

# APPLICATION



**MAG Weatherization**  
**Assistance Program**



**MAG**

Expert Resources. Enriching Lives.

The Weatherization Assistance Program is funded by the U.S. Department of Energy, U.S. Department of Health & Human Services, Rocky Mountain Power and Dominion Energy. You must provide the total gross income for the period specified for all members of the household, which will be used to determine your eligibility for the program. Providing false information, to obtain assistance, will result in this Weatherization application being denied. You should also receive a Privacy Act statement with this application for Weatherization services.

**ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED**

Applicant's Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ E-Mail address: \_\_\_\_\_ (if you have one)

The Home to be weatherized is:

Owner Occupied: \_\_\_\_\_ Title is recorded in the name of: \_\_\_\_\_

Rented or Leased: \_\_\_\_\_ Landlord Name & Address: \_\_\_\_\_

A signed Landlord Agreement must be included if the application is for a rented or leased dwelling.

Date of construction (if known): \_\_\_\_\_ Is the home a mobile/manufactured home? Yes \_\_\_\_\_ No \_\_\_\_\_

This dwelling is scheduled for or has in progress other housing rehabilitation besides Weatherization. Yes \_\_\_\_\_ No \_\_\_\_\_

Does this household contain members that are Native Americans? Yes \_\_\_\_\_ No \_\_\_\_\_ (for federal reporting only)

Home is Located on Tribal Lands (Dwellings located on tribal lands do not require proof of Ownership): ☐

Total number of people living at the above residence: \_\_\_\_\_ List each below:

Name	Date of Birth	Age	Sex	Proof of Citizenship Soc. Sec. # or equiv.	Income***	Source	Disabled?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

List additional household members on the back of the application.

\*\*\*Income for the month before application. Income from all sources must be calculated before taxes and deductions. Proof of income must be included with application in order to be considered for Weatherization services.

I hereby give permission to the administering local agency, State of Utah, U.S. Department of Energy, Rocky Mountain Power, and Questar Gas to inspect the real property I occupy in order to determine weatherization needs, complete the weatherization work, and after weatherization, to verify the work and its effectiveness in meeting program goals.

My signature below certifies the information above is correct to the best of my knowledge. In addition it authorizes the release of income and utility usage records to the administering agency and the State of Utah. I authorize employers, government agencies, (Soc. Sec. Admin, Veterans Admin, Welfare Programs, etc.) to provide information concerning the income statement above. Where applicable I grant permission for Rocky Mountain Power to pay the State of Utah for the installation of approved measures and administrative services in the dwelling I occupy, described above. I acknowledge that I have received a copy of the Privacy Act.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Intake Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Editor Approval: \_\_\_\_\_

Date: \_\_\_\_\_

6-4-2018blc

## AUTHORIZATION TO RELEASE CUSTOMER UTILITY INFORMATION

Applicant Name: \_\_\_\_\_

Application Number: \_\_\_\_\_

**This Form Authorizes** the Utah Weatherization Assistance Program to request and receive billing and utility consumption information for the property listed below, from the specified Utility Provider(s). This information will be used to determine applicants energy burden and to measure the effectiveness of the Weatherization Assistance Program. This form must be signed by the Account Holder or Customer of Record for each Utility listed

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Unit or Apt #: \_\_\_\_\_

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

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

### Information Specified

This authorization provides the Utah Weatherization Assistance Program, the right to request and receive information regarding billing history\* and all meter usage data used in the billing calculations from the Utility Provider(s) listed herein for the specified account (\*billing history does not include the payment history or notices of discontinuation of service).

### Duration

I authorize the Utility Provider(s) to provide the specified information for the period beginning twelve (12) months prior to the account holder date of execution of this authorization, and ending twelve (12) months after the completion of Weatherization Assistance, which completion is documented by the Weatherization Assistance Program's Final Inspection and Partnership Agreement.

### Release of Account Information

I authorize the Utility Provider(s) to release the designated information to the Utah Weatherization Assistance Program. I hereby release, hold harmless, and indemnify the Natural Gas Provider and the Electricity Provider from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Weatherization Assistance Program pursuant to this authorization; the unauthorized use of this information by the Weatherization Assistance Program; and any actions taken by the Weatherization Assistance Program pursuant to this authorization.

#### NATURAL GAS RELEASE

Natural Gas Provider: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Service Agreement #: \_\_\_\_\_

Account #: \_\_\_\_\_

I authorize the Natural Gas Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account  
Holder

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### ELECTRICITY RELEASE

Electricity Provider: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Account #: \_\_\_\_\_

I authorize the Electricity Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account  
Holder

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Authorization to Release Customer Information to a Third Party Agent



This is a legal binding contract. This form must be signed by the account holder or authorized agent for the account holder (such as CFO or City Manager).

Account:

Service Address:

I, \_\_\_\_\_ of the above referenced account located at \_\_\_\_\_  
CUSTOMER NAME OR AUTHORIZED AGENT ADDRESS

do hereby authorize Questar Gas Company ("Dominion Energy") to release the designated information below

To \_\_\_\_\_  
THIRD PARTY NAME/COMPANY

To \_\_\_\_\_  
THIRD PARTY NAME/COMPANY

This authorization provides the right to the designated Third Party Agent to request information regarding the items initialed below:

\_\_\_\_\_ Billing History (not including payment history or discontinuation of service) and all meter usage data used in the billing calculations of the specified account

\_\_\_\_\_ All meter usage data relating to the specified account

\_\_\_\_\_ A copy of the bills on the specified account mailed to the third party

\_\_\_\_\_ Deliver copies of any notices regarding termination of my natural gas service

This authorization will remain in full force and effect until date of \_\_\_\_\_. *If unspecified, this authorization will be limited to a one-time request.*

I, \_\_\_\_\_ declare that:

- ☐ I am authorized to execute this document on behalf of the account record
- ☐ I have the authority to financially bind the Customer Record
- ☐ I am granting the Third Party Agent(s) listed above the right to request the release of specified account information

I understand that Dominion Energy reserves the right to verify any and all information provided pursuant to this authorization before releasing customer data to the Third Party Agent.

I hereby release, hold harmless, and indemnify Dominion Energy from any liability, claims, demands, and causes of action, damages, or expenses resulting from: any release of information to the Third Party Agent pursuant to this authorization; the unauthorized use of this information by the Third Party Agent; and any actions taken by the Third Party Agent pursuant to this authorization.

Customer Signature: \_\_\_\_\_

Customer Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

I, Third Party Agent, hereby release, hold harmless, and indemnify Dominion Energy from any liability, claims, demands, causes of action, damages or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization.

Third Party Agent Signature: \_\_\_\_\_

Third Party Agent Company: \_\_\_\_\_

Third Party Agent Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

## APPLICANT HEALTH AND SAFETY EVALUATION

Applicant Name: \_\_\_\_\_

Application Number: \_\_\_\_\_

**Client Pre-Weatherization Assessment of Home Health and Safety:** To be completed by the client and submitted as part of the Weatherization Assistance Application. Please answer all questions as accurately as possible.

1. Do you have mold or mildew problems in your home, or do you experience high humidity at any time of the year? ☐ Yes ☐ No

*If Yes, please describe location & time of year* \_\_\_\_\_

2. Is the basement or crawl space below your home frequently damp or wet? ☐ Yes ☐ No

3. Please check if you typically store any of the following items *inside* your home:

- |                                   |                                   |  |  |
|-----------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Solvents | <input type="checkbox"/> Pesticides            | <input type="checkbox"/> Space Heaters |
| <input type="checkbox"/> Kerosene | <input type="checkbox"/> Grease   | <input type="checkbox"/> Herbicides            | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Paints   | <input type="checkbox"/> Oil      | <input type="checkbox"/> Gas Powered Equipment | <input type="checkbox"/> None          |

4. Please check if any member of your household is experiencing any of the following symptoms:

- |   |   |  |                               |
|---|---|--|-------------------------------|
| <input type="checkbox"/> Chronic headaches      | <input type="checkbox"/> Chronic drowsiness | <input type="checkbox"/> Dizziness       | <input type="checkbox"/> None |
| <input type="checkbox"/> Burning or watery eyes | <input type="checkbox"/> Asthma             | <input type="checkbox"/> Repeated Nausea |                               |
| <input type="checkbox"/> Difficulty breathing   | <input type="checkbox"/> Bronchitis         | <input type="checkbox"/> Other: _____    |                               |

Answer the following *If* a member of your household is experiencing symptoms:

- a. Number of household member(s) experiencing symptoms \_\_\_\_\_
- b. List the age of the household member(s) experiencing symptoms \_\_\_\_\_
- c. During which season are symptoms most severe:  
☐ Spring ☐ Summer ☐ Fall ☐ Winter ☐ No difference
- d. Symptoms are most severe in household members who spend most of their time  
☐ Inside the home ☐ Outside ☐ Away from the home ☐ No difference

5. Check if any of the following things have occurred at your home in the last 2 years:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> New Construction     | <input type="checkbox"/> New Carpets                    | <input type="checkbox"/> Changes to your Water Heater        |
| <input type="checkbox"/> Extensive Remodeling | <input type="checkbox"/> New Draperies, or furniture    | <input type="checkbox"/> New Wood Stove                      |
| <input type="checkbox"/> Painting             | <input type="checkbox"/> Changes to your heating system | <input type="checkbox"/> Changes to your existing wood stove |

6. Is there anything else about your home that you suspect may contribute to poor indoor air quality, excessive moisture, or be a physical hazard to the occupants? Please explain: \_\_\_\_\_

7. I have answered the above questions to the best of my knowledge.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Usage and/or Billing History Information Release Form

Return completed forms to:

Email – BillingUsageRequests@pacificorp.com

Mail – Rocky Mountain Power C/O Billing Usage Requests PO Box 25308 Salt Lake City, UT  
84125-0308

Fax – 1-800-842-8458

Customer Name:

Address (include apartment, if applicable):

City:

State and Zip:

Customer Account Number(s):

Authorizing release of (initial one box only):

- ☐ Both Usage History and Billing Information – Requestor may request and receive monthly kWh consumption and billing history for the proceeding 12-month period from the date of each request.
- ☐ Billing Information only – Requestor may request and receive billing history for the proceeding 12-month period from the date of each request.
- ☐ Usage History only – Requestor may request and receive monthly kWh consumption for the proceeding 12 month period from the date of each request.
- ☐ Other (Please specify) \_\_\_\_\_

Released information to be used for (initial all that apply):

- ☐ HUD utility analysis and/or allowances
- ☐ Weatherization
- ☐ Other (Please specify) \_\_\_\_\_

**I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION ON THE FOLLOWING BASIS\* (initial one box only):**

- ☐ One-time authorization only (limited to a one-time request for information specified above at the time of receipt of this Authorization).
- ☐ One year authorization - Requests for information specified above will be accepted and processed each time requested within the twelve-month period from the date of execution of this Authorization.
- ☐ Authorization is given for the period commencing with the date of execution until \_\_\_\_\_ (Limited in duration to three years from the date of execution.) Requests for information specified above will be accepted and processed each time requested within the authorization period specified herein.

\*If no duration is specified, authorization will be limited to a one-time release.

Comments:

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**CUSTOMER, PLEASE READ BEFORE SIGNING:**

- The Usage History and/or Billing Information Release Form provides our customers a mechanism to authorize Rocky Mountain Power to share data with specified third parties.
- Rocky Mountain Power is committed to safeguarding customer information. We will not share customer account or energy usage data with third parties unless authorized by the customer.
- The attached release form enables Rocky Mountain Power to track the type of information a customer wishes to share with a third party and for how long.
- Rocky Mountain Power can and will revoke releases upon customer request at any time.
- Any alterations to this authorization form after it's been executed by the Rocky Mountain Power customer will render the form null and void.

**Authorization:**

I (Customer), by signing below authorize PacifiCorp, doing business as Rocky Mountain Power ("PacifiCorp"), to release kilowatt-hour consumption data and/or billing information corresponding to the account(s) identified above to the party listed below. I hereby waive any claims against PacifiCorp arising out of or in any manner related to the release of such consumption, usage, and billing information.

I understand that I may cancel this authorization at any time by submitting a request in writing to PacifiCorp. Such cancellation will not be valid if action was already taken.

Release Information To: MAG Weatherization Assistance Program

Customer Signature:

Date:

**REQUESTOR, PLEASE PRINT ENTITY NAME AND READ BEFORE SIGNING:**

\_\_\_\_ (Third Party Requestor), hereby releases, holds harmless, and indemnifies the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes.

Entity / Company  
Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone  
Number: \_\_\_\_\_

Email address: \_\_\_\_\_





## MAG Weatherization Assistance Program

Dear Weatherization Client:

In 2011 the American Society of Heating Refrigeration Air Conditioning Engineers (ASHRAE) concluded a study concerning healthy homes. Their recommendations to the Department of Energy (DOE) dealt with the indoor air quality of homes that are weatherized using DOE funds. The conclusions apply to both single family homes and multi-family structures of three stories or fewer above grade, including modular or manufactured homes. The study is only concerned about indoor air quality, not energy efficiency.

Part of the weatherization includes testing such appliances as your furnace and water heater, as well as the general air circulation of your home. ASHRAE requires that the air supply be at a certain level not only for your health as an individual, but will also help to reduce the problems of mold and other indoor air contaminants that cause poor health.

If your home is tested and found to have inadequate air supply based on the ASHRAE 62.2 standards, it may be necessary for our crew to install a continuous exhaust fan in your home. This fan will run at all times. Please understand that this is a requirement of the Department of Energy. Beginning August 15, 2012 for your health and safety we will follow this standard. Your energy auditor will be able to provide you with a determination of the expected cost of operating this fan.

If your home is determined to be one that requires this fan, we must install it or we will be unable to perform any weatherization work on your home. To that end we need your signature below to verify you understand that this fan must be installed for your health and safety and that you give your approval for us to do so. If you decline to give your approval, we will have no alternative but to cancel any weatherization activities in your residence.

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I understand that the ASHRAE 62.2 standards may affect my home and require that a continuous operating exhaust fan may be necessary for my health and safety. I confirm that:

☐

**I Do**

☐

**I Do Not**

approve of the installation of a continuous operating exhaust fan for the health and safety of my household.

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Client signature

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Date

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Printed name