



P: (440) 997-5957

www.accaa.org

F: (440) 998-1925

PLEASE READ THIS CAREFULLY AND COMPLETELY

In processing your request for a Home Weatherization Assistance Program (HWAP) Application, we will need the information listed below:

Required information:

1. Completed application packet enclosed with all supporting documentation and mail to:
ACCAA, P.O. Box 2610, Ashtabula, Ohio 44005-2610.
2. Copies of most recent gas and electric bills showing name and account number.
3. Proof of home ownership. **If it is a mobile home, you must include a copy of the title.** Applicants applying for weatherization may live in owner occupied or rental dwellings.
4. **PROOF OF INCOME** (HWAP goes by the past 90 days of income for anyone over the age of 18)
 - a. Copy of 2023 award letters. (SSI, SSA, SSDI, Unemployment benefits, Veterans Benefits, Pensions or Workers Compensation etc.)
 - b. If you have wages, we will need to see every paystub for the past 90 days. If you only worked for part of the year you will need a notarized income self-declaration form to show any months of other sources of income or zero income. (form will be provided by our office upon request).
 - c. If you have no income, you will be required to complete and have notarized an income self-declaration form provided by our office upon request. If an entire household has zero income, you will need to provide a non-filing status form from the IRS that can be obtained one of the following 2 ways. **1-800-908-9946** or **www.irs.gov/Individuals/get-transcript**

❖ **We cannot accept bank statements because they only show the net income and for HWAP we have to go by 90 days of gross income.**

Once we have received the completed application packet along with all required documentation your application will be processed. Please keep in mind that **we are not an emergency service** and depending on the amount of incoming applications, processing could take several weeks and the wait time for approved applications could be several months. We will work diligently to complete the process as fast as we are able to.

Should you have any questions or need any assistance in completing the application, please contact Ashtabula County Community Action Agency @ (440) 997-5957 ext. 550, ext. 554 or 1-800-252-5249.



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DEMOGRAPHICS

Demographics are used for statistical purposes only. Typical uses are to determine where more marketing efforts are needed for grant applications and for reporting to grantors.

Client Name: _____

Address: _____

City/State: _____

Zip Code: _____

County : _____

Phone: _____

APPLICANT DEMOGRAPHICS:

1. ETHNICITY: Hispanic/Latino _____ Not Hispanic/Latino _____
2. RACE: American Indian/Alaskan Native _____ Asian/Pacific Islander _____
African American/Black _____ White/Caucasian _____ Asian _____
Bi-Racial/Multi-Racial _____ Native Hawaiian/Pacific Islander _____
Other _____
3. MARITAL STATUS: Single _____ Married _____ Widowed _____
Divorced _____ Legally Separated _____
4. GENDER: Female _____ Male _____
5. EDUCATION LEVEL OF APPLICANT: Grades 0-8 _____ 9-12 _____
H.S. Diploma _____ GED _____ Some College _____ College Degree _____
6. NUMBER OF ELDERLY PEOPLE IN HOUSEHOLD: _____
7. NUMBER OF PEOPLE IN HOUSEHOLD: _____



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8. RURAL: Yes _____ No _____
9. DISABLED/HANDICAPPED: Yes _____ No _____
10. FEMALE HEAD OF HOUSEHOLD: Yes _____ No _____
11. FRAIL/HOMEBOUND? Yes _____ No _____
12. TRIBAL MEMBER: Yes _____ No _____
13. VETERAN: Yes _____ No _____
14. UNDERSTANDS ENGLISH: Yes _____ No _____
15. LANGUAGES SPOKEN/ABLE TO READ/WRITE?
- English _____ German _____ Russian _____ Spanish _____
- Italian _____ Other _____

FOR EACH HOUSEHOLD MEMBER PLEASE LIST NAME, BIRTHDATE AND AGE:

<u>NAME</u>	<u>BIRTHDATE</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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PLEASE CHECK WHICH ONE APPLIES

DO YOU LIVE IN THE CITY LIMITS YES _____ NO _____
HOUSE _____ MOBILE HOME _____ APARTMENT _____
DO YOU? OWN _____ RENT _____
IF APARTMENT HOW MANY UNITS? _____
IF HOUSE HOW MANY STORIES? _____

PLEASE WRITE OUT ANY SPECIAL INSTRUCTIONS TO GET TO YOUR HOME.

6920 Austinburg Road, PO Box 2610, Ashtabula, OHIO 44005-2610

This Agency is an equal provider of services and an equal employment opportunity employer. Civil rights Act 1964 (CRA)



Ohio Partners for Affordable Energy

Community Connections Program Customer/Property Owner Acceptance

Dear Customer and/or Property Owner:

FirstEnergy's electric distribution utilities offer the Community Connections Program to their customers who are qualifying homeowners and tenants ("Customers") to help make their homes safer, to improve the energy efficiency of their homes, and to provide an opportunity to reduce their energy costs.

The Community Connections Program is designed so that it can be coordinated with other programs to provide comprehensive weatherization, energy efficiency and electrical safety services to our qualifying low-income Customers.

Under this Program, we will perform the following:

1. Examine the electric wiring, lighting, heating system, water heater, refrigerator, freezer, stove and other electric energy appliances in the homes to verify whether they are operating safely and efficiently and if not, may provide services to address their operation.
2. Check the attic, sidewalls, floors, windows and doors to determine if there is a need for additional insulation to the home and if there is, may provide services to address that need.

To effectively weatherize your electrically heated/cooled home, it may be necessary to insulate the wall cavities with cellulose. This involves drilling holes in the walls and putting insulation in the space behind. There are five methods we may use to get behind the wall:

1. The exterior siding will be drilled and plugged.
2. The exterior siding may be lifted and the sub-siding will be drilled.
3. The interior walls will be drilled and patched.
4. The interior baseboards and crown molding may be removed and the wall sheathing drilled.
5. The seal plate and top plate of the wall cavity may be drilled.

If your home has asbestos siding or other factors which prevent us from drilling through the exterior, your inspector and insulation contractor will determine the best approach to use inside the home.

If you have a mobile home, it is still necessary for you to sign this form. Insulation may be placed in the belly, walls, and roof of the mobile home.

HOMEOWNERS AND TENANTS, if you qualify and would like the services under this program performed, **PLEASE READ, SIGN, AND RETURN PAGE 2 OF THIS FORM** in the enclosed self-addressed envelope, if applicable. **Customer Tenants must additionally provide a copy of their most recent electric bill.**

LANDLORDS -- PLEASE READ, SIGN, AND RETURN PAGES 3 AND 4 in the enclosed self-addressed envelope, if applicable.



Ohio Partners for Affordable Energy

CUSTOMER RELEASE OF ALL CLAIMS AND AUTHORIZATION TO USE DATA

In consideration of the receipt and installation of weatherization materials or appliances through the Community Connections Program, I, the Customer homeowner/Customer tenant at the address below do hereby release, acquit, and forever discharge, FirstEnergy Corp., its affiliates and subsidiaries, Ohio Partners for Affordable Energy, and (ACCAA) and each of their respective officers, agents, employees, successors and assigns (collectively "Providers"), of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against the Providers, on account of, or in any way arising out of the work performed through the Community Connections Program.

I acknowledge that the electric efficiency and related measures are being installed on an "AS IS" basis, and that Providers **DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION.** I also acknowledge that any energy cost savings projected by Providers as a result of work being performed through the Community Connections Program is only an estimate and not a guarantee.

I authorize (ACCAA) to release to its designees related to the Community Connections Program, including without limitation, the local electric utility, representatives from the Public Utilities Commission, and Ohio Partners for Affordable Energy, information about my energy accounts, my energy consumption patterns and photographs and descriptions of weatherization materials or appliances installed on the property at the address below and to allow reasonable access to my home to inspect the work performed.

Customer Homeowner/

Customer Tenant Name: _____
(Signature)

Print Name: _____

(Address)

(City) (State) (Zip Code)

(Customer Account Number)



Ohio Partners for Affordable Energy

PROPERTY OWNER RELEASE OF ALL CLAIMS AND AUTHORIZATION TO USE DATA

In consideration of the receipt and installation of weatherization materials or appliances through the Community Connections Program, I, the Property Owner at the address below do hereby release, acquit, and forever discharge, FirstEnergy Corp., its affiliates and subsidiaries, Ohio Partners for Affordable Energy, and (ACCAA) and each of their respective officers, agents, employees, successors and assigns (collectively "Providers"), of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against the Providers, on account of, or in any way arising out of the work performed through the Community Connections Program.

I acknowledge that the electric efficiency and related measures are being installed on an "AS IS" basis, and that Providers **DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION.** I also acknowledge that any energy cost savings projected by Providers as a result of work being performed through the Community Connections Program are an estimate and not a guarantee.

I authorize (ACCAA) to release to its designees related to the Community Connections Program, including without limitation, the local electric utility, representatives from the Public Utilities Commission, and Ohio Partners for Affordable Energy, information about my energy accounts, my energy consumption patterns and photographs and descriptions of weatherization materials or appliances installed on the property at the address below and to allow reasonable access to my home to inspect the work performed.

Property Owner Name: _____
(Signature)

Print Name: _____

(Address) (To be weatherized)

(City) (State) (Zip Code)

Date: _____

FirstEnergy**Ohio Partners for Affordable Energy****Community Connections Program -- Property Owner Agreement**

I authorize FirstEnergy Corp., its affiliates and subsidiaries, Ohio Partners for Affordable Energy, and (ACCAA) to release to contractors information about my account at the address stated below and about the energy conservation and weatherization measures which have been incorporated at the address below.

As the Property Owner of the rental property listed below, I certify:

_____ The tenant owns the appliance(s) -- Refrigerator, Freezer, Stove, Dryer -- *(please circle)* identified for replacement and/or removal.

_____ I own the appliance(s) -- Refrigerator, Freezer, Stove, Dryer -- *(please circle)* -- and agree to have it/ them removed and replaced, and/or removed only as specified. I further agree to keep any replacement appliances in the rental property listed below for as long as the tenant remains there, or three years, whichever is longer. I also agree that if I sell the rental property, I will leave the appliances in the dwelling.

_____ I own the identified appliance(s) -- Refrigerator, Freezer, Stove, Dryer -- *(please circle)* -- and agree to transfer the ownership of said appliance(s) to the current tenant at the below noted rental property address for the immediate purpose of replacement / removal and disposal / destruction. I recognize that any appliance provided as a replacement is being provided to the tenant and is their property.

In the event the property exceeds fifty (50) units and is master metered, I agree to pay fifty (50) percent of the cost of energy efficiency measures to _____ *(insert agency name)*.

Property Owner (Print or type)

(Street Address) (City) (State) (Zip)

Business or Personal Residence

(Telephone Number) (E-Mail)

Property Owner's Signature (Date)

Name of Tenant (Print or type)

Rental Property: (Street Address) (City) (State) (Zip)



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HOMEOWNERSHIP AUTHORIZATION

The HOMEOWNER must read and initial each statement of the procedures that Ashtabula County Community Action Agency's weatherization staff may perform on your house in the course of completing the Home Weatherization Assistance Program. Please be advised, your application will not be processed if there are any lines that have not been initialed. Not all procedures may apply to your home.

PROCEDURES: OWNER INITIAL ALL

- _____ Lift exterior or vinyl in order to install wall insulation. There may be some minor bending of aluminum siding. Siding will be returned to as near original condition as possible.
- _____ Cut, lift or drill wood, shingles, asphalt or insul-brick siding. There may be some minor splitting or splintering of wood siding. Siding will be returned to as near the original appearance and condition as possible.
- _____ Install Carbon Monoxide detector near sleeping areas.
- _____ Test furnace and hot water tank for excessive carbon monoxide levels. I understand the test results apply only for the day of the test. I also understand that the test may result in the furnace being RED TAGGED. I understand that it is my responsibility to have my furnace and hot water tank serviced and re-tested each and every year.
- _____ Install wall insulation from inside by drilling into the interior wall surface. All holes and made ready for painting or covering with a wall paper border or wood trim.
- _____ Downgrade fuses/breakers. Install appropriate sized fuses or breakers for a trial period of at least (7) consecutive days. Insulation cannot be installed in homes without the proper size fuses for the existing wire. I understand the fuses and breakers protect the wiring and that replacing the fuse or breaker with one of higher amperage than installed by the HWAP crew, could be a fire hazard.
- _____ Install S-Type fuses. I understand that these fuses can only be replaced with fuses of the same type and size.
- _____ Electric repairs or modifications by a licensed contractor.
- _____ Install attic hatch or other access for insulation crews to be able to enter attic area



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PROCEDURES: OWNER INITIAL ALL

_____ Lift/drill attic flooring to install insulation. I understand that the attic space will be cold after this procedure.

_____ Install attic ventilation. I understand that ventilation is necessary to dispel moisture from the building. I accept responsibility for any damages resulting from covering or removing the ventilation that is installed by Ashtabula County Community Action

_____ Install gable venting to the attic windows-only if there is no other way to vent the attic area. I understand that the venting will replace the existing windows.

_____ Repair/Replace the heating system.

_____ Lower the thermostat on the water heater.

_____ Other work that must be done in accordance with the Weatherization Program Standards (WPS).

I certify that I am the homeowner's authorized agent for the property at:

I further certify that I have given my permission to allow weatherization work to be done on the property. I understand that all work will be completed at no charge to myself or my family if my household qualifies for the weatherization program. (If you are a landlord, and you own a multi-family dwelling, the cost to you will be zero as long as it has 4 units or less.

Owner's Signature: _____

Owner's Address: _____

Owner's Phone: _____

Tenant's Signature: _____



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Authorization to Release and/or Obtain Information

I hereby authorize Ashtabula County Community Action Agency to release and/or obtain any information or materials necessary for their programs and representatives to provide assistance to myself, my family, anyone living in my household or work to the structure of my house. I understand that this authorization cannot be used to release or obtain information about myself, family, or household members that is not related to providing assistance to me, my family, household members or to my house (dwelling structure). This authorization will remain in effect for seven* (7) years from the work order completion date.

Client Signature

Date

Primary Household Member Personal Information Section*

Enter the information completely. Do not send originals. PLEASE USE DARK BLUE OR BLACK INK.
Failure to fill out the application completely, provide all the required documentation and sign the application (on the last page) will delay the processing of your application.

For Office Use Only

Date Received

Client Number

First Name*		M.I.	Last Name*	
Social Security Number*		U.S. Citizen / Legal Resident (Qualified Alien)*		Military Status
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Service
Date of Birth (MM / DD / YYYY)*				
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Race				
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		
<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American		
		<input type="checkbox"/> Black/African American/White		
		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
		<input type="checkbox"/> Other Multi-Race		
		<input type="checkbox"/> White		
Non-Cash Benefits		Supplemental Nutrition Assistance Program (SNAP) / Food Stamps		Housing Choice Voucher
		Affordable Care Act Subsidy		HUD-VASH
		Child Care Voucher		Permanent Supportive Housing
		Women, Infants, and Children (WIC)		Other
		Number of Household Members		
Family Type		Housing Type		Residence Structure
<input type="checkbox"/> Single Parent/Male		<input type="checkbox"/> Own		<input type="checkbox"/> Mobile Home
<input type="checkbox"/> Single Parent/Female		<input type="checkbox"/> Rent		<input type="checkbox"/> Single-Family
<input type="checkbox"/> Two-Parent Household				<input type="checkbox"/> Multi-Family Low Rise (3 stories or less)
<input type="checkbox"/> Single Person				<input type="checkbox"/> Multi-Family High Rise (4 stories or more)
Non-related Adults with Children				
Multigenerational Household				
Other				
Email Address		Phone Number (including area code)		
		()		
Preferred Method of Contact* <input type="checkbox"/> Email <input type="checkbox"/> Postal				
Mailing Address (number and street including route)*		Apt/Lot/Unit/Floor		
City*		State*	Zip Code*	County*
Is Utility Service Address the Same?* <input type="checkbox"/> Same as above <input type="checkbox"/> Different (list below)				
Current Service Address (if different from above; number and street including route)		Apt/Lot/Unit/Floor		
City		State	Zip Code	County
Do You Receive Rental Assistance?* <input type="checkbox"/> Yes <input type="checkbox"/> No		Landlord Organization (if you rent)		
Landlord First Name*		Landlord Last Name*	Landlord Phone Number (including area code)	
			()	
Landlord Mailing Address (number and street including route)*		Apt/Lot/Unit/Floor		
City*		State*	Zip Code*	County*

* Indicates required information in order to process your application.

Primary Household Member Income Section*

Failure to fill out the application completely, provide all the required documentation and sign the application will delay the processing of your application.

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income†	Other Earned Income†
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC) <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.)
†These categories MUST provide 12 months of income documentation				
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$

Household Members and Income Section

If you have additional household members (anyone living under your roof at the same address), please complete Household Members and Income Section of the application (this section), on pages 2-4. If you have more than 5 household members, print an additional household member section page from energyhelp.ohio.gov or pick up another application at your Energy Assistance Provider.

Full Name*		Social Security Number*		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White	
		U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income†	Other Earned Income†	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC) <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.)	
†These categories MUST provide 12 months of income documentation					
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	

Household Members and Income Section - Continued

Fill out the table below for all household members. Use additional section (on page 4) as needed for other household members with income.

Full Name*		Social Security Number*		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fixed Income <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension		Earned Employment Income <input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		Supplemental Income <input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC) <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	
				Other Sources of Income† <input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other *These categories MUST provide 12 months of income documentation	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

Full Name*		Social Security Number*		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fixed Income <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension		Earned Employment Income <input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		Supplemental Income <input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC) <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	
				Other Sources of Income† <input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other *These categories MUST provide 12 months of income documentation	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

Fill out the table below for additional household members.
Print additional pages, as needed, for other household members with income.

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income [†]	Other Earned Income [†]
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC) <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.)
<p>[†]These categories MUST provide 12 months of income documentation</p>				
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$

Household Deductions Section*

Total Household Income Deductions (Choose all that apply)	<input type="checkbox"/> Attorney fees for estate or trust settlements	<input type="checkbox"/> Health Care Spending Accounts	<input type="checkbox"/> Reimbursement for work expenses
	<input type="checkbox"/> Child Support paid-out	<input type="checkbox"/> Medicaid Spend Down (deductibles)	<input type="checkbox"/> Self-employment IRS allowable business expenses
	<input type="checkbox"/> Health Insurance Premiums	<input type="checkbox"/> Medicare Premiums	<input type="checkbox"/> Short and long term disability
		<input type="checkbox"/> Prescription Plans	

Total Deductions for the past 30 Days \$	Total Deductions for the past 12 Months \$
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Please note: Documentation of deduction(s) is required.

Total Household Eligible Income Section*

Please add the total income received for each adult household member then subtract the total household deductions.

Total Household Income (add amounts from Household Income Section on pages 3 & 4)	Past 30 Days \$	Past 12 Months \$
Total Household Deductions (from Household Deductions Section on page 5)	Past 30 Days -\$	Past 12 Months -\$
Total Eligible Income	Total Household Income less Total Household Deductions above \$	Total Household Income less Total Household Deductions above \$

If applicable, please explain the difference in the past 30 days income from the past 12 months income.

Please note: Income from child support received and VA disabilities are not countable income. For a complete list of excluded income, please visit energyhelp.ohio.gov. Documentation of excluded income may be required to complete your application.

Utility Information Section*

How do you heat your home?	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Fuel Oil or Kerosene	<input type="checkbox"/> Electric (Includes baseboards)
	<input type="checkbox"/> Propane or Bottle Gas (L.P. Gas)	<input type="checkbox"/> Coal, Wood, or Pellets	<input type="checkbox"/> Other
Company/Vendor	Account Number	Costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name	Account Holder's Last Name	Relationship to Primary Client	
If you are currently enrolled in PIPP, do you wish to reverify on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you wish to enroll in PIPP and have a regulated utility provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide your electric utility provider information (if not provided above):

Electric Company/Vendor	Account Number	Costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name	Account Holder's Last Name	Relationship to Primary Client	
If you are currently enrolled in PIPP, do you wish to reverify on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you wish to enroll in PIPP and have a regulated utility provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2021 – MAY 2022

Terms of Agreement

I agree To pay my Percentage of Income Payment Plan Plus (PIPP) amount for my electric and/or natural gas service every month.

To go to my local Energy Assistance Provider or to energyhelp.ohio.gov to reapply at least once a year with updated household information, and income documentation in order to remain eligible.

To contact my local Energy Assistance Provider or go online to energyhelp.ohio.gov to report any changes to my total household income or number of household members, within 30 days of the change.

To accept any energy efficiency programs offered by Development or its designated providers, if eligible.

To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to Development and agencies that perform weatherization services and/or provide other energy related services.

To allow Development to release my name, address, telephone number, household member information, and current status to the utility companies, and other Energy Assistance Providers.

To allow Development to share my usage and demographic data with organizations contracted by Development to evaluate the programs administered by Development.

I understand That I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.

That if I miss three (3) or more consecutive payments, I will receive a notice on my bill and have one billing cycle after the notice to make up payments or be dropped from PIPP Plus.

That if I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.

That if I do not make up missed PIPP payments by my stated Anniversary Date, I will be dropped from PIPP.

That the PIPP verification and anniversary dates are printed on the utility bills each month.

That if I make my PIPP payments in-full and on-time every month, I will receive a credit for 1/24th of my total past due amount, and I will not need to pay the difference between my PIPP payment and my actual bill amount.

That if I reapply for PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP for up to 12 months after the date I am removed and still receive credits toward my past due amounts owed on my utility accounts.

That if I move out of the service area for my gas/electric company I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past due amounts.

That I am legally responsible for all past due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, the past due amounts will become due. If these past due amounts are not paid in-full, the utility companies may use any standard means of collection for the past due amounts on my accounts.

That I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance

General Authorization


An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Department of Development or any designated agent or employee of the Director, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Department of Development or any designated agent or employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Department of Development, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Department of Development, and the Director of the Ohio Department of Jobs and Family Services.

I understand that by signing this application, I grant the Ohio Department of Development, or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Department of Development, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

I declare under penalty of perjury that the information submitted in this application is true and correct.

PLEASE SIGN AND MAIL APPLICATION TO:


Ashtabula County Community Action
6920 Austinburg Road, P.O. Box 2610
Ashtabula, Ohio 44005-2610
440-997-5957

X Sign Here _____ Application Date _____

Housing Services Division

P: (440) 997-5957 www.accaa.org F: (440) 998-1925

2023 POVERTY INCOME GUIDELINES
EFFECTIVE January 12, 2023

Size of Family Unit	INCOME LEVELS	
	<u>Threshold</u>	<u>200%</u>
1.....	\$14,580	\$29,160
2.....	\$19,720	\$39,440
3.....	\$24,860	\$49,720
4.....	\$30,000	\$60,000
5.....	\$35,140	\$70,280
6.....	\$40,280	\$80,560
7.....	\$45,420	\$90,840
8.....	\$50,560	\$101,120

For families with more than 8 people, 100% of poverty level increases \$6,430 for each additional person. Therefore, for weatherization at 200% of poverty level, add \$12,860 for each additional person.