



Weatherization Program – Preliminary Application

Please mail completed form to: project: HOMES Weatherization Program 88 Carnation Street Richmond, VA 23225

Name of Head of Household: Address: City/County Zip Code Phone: Email:

Name of person on deed to house/title of mobile home (if different): Phone (if different):

Do you rent your home or mobile home? Yes No If yes, please provide name and phone number of current owner(s):

What year was your home built? To your knowledge, has your home ever been weatherized? Yes No

Electric Utility Provider: A&N Electric Southside Electric Rappahannock Electric Community Electric Dominion Energy Other

Gas Utility Provider: Virginia Natural Gas Columbia Gas

Complete the following for ALL household members (including head of household):

Table with 7 columns: Name, Date of Birth (MM/DD/YY), Race\* (See below), Sex (M/F), Disabled (Y/N), Veteran (Y/N), Gross Monthly Income & Source.

Total Gross Monthly Income: \$

\* White (W), Black or African American (B), Asian (A), Mixed, two or more races (M), Native American (N), Hispanic/Latino (H), Other (O)\*

In order to process your application, copies of the following items are requested:

- > Deed of trust or tax records (home) or certificate of title (mobile home) showing homeownership.
-> Income verification of all household members (social security letter; SSI letter; paystubs; recent tax return; or 3 months of bank statements showing deposits from social security, SSI, or work pay).
- Anyone 18 years or older without income coming into the home will need a notarized letter confirming their unemployment status
-> Assumption of the Risk and Waiver of Liability Relating to Coronavirus / COVID-19
-> Past 3 months of all utility bills showing how much energy your home currently uses (electric, gas, oil, propane).
(Please TURN OVER to BACK PAGE)

*Please complete the following to help us prioritize your request:*

**Please check which county/city you live in:**

\_\_\_ Accomack \_\_\_ Amelia \_\_\_ Buckingham \_\_\_ Charles City \_\_\_ Chesterfield \_\_\_ Cumberland  
\_\_\_ Franklin \_\_\_ Goochland \_\_\_ Hampton \_\_\_ Hanover \_\_\_ Henrico \_\_\_ Isle of Wight  
\_\_\_ James City \_\_\_ New Kent \_\_\_ Newport News \_\_\_ Northampton \_\_\_ Poquoson \_\_\_ Powhatan  
\_\_\_ Prince Edward \_\_\_ Richmond City \_\_\_ Spotsylvania \_\_\_ Suffolk \_\_\_ Williamsburg \_\_\_ York

**Other Location:** \_\_\_\_\_

**Do you have pets inside?**  Yes  No What kind & how many: \_\_\_\_\_

**Type of home (please check one):**

\_\_\_ One-Story \_\_\_ Two-Story \_\_\_ Tri-Level \_\_\_ Townhome \_\_\_ Mobile Home (singlewide)  
\_\_\_ Doublewide Mobile Home \_\_\_ Other, explain: \_\_\_\_\_

**Is your heat currently working?**  Yes  No

**Type of heat (please check one):**

\_\_\_ Gas \_\_\_ Oil \_\_\_ Heat Pump \_\_\_ Electric Baseboard \_\_\_ Propane \_\_\_ Wood Stove

**Do you have gas /propane/ or oil to run your heating system?**  Yes  No

**Hot Water Heater:**  Electric  Gas

**Gas Stove:**  Yes  No

**Type of home exterior (please check all that apply):**

\_\_\_ Brick \_\_\_ Stone \_\_\_ Stucco \_\_\_ Wood \_\_\_ Log \_\_\_ Vinyl Siding \_\_\_ Aluminum/Metal Siding  
\_\_\_ Asbestos Tile Siding \_\_\_ Other Exterior, explain: \_\_\_\_\_

**Please indicate if any of the following are present in your home:**

Deteriorating roof system	___ Yes	___ No	___ Not Sure
Minor roof leaks	___ Yes	___ No	___ Not Sure
Plumbing leaks	___ Yes	___ No	___ Not Sure
Sewer leaks	___ Yes	___ No	___ Not Sure
Septic issues	___ Yes	___ No	___ Not Sure
Holes in ceilings	___ Yes	___ No	___ Not Sure
Holes in walls	___ Yes	___ No	___ Not Sure
Electrical problems	___ Yes	___ No	___ Not Sure
Active knob and tube wiring	___ Yes	___ No	___ Not Sure
Asbestos wrapped pipes	___ Yes	___ No	___ Not Sure
Lead paint in/on structure	___ Yes	___ No	___ Not Sure
Attic space	___ Yes	___ No	___ Not Sure
Crawl space	___ Yes	___ No	___ Not Sure
Existing attic insulation	___ Yes	___ No	___ Not Sure
Existing wall insulation	___ Yes	___ No	___ Not Sure
Knee walls	___ Yes	___ No	___ Not Sure
Existing bathroom fan	___ Yes	___ No	___ Not Sure
Windows with cracked glass	___ Yes	___ No	___ Not Sure
Storm windows with cracked glass	___ Yes	___ No	___ Not Sure

Additional:

Notes: \_\_\_\_\_

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*My signature below certifies that the information contained on this 2-page Preliminary Application is accurate to the best of my knowledge.*

X

**Signature of Applicant**

**Date**