



Florida  
Weatherization  
Assistance Program  
**Energy Conservation  
Guidelines**

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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.

**CLIENT'S COPY, PLEASE KEEP**



MID FLORIDA COMMUNITY SERVICES, INC.  
Weatherization Assistance Program  
Central Office 820 Kennedy Blvd., Brooksville, FL 34601  
Mailing Address P.O. Box 896, Brooksville, FL 34605-0896  
Telephone (352) 796-1427

## TYPES OF ASSISTANCE

The following types of assistance (*in order of priority*) **may** be available for your home, **contingent upon the results of the energy audit/diagnostic testing and availability of funding:**

- Install CO and smoke detectors
- Install ventilation
- Insulate water heater and water lines
- Low flow shower heads and faucet aerators
- Replace incandescent bulbs with light-emitting diode (LED) bulbs.
- Seal and/or insulate ducts
- Address air infiltration with weather stripping, caulking, thresholds, minor repairs to walls, floors and ceilings.
- Install insulation
- Install solar screens
- Replace inefficient refrigerators (***only if audit recommends***)
- Replace inefficient heating and cooling units (***only if audit recommends***)

**NOT INCLUDED IN THIS ENERGY EFFICIENCY PROGRAM:**  
**ROOFING (REPLACE OR REPAIR), MOLD REMOVAL, PLUMBING, ELECTRICAL, WELLS, SEPTIC, RAMPS, ETC,**

**CLIENT'S COPY, PLEASE KEEP FOR YOUR RECORDS**

# **Weatherization Assistance Program Mid-Florida Community Services, Inc. Fact Sheet**

## **Weatherization Mission Statement:**

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, Volusia, Polk and Hillsborough counties.

## **Client Selection Criteria**

Priority of service will be given to eligible low-income homeowners who meet the poverty income guidelines under Federal Department of Energy Standards (10 CRF 440). Preference is given to the elderly, physically disabled, families with children under 12 and households with a high energy burden.

***\*Per Dept. of Energy regulations, if you received Weatherization services on your home within the past 15 years, you are not eligible for service again at this time.***

## **To Qualify**

- Verification of **ALL** household income for the **last 12 months**. Documents required for verification **may** include: last 4 pay stubs for all working occupants, unemployment, retirement, pensions, VA, SS, SSI, TANF, rental income, business income, ETC. ***Bank statements and self-prepared tax returns are not acceptable forms of verification.***
- Proof of disability if claimed.
- Proof of home ownership. This would include property taxes, warranty deeds or certificates of title.
- Provide most recent electric bill (all pages of bill, no bill stubs or shut-off notices).
- Copies of Social Security Cards and Photo ID for all household members.

***\*Please do not send original documents, only copies.***

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

## **NO INCOMPLETE APPLICATIONS WILL BE ACCEPTED**

Since this is a free service, our waiting list is long. **PLEASE BE PATIENT.** Once you submit your **completed** application your name will be placed on a prioritized waiting list. Updated information may be required prior to and post construction. Any questions please call **352-796-1427**. ***Faxed applications will not be accepted.***

**Mail completed applications and required documents to:**

**Mid Florida Community Services, Inc.  
Weatherization Department  
P.O. BOX 896  
Brooksville, FL 34605-0896**

**CLIENT'S COPY, PLEASE KEEP FOR YOUR RECORDS**

Documentation of all income (12 months), proof of identity, home ownership, 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

CLIENT INTAKE FORM		
AGENCY NAME: MID FLORIDA COMMUNITY SERVICES, INC.		JOB NO:
CLIENT'S NAME:	OWNER'S NAME:	
SOCIAL SECURITY #:(last 4 digits)	PHONE NUMBER:	
STREET ADDRESS:	MAILING ADDRESS:	
CITY: ZIP:	COUNTY:	ZIP:
LANDLORD AGREEMENT: YES: NO: X	OWNERSHIP PROOF (source)	Year Built:
INCOME ELIGIBILITY: Must include <u>annual</u> income for <b>ALL</b> 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 _____ Natural Gas _____ Electric _____ Wood _____ Other _____		
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: (Each person may be counted in more than one category)		DISABLED
		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
		RENTER MOBILE HOME
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 _____ are not _____ 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.		

**MID FLORIDA COMMUNITY SERVICES, INC**  
**WEATHERIZATION APPLICATION**

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ ALTERNATE/CELL PHONE # \_\_\_\_\_

INCLUDE INFORMATION ON **ALL** HOUSEHOLD MEMBERS (INCLUDING APPLICANT):

NAME	Date of birth	Gender	Race	Hispanic Y or N	Income \$	Disabled Y or N	Veteran Y or N	Highest grade completed	Relationship to applicant
Applicant:									Applicant
Other residents:									

(WRITE ON BACK IF MORE SPACE IS NEEDED)

**Circle the utility company that provides electric to your home:**

DUKE      WREC      SECO      TECO      FPL      OTHER: \_\_\_\_\_

**Does your home have any of the following (CHECK ALL THAT APPLY):**

Gas Furnace or Heater \_\_\_\_\_ Gas Stove \_\_\_\_\_ Gas Water Heater \_\_\_\_\_

**Circle type of home:**

Mobile Home      Block      Wood      Other: \_\_\_\_\_

Any roof leaks?    yes \_\_\_\_\_    no \_\_\_\_\_      If yes, where is leak located? \_\_\_\_\_

How long have you owned your home? \_\_\_\_\_

**Appeals process:**

In the event of a complaint/appeal, the complaint/appeal shall first be heard by the Program Director. Should the Program Director be unable to resolve the difficulty, the complaint/appeal will be heard by the Chief Compliance Officer (CCO). Should the CCO be unable to resolve the difficulty, the complaint/appeal will be heard by the CEO. The final hearing will be held by the Board of Directors.

**\*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: \_\_\_\_\_

**\*DOCUMENTATION OF ALL INCOME (12 MONTHS), PROOF OF HOME OWNERSHIP, PHOTO ID'S, COPIES OF SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS, AND A COPY OF THE MOST RECENT ELECTRIC BILL MUST BE INCLUDED WITH THIS APPLICATION AND THE CLIENT INTAKE FORM.**





**MID FLORIDA COMMUNITY SERVICES, INC.**  
**Weatherization Assistance Program**  
P.O. Box 896, Brooksville, FL 34605-0896  
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## **TERMS AND CONDITIONS CONSENT TO INSPECT**

### **Access to Residence/Conditions:**

- I authorize Mid Florida Community Services, Inc. staff, inspectors, contractors and sub-contractors to enter my home as needed to perform energy audits, weatherization work and inspections of weatherization work during business hours and on a reasonable schedule.
- I understand that if there are discrepancies found between information supplied on the application and observed conditions at the home, services will be denied or deferred.
- I agree to allow my home to be photographed (inside and outside) for pre and post work documentation.
- I agree and understand that if my home is deemed unsafe or unacceptable for weatherization technicians, contractors or inspectors to perform their duties due to unsafe or dangerous conditions (structural damage, unrepaired sinkholes, etc.), presence of debris, roof leaks, excessive clutter, mold, insect/rodent infestation, pets, threat of violence, etc., the project will be postponed until these conditions are corrected.
- I understand that if the energy audit recommends replacement of air conditioners, heating units, refrigerators and/or water heaters, the contractor will have to remove the existing unit(s) from the property.
- I agree and understand that weatherization activities that will make the home more energy efficient will be performed and that homeowner refusal or HOA disapproval of required health and safety measures will disqualify the home for any services at that time.
- I understand this is not a home rehabilitation program. There may be other measures needed on your home that cannot be addressed due to funding and/or program limitations. All energy saving measures will be done in accordance with the priority list.
- I am aware that energy saving measures will be performed in an attempt to lower the home's utility usage and will not hold Mid Florida Community Services, Inc. liable if these measures do not correct the problem.

### **My signature verifies:**

- The residence is not currently for sale, nor is it designated for acquisition, clearance or foreclosure.
- That the home does not have any unpermitted additions, open permits or currently being remodeled.
- That the home is not being used as a business.
- That I am not aware of any roof leaks.
- That the home has not been previously weatherized within the last 15 years.
- Upon completion of work, I will give permission for the inspectors, weatherization staff, contractors, sub-contractors, Department of Economic Opportunity staff and federal officials to inspect the work.

I certify the information provided in this application is true, correct and complete to the best of my knowledge. I understand that I may be fined, imprisoned or both under state or federal law if I make false statements on the application in order to get benefits I am not eligible to receive. The Weatherization Assistance Program is free of charge, but I understand that if my home is serviced due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received.

**My signature below indicates that I have read, understood and agree to the conditions of this application.**

\_\_\_\_\_  
**Homeowner Name (printed)**

\_\_\_\_\_  
**Homeowner Signature**

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

**READ, SIGN & RETURN WITH APPLICATION**