



City of Seattle
Office of Housing



**City of Seattle -Office of Housing
HomeWise Program
Weatherization Application Documentation List**

Thank you for your interest in the HomeWise weatherization program. Enclosed are the application forms for you to fill out.

- Below is a list of documentation to send with your application.
- Please send copies of all documents that apply to you. Do not send originals.
- All household information that is provided to the HomeWise *program is kept confidential.*

1. IDENTIFICATION - Required

- Enter the name, and birth date of **each** household member on the application.

2. INCOME DOCUMENTATION - Required for the most current 3 months.

Please include documentation of each of the following income sources that apply to you and all other household members.

Acceptable documents of proof include:

- Paycheck stubs (for last 3 months)
- Public Assistance payments: TANF, SSI or unemployment benefits award letter
- Child support income: copy of check or court order
- Pension/retirement income: award letter
- Social Security: award letter
- Self-employment income: ***Contact our office to request form for self-employment.***
- Interest earned on bank accounts and investments: bank statement
- If no income, each household member age 18 yrs. or older must complete the Declaration of No Income Statement on the other side of this page. If you need additional copies, you may call our office for additional forms.

If you have any questions, please call 206-684-0244.

Please mail completed application and all required documentation to:

City of Seattle- Office of Housing
HomeWise Program
P O Box 94725
Seattle WA 98124-4725
Attn: Paula Wolfe

DECLARATION OF NO INCOME STATEMENT

I, _____, do hereby declare that , I HAVE NOT RECEIVED ANY INCOME FOR:

1. _____ 2. _____ 3. _____

(fill-in the 3 months prior to the month of application)

I certify that the information contained in this No Income Declaration is complete and accurate to the best of my knowledge. I understand that I am signing this No Income Declaration under penalty of criminal prosecution if I knowingly give false information which results in assistance for which I am not eligible.

My basic living needs (shelter, food and utilities) have been met the last three months by (give a brief explanation of how these needs have been met):

Shelter: _____

Food: _____

Utilities: _____

Signature

Date

DECLARATION OF NO INCOME STATEMENT

I, _____, do hereby declare that , I HAVE NOT RECEIVED ANY INCOME FOR:

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My basic living needs (shelter, food and utilities) have been met the last three months by (give a brief explanation of how these needs have been met):

Shelter: _____

Food: _____

Utilities: _____

Signature

Date



City of Seattle



HOMEWISER PROGRAM - Weatherization APPLICATION

HOMEWISER Weatherization Program 2011 Income Guidelines (Updated 9/2011)						
Ownership/ Occupancy	Single Family/ OWNER OCCUPIED ONLY		Single Family 1-4 Unit Rentals, MF Rentals RENTERS		Single Family & Multi Family Renters & Owners	
Heat Source	ELECTRIC HEAT		ELECTRIC HEAT		GAS & OIL FURNACE	
Service Area	SCL Service Territory Seattle & King Cty Jurisdiction		SCL Service Territory - Seattle & King Cty Jurisdiction		Within City Limits (Seattle jurisdiction ONLY)	
Household Size	Gross Annual Income	Gross Monthly Income	Gross Annual Income	Gross Monthly Income	Gross Annual Income	Gross Monthly Income
1	44,950	3,745	36,480	3,040	25,518	2,126
2	51,400	4,283	41,700	3,475	33,370	2,780
3	57,800	4,816	46,920	3,910	41,221	3,435
4	64,200	5,350	52,080	4,340	49,073	4,089
5	69,350	5,779	56,200	4,683	56,924	4,743
6	74,500	6,208	60,420	5,035	64,776	5,398
7	79,650	6,637	64,620	5,385	67,620	5,635
8	84,750	7,062	68,760	5,730	75,260	6,271
			60% of Area Median Income with 3 Yr. Covenant			
			10 Yr. Covenant for Multi- family rentals			
			(51% of units must qualify)			

***Total gross income of household, *BEFORE* taxes and deductions.**



HOMES WISE PROGRAM - WEATHERIZATION APPLICATION

Please Complete & Return with your income documentation copies

Name(s): _____ **Home Phone:** _____

Address: _____ **City:** _____ **Zip: 981** _____

Work Phone: _____ **Cell Phone:** _____ **Message #:** _____

Name(s): List everyone in the household, including children.	Birth Date	Source of Income	Gross Mo. Amt.

Housing Status	Home/Residence Type	Main Heat Source	Account Number
<input type="checkbox"/> Home Owner <input type="checkbox"/> Renter- is your rent subsidized by a Housing Authority, HUD, or Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No Years at address? _____	<input type="checkbox"/> Single Family - House <input type="checkbox"/> Multi-Family (2,3, or 4) #Units ____ <input type="checkbox"/> Multi-Family (more than 4) #Units ____ <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____	<input type="checkbox"/> Electric (Seattle City Light) _____ <input type="checkbox"/> Gas (PSE) _____ <input type="checkbox"/> Oil-Vendor _____ <input type="checkbox"/> Propane-Vendor _____ <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	

(COMPLETE BOTH SIDES)

Write how many household members are:
0-5 yrs _____ **6-17 yrs** _____ **18-59 yrs** _____ **60+**
Female _____ **Male** _____

How many household members have disabilities? _____

Is applicant a single female/head of household? **Yes** **No**

Is this a Hispanic/Latino household? Yes ___ No ___

How many household members are:
 ___ American Indian/Alaskan Native (AI/AN)
 ___ AIAN & Black ___ AIAN & White
 ___ Asian ___ Asian & White
 ___ Black/African American ___ Black/African Am. & White
 ___ Native Hawaiian / Other Pacific Islander
 ___ Other Multi-racial
 ___ White

I certify that the information provided is complete and accurate. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I give my permission for the City to request or release information, including to or from the Seattle Housing Authority, King County Housing Authority, or other government agencies, that may result in my receiving benefits, or be denied City assistance from this request. I authorize the City to enroll me in all assistance programs for which I am eligible.

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.

The utility(ies) may release past and future consumption information on my household to OH HomeWise Program. If determined that I am eligible for service, I grant permission to the City of Seattle, its 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:** _____

When you have completed the application and have all the documentation copies together, please mail it to:

City of Seattle, Office of Housing - HomeWise Program
 P O Box 94725
 Seattle, WA 98124-4725
 Attn: Paula Wolfe