Print Form

Clear Form



Warranty & Inspections Client Release Form	
Property address:	
<p>If you are eligible to receive City of Seattle, Office of Housing (OH) home improvement services, the work will be performed by a qualified OH approved licensed contractor. All work, upon completion, will be inspected by OH and will carry a one (1) year warranty.</p>	
Owner and/or Resident Acknowledgement	
<p>Indemnification: I hereby release and pledge to hold harmless, indemnify and defend City of Seattle, Office of Housing (OH), it's agents, elected and appointed officials, servants and employees (collectively, "Indemnified Parties"), harmless from and against any liability and all claims for injuries, sickness or damage to persons or property of whatsoever kind or character in connection with the work, or any act or eventuality arising from this work, performed by any of the Indemnified Parties and any business contracted by any of the Indemnified Parties to perform work in the home located at the address listed above.</p>	
<p>Attest by signing below, I agree to provide access to my home (address listed above) by the HomeWise Property Rehabilitation Specialist (auditor), program contractors, their crew members for purposes of auditing, testing, installing a heating system, improvements listed on work order, and follow-up inspection(s). I hereby release and hold harmless OH, and its employees, from any liability in connection with the work.</p>	
<p>If this property is jointly owned by more than two (2) individuals, please attach additional page, listing all legal owner's names, signatures, and date signed.</p>	
(print) owner's name	date
owner's signature	
(print) owner's name	date
owner's signature	
(print) renter's name	date
renter's signature	
(print) renter's name	date
renter's signature	

ORIGINAL



Applicant Declaration of No Income Form

To qualify for Office of Housing's Weatherization Program you need to supply copies of income documentation and/or this form as proof your income does not exceed the income guidelines of our program (refer to Page 2 of the Weatherization Application Income Guidelines Chart & Information). Each household member age 19 years or older must complete this form if they have no income.

Name (print): _____

This form is signed in the month of: _____

I, hereby declare, have not received any income within the past three months (refer to the chart example below):

1. _____ 2. _____ 3. _____

Example below:

Current month applying	List past months of no income	Current month applying	List past months of no income
January	1.October, 2. November, 3. December	July	April, 2. May, 3. June
February	1.November, 2. December, 3. January	August	May, 2. June, 3. July
March	1.December, 2.January, 3. February	September	June, 2. July, 3. August
April	1.January, 2. February, 3. March	October	July, 2. August, 3. September
May	1.February, 2. March, 3. April	November	August, 2. September, 3. October
June	1.March, 2. April, 3. May	December	September, 2. October, 3. November

The reason I had no income for the months listed above is:

I have been meeting my basic living needs; for food, shelter, and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify the information I have contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Client Signature _____

Date _____

NOTARY

I certify that I know of and have satisfactory evidence that _____ (print name) is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.

State of Washington

County of _____

Dated: _____

Signed by:(Notary *Signature*): _____

Notary Seal or Stamp

County Notary Resides _____

My appointment expires _____



SELF-EMPLOYMENT INCOME WORKSHEET

Applicant's Name:	
Business Name:	
Business Address:	
Home Address:	

NOTE:

- **Send copies of all self-employment income documentation with this form.**
- Expenses may **only** be deducted from Income if a copy of the **receipt** is **included**.
- **Allowable expenses** that can be deducted from income are listed below **within the worksheet (#4-17)**.
- The Low-Income Home Energy Assistance Program (*LIHEAP*) does not allow the same business deductions as the IRS Federal Income Tax. Some common **IRS deductions not allowed** for these purposes are:
 - Income Taxes (federal, state, and local)
 - Retirement Investments
 - Personal (*non-business*) Work-Related Expenses
 - Depreciation, Depletion, and Amortization
 - Entertainment Expenses
 - Net Losses (if a net loss is incurred during any of the months listed, then that month's income *will equal zero, not a negative value.*)

INCOME:	Month # 1	Month # 2	Month # 3
1. Gross Business Revenue			
2. Other Income (specify sources)			
3. Total Gross Income (sum of lines 1-2)			
EXPENSES:			
4. Cost of Goods Sold			
5. Advertising			
6. Business Insurance, Licenses, and Permits			
7. Medical Insurance Premiums (for medical plans established under this business)			
8. Professional Fees (such as legal, accounting, consulting, etc.)			
9. Office Supplies			
10. Equipment (purchases and/or rental costs)			
11. Equipment Repairs/Maintenance			

	Month # 1	Month # 2	Month # 3
12. Wages & Salaries (only gross wages/salaries paid to employees)			
13. Payroll Taxes (related to wages/salaries paid to employees)			
14. Office Rent/Mortgage			
15. Telephone			
16. Utilities			
NOTE: For places of business in the home: We DO NOT allow deductions 14-16, for business spaces that are used for both personal and business use. These costs may only be deducted if the business space is used exclusively and regularly for business purposes.			
17. Transportation Costs (the larger amount of Option # 1 or Option # 2.)			
a. Total Business Miles Driven			
b. Total Miles Driven (total miles driven of both business and personal use.)			
c. Percentage of Miles Driven for Business (divide the miles in line "a" by line "b".)			
Itemized Transportation Cost:			
i. Gasoline			
ii. Oil & Fluids			
iii. Tires			
iv. Maintenance and Repairs			
v. Vehicle Insurance			
vi. License and Registration Fees			
d. Total Itemized Transportation Costs (sum of lines i-vi.)			
Option # 1: Multiply line "a" by the standard mileage rate of \$0.575 per mile (as of Jan. 2020)			
Option # 2: Multiply line "d" by the percentage of business miles driven in line "c".			
18. Total Expenses (sum of lines 4-17)			
NET PROFIT:			
19. Total Net Profit (difference of line 3 less line 18)			
NOTE: Net losses are not an allowable expense. If a loss has occurred during any of the months listed, then that month's loss will be counted as ZERO income for that month.			
Total Self Employment Income (sum of line 19, Months # 1 - 3.)			