



Florida Weatherization Assistance Programs Energy Conservation Guidelines

You may conserve energy and save money by following these suggestions:

- Pay electric bill on time to avoid late fees or interest charges.
- Be aware of your energy costs and set a goal to reduce consumption.
- Set thermostat at a constant temperature:
 - 78 degrees (Fahrenheit) or higher for cooling
 - 70 degrees (Fahrenheit) or lower for heating
- Use ceiling fans to supplement cooling. Raise the thermostat setting 3 to 4 degrees.
- Clean or replace filters each month.
- Keep windows and exterior doors closed while the a/c or heating system is operating.
- Turn off lights, fans, and television when not in use.
- Avoid excessive trips and keep the refrigerator door closed properly.
- Wash and dry full loads. Use a clothesline when possible.
- **Never** use stove burners for heating your home.

Weatherization Assistance Program
Mid-Florida Community Services, Inc.
Facts Sheet

Weatherization Mission Statement:

Weatherization: This program provides repairs and measures designed to assist the low-income homeowner in reducing home energy costs by eliminating the infiltration of air. Measures to address health and safety issues are also completed. Services are available in Hernando, Pasco, Citrus, Sumter and Volusia counties.

Weatherization Assistance Program (W.A.P.):

Energy related retrofits measures

Low Income Home Energy Assistance Program (L.I.H.E.A.P.):

Replace or repair cooling or heating systems, if audit recommends it

Client Selection Criteria

Priority of service will be given to eligible low-income clients who meet the poverty income guidelines under Federal Department of Energy Standards, (10 CRF 440) and will be ranked according to their needs.

TO QUALIFY

1. Family income must meet poverty income guidelines. Verification must be provided for the **previous 12 months**. Documents required for verification include; **previous income tax return**, and **4 recent pay stubs with(YearToDate)gross income** total for working clients. For clients on retirement pensions, VA, SS, SSI, verification for **previous and present year** is required. This documentation will include **Pension 1099's, Social Security benefit statements (T.P.Q.Y's)** and **Disability award letters**. Bank statements showing direct deposit **ARE NOT** acceptable forms of verification.
2. Proof of home ownership. This would include **property taxes, warranty deeds, certificates of title and mobile home registrations**.
3. Provide last month **electric bill**.
4. Copies of **Social Security Cards and Photo ID** for all household members

All of the above information is **REQUIRED** at the time the application is submitted.

NO INCOMPLETE APPLICATIONS WILL BE ACCEPTED

Since this is a **FREE SERVICE, PLEASE BE PATIENT**. Once you submit your application your name will be place on a waiting list. Until service is provided, updated information may also be required. Any questions please call, **352-796-1427 ext.112**

Mail applications to:: Mid FL Community Services, Inc.
Weatherization Dept., PO Box 896
Brooksville, FL 34605
352-796-1427

TYPES OF ASSISTANCE

The following types of assistance may be available for your home, depending upon the results of the assessment:

- Address air infiltration-weather stripping, caulking, thresholds, minor wall, floor and ceiling repairs, window and door replacement.
- Install attic insulation.
- Repair or replace water heaters.

Extent of service provided is contingent upon available funding after the above has been addressed.

- HVAC (AC) systems manufactured 10 years ago or more will not be repaired. Replacement is based on audit recommendation and availability of funds.

ROOFS are not included in this program.

Documentation of income proof of identity, homeownership, copies of Social Security Cards for all household members
and a copy of the most recent electric bill must be provided to the local agency with application.

WEATHERIZATION ASSISTANCE PROGRAMS

CLIENT INTAKE FORM			
AGENCY NAME: Mid Florida Community Services, Inc.			JOB NO:
CLIENT'S NAME:		OWNER'S NAME:	
SOCIAL SECURITY #:		PHONE NUMBER:	
STREET ADDRESS:		MAILING ADDRESS:	
CITY:	ZIP:	COUNTY:	ZIP:
LANDLORD AGREEMENT: YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/>		PROOF OF OWNERSHIP:	Year Built:
INCOME ELIGIBILITY: Must include <u>annual</u> income for ALL household members.			
TYPE OF INCOME:		Client	Others in household
A. EMPLOYMENT			
B. UNEMPLOYMENT COMPENSATION			
C. SOCIAL SECURITY			
D. SUPPLEMENTAL INCOME (SSI)			
E. RETIREMENT			
F. T.A.N.F.			
G. OTHER (TYPE):			
Subtotals:			
TOTAL HOUSEHOLD INCOME:\$			
Main Heating Fuel Source (Check one) Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/>			
TOTAL # OF PEOPLE RESIDING IN HOUSE		CLIENT CHARACTERISTICS	
		Check each characteristic of the client who qualifies for assistance (Client may be counted in more than one category. Client is not a child.)	
Utility Bill at time of application \$		ELDERLY (60 & older)	
CHARACTERISTICS OF ALL PEOPLE IN HOUSE:		DISABLED	
(Each person may be counted in more than one category)		N. AMERICAN INDIAN	
ELDERLY (60 & older)		HIGH ENERGY BURDEN HOUSEHOLD	
DISABLED		RECURRING HIGH ENERGY BURDEN (LIHEAP Referral)	
NATIVE AMERICAN INDIAN		OTHER (Income Qualified Only)	
CHILDREN (2 & under)		UNITS BY OCCUPANCY: check only one below:	
CHILDREN (3 to 5 years)		OWNER OCCUPIED HOME	
Children (6 to 12 years)		SINGLE FAMILY RENTER	
All other people not included in above categories		MULTI FAMILY	
		OWNER MOBILE HOME	
Do any occupants have breathing or health issues?		RENTER MOBILE HOME	
No Yes Issue:			
CLIENT AGREEMENT:			
1. I voluntarily waive the provisions of the Privacy Act in order to permit verification of my income eligibility.			
2. I certify that my household meets the income guidelines of this program.			
3. I hereby give permission to enter these premises for the purpose of conducting an energy audit and having my home weatherized.			
4. I authorize this agency or its representatives to obtain information regarding my utility usage as needed from the appropriate utility company.			
5. There are <input type="checkbox"/> are not <input type="checkbox"/> occupant health issues that will prevent performing diagnostic testing			
CLIENT SIGNATURE:		DATE:	
A COPY OF THIS CLIENT INTAKE FORM IS REQUIRED FOR EACH PROGRAM FROM WHICH FUNDS WERE UTILIZED ON THIS UNIT. Form CIF-10			

MID FLORIDA COMMUNITY SERVICES, INC.
WEATHERIZATION APPLICATION

HEAD OF HOUSEHOLD: _____

ADDRESS: _____

TELEPHONE #: _____ MESSAGE PHONE #: _____

DIRECTIONS TO HOME: _____

INCLUDE INFORMATION ON ALL HOUSEHOLD MEMBERS:

NAME	SSN	AGE	SEX	INCOME	HANDICAP?	
					YES	NO

(WRITE ON BACK IF MORE SPACE IS NEEDED)

Circle the utility company that provides electric to your home:

Progress Energy WREC SECO TECO other: _____

Circle type of home:

Mobile Home Masonry Block Wood Other: _____

Age of Structure: _____ How long have you owned your home? _____

DESCRIPTION OF NEEDED REPAIRS: _____

Under penalty of perjury, I certify that all information contained in this application is true and correct. I understand that if any of the information is inaccurate or incomplete that MID FLORIDA COMMUNITY SERVICES, INC. may immediately suspend and/or charge me the cost of completion of the project.

Applicant Signature: _____ Date: _____