

SOUTHEAST NEBRASKA COMMUNITY ACTION COUNCIL, INC.

(SENCA)

802 FOURTH STREET/PO BOX 646

PHONE 1-888-313-5608 EXT 109

FAX 402-862-2428

EMAIL rickadams@neb.rr.com or ginschaardt@neb.rr.com

Enclosed is the SENCA Weatherization Application you requested. This form must be **COMPLETED IN FULL** and returned to the SENCA Central Office at the above address to determine your eligibility and correct classification for the SENCA Weatherization Program, and if eligible, to place your name on the appropriate county's waiting list.

Eligible Weatherization program applicants are served first according to priority ranking and date of application with the oldest application in each priority ranking being served first.


PRIORITY RANKINGS ARE AS FOLLOWS:

- 1. DISABLED PERSONS 60 YEARS OF AGE OR OLDER**
- 2. PERSONS 60 YEARS OF AGE OR OLDER**
- 3. DISABLED PERSONS**
- 4. NATIVE AMERICAN PERSONS**
- 5. PERSONS WITH CHILDREN UNDER THE AGE OF SIX**
- 6. OTHER INCOME ELIGIBLE CLIENTS**

If you meet the eligibility requirements or if you don't, you will be notified by letter. Services provided include but aren't limited to: a safety inspection of all the heating systems, CO testing, clean & tune on the heating system, attic, sidewall and crawlspace insulation in frame homes, door and broken glass replacement and weather-stripping Mobile homes receive door replacement, window, duct sealing, floor registers and underbelly repair/insulation. This is provided at **NO COST** to eligible applicants, both owners and renters.

If you are accepted, due to the lengthy waiting list currently on file at the SENCA Central Office, there may be a time lapse between your acceptance to the program and contact by SENCA to set up an appointment for the initial inspection (up to one year or more.)

Thank you for your interest in the SENCA Weatherization Program. Should you have any questions please contact me at the address and /or number listed above.

Sincerely, 

Gin Schaardt (Weatherization Coordinator)

Note: Please include Social Security Numbers for all household members.

Your home is being inspected to identify the most effective energy and dollar saving improvements which can be made under the Weatherization Assistance Program. The amount of money that can be spent on each home is limited, so all the improvements shown may not be made to your home.

After the improvements are made, you should notice the following:

- an increase in comfort – no drafts and an even temperature throughout your home
- your heating and cooling bill should be reduced
- you should need less energy to heat and cool your home.

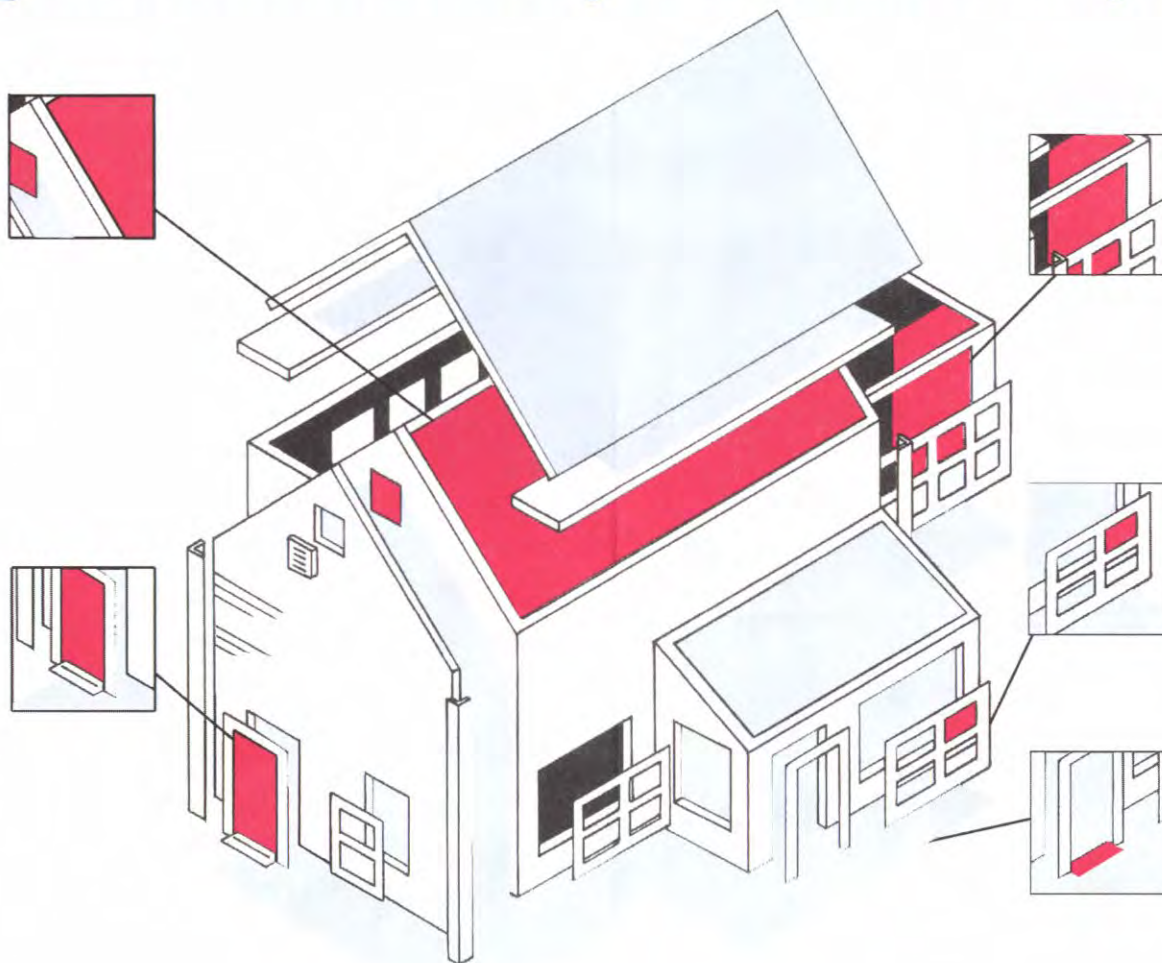
These improvements may be made to your home

1 Add insulation to the attic, walls, and/or floors. If insulation is added, holes may be drilled in the siding and vents may be added to the roof.

RESULT: The amount of heat loss through the walls, ceilings and floors will be reduced.

2 Perform an air leakage evaluation using a blower door and seal holes and gaps in the building envelope.

RESULT: Cold air coming through the holes and gaps will be reduced. Heated and cooled air will not escape through the holes and gaps.



3 Perform an efficiency inspection on natural gas, propane and fuel oil furnaces and boilers.

RESULT: More heat will be gained from the same amount of fuel used.

4 Replace broken glass in primary windows.

RESULT: The amount of cold air coming in will be reduced.

5 Install or adjust door weatherstrip, thresholds, and/or sweeps.

RESULT: The amount of cold air coming in will be reduced.



SENCA

Southeast Nebraska Community Action Council, Inc.
 802 Fourth Street, P.O. Box 646
 Humboldt, NE 68376-0646
 1-888-313-5608 or 402-862-2411 Extension 109
 Fax 402-862-2428



WEATHERIZATION ASSISTANCE/ASSURANCES APPLICATION

I AM REQUESTING PARTICIPATION IN THE SENCA WEATHERIZATION PROGRAM

Head of Household: _____ Soc. Security No.: _____

ADDRESS: Street: _____ Telephone: _____

City: _____ Zip: _____ County: _____

MAILING ADDRESS: _____
(if different from street address) Mailing Address City State Zip

OWN HOME:

RENT HOME:

IF YOU RENT YOUR HOME, PLEASE COMPLETE THE FOLLOWING LANDLORD INFORMATION

Landlord Name: _____

MAILING ADDRESS: _____ Telephone: _____

City: _____ State: _____ Zip: _____

TYPE OF HOME:		SIDING TYPE:	
MOBILE HOME: <input type="checkbox"/>	MULTI FAMILY: <input type="checkbox"/>	BRICK: <input type="checkbox"/>	STUCCO: <input type="checkbox"/>
		WOOD: <input type="checkbox"/>	ALUMINUM/STEEL: <input type="checkbox"/>

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL HOUSEHOLD MEMBERS

NAME	BIRTH DATE	AGE	DISABLED	YEARLY INCOME	INCOME SOURCE	AMER. INDIAN
_____	_____	_____	Y N	_____	_____	Y N
_____	_____	_____	Y N	_____	_____	Y N
_____	_____	_____	Y N	_____	_____	Y N
_____	_____	_____	Y N	_____	_____	Y N
_____	_____	_____	Y N	_____	_____	Y N
_____	_____	_____	Y N	_____	_____	Y N

NUMBER OF PERSONS RESIDING IN HOME: _____

TOTAL YEARLY INCOME: _____

WAS YOUR HOME BUILT BEFORE 1978:

YES: NO:

RECEIVED UTILITY PAYMENT ASSISTANCE FROM DHHS:

YES: NO:

PRIMARY FUEL SOURCE (i.e. Natural gas, Propane, Wood, Fuel oil, etc.): _____

TYPE OF FURNACE FORCED AIR: BOILER: WALL FURNACE: FLOOR FURNACE:
 VENTED SPACE HEATER: MOBILE HOME FURNACE:

FUEL SUPPLIER: (electric) NAME: _____
 ADDRESS: _____
Mailing City State Zip

FUEL SUPPLIER: (gas) NAME: _____
 ADDRESS: _____
Mailing City State Zip

I HEREBY GRANT:

- SENCA, State and Federal Program personnel permission to inspect my home to ensure Weatherization Assistance Program Compliance.
- SENCA permission to weatherize my home in accordance with Weatherization Assistance Program guidelines.
- SENCA permission to obtain current fuel consumption information from my fuel supplier now or in the future.

I UNDERSTAND THAT:

- All Weatherization work done on my home by SENCA will be at no cost to me and will be based on the needs at the time of initial inspection (as determined by SENCA), and that no lien or debt will be levied against me or my property.
- All information given will be kept in strict confidence, and will not be made public in a manner that the dwelling or occupants may be identified.

I intend to reside in the home being weatherized for a minimum of one (1) year.

CERTIFICATION: I the undersigned, certify that the above information is true and correct to the BEST OF MY KNOWLEDGE. I have provided the information voluntarily. I understand that it will be used solely for the purpose provided, and that it will be kept confidential in accordance with the provisions of the Privacy Act of 1974 (PL 93-758) subject to the above limitations.

APPLICANT SIGNATURE: _____ DATE: _____

CONFIDENTIAL



United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

(first, middle, last)

SIGNATURE

DATE