



New Program Available

LIHEAP Water Heater Replacement

Free to homes that qualify

It has come to our attention that your house has undergone the State (DHS) Lead Reduction Program. We are reaching out to your home for the following new program.

Genesee County Community Action Resource Department (GCCARD) has received funding from the State of Michigan to replace water heaters for the City of Flint residents that qualify.

Please see the following information in this packet for more information.

Three Main qualifying components

- 1. City of Flint water supply**
- 2. 150% income guidelines**
- 3. Water Heater assessment**

GCCARD
LIHEAP Emergency
Water Heater Replacement
Information Packet

Please gather the following required documentation within this document that may pertain to your income verification. Also to qualify for the program you must be on the City of Flint water supply. Once you have all of your documentation and you feel you qualify for the program, call our office for an appointment to complete the application process.

@ 810-787-0199

Our office is located at 2727 Lippincott Blvd, Flint MI 48507

Please mark all sources of income that you receive. Bring copies of your income information to your appointment.

- | | | |
|---|---|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Social Security | <input type="checkbox"/> Annuity Payments |
| <input type="checkbox"/> Self- Employment | <input type="checkbox"/> SSI Income | <input type="checkbox"/> Dividends |
| <input type="checkbox"/> Net Rental Income | <input type="checkbox"/> Disability Income | <input type="checkbox"/> Interest |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Pension | <input type="checkbox"/> Net Royalties |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Alimony | <input type="checkbox"/> Trust Funds |
| <input type="checkbox"/> Strike Benefits | <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Lottery Winnings |
| <input type="checkbox"/> FIP/SDA | <input type="checkbox"/> Military Family Allotments | <input type="checkbox"/> Tribal Income |
| <input type="checkbox"/> Food Stamps only | <input type="checkbox"/> Regular Insurance Benefits | <input type="checkbox"/> Other |

Other important documents that are necessary and you will need to bring with you. Please check off each item as you gather them.

Please make sure you have copies of everything for your appointment!!!!

___ I.D> for everyone in your household 18 and older, with correct address

___ Social Security card for everyone in your household

___ Medicaid cards for everyone receiving Medicaid

___ Food stamp Statement for everyone receiving food stamps

___ Home owners! Registered Copy of (DEED) or (Land Contract)

___ Renters!! Landlord agreement

___ Proof of total household income for everyone that is receiving any type of income in the last 30 days. Starting from the day of your appointment working back 30 days

___ Declaration of no income statement for anyone that does not have income that is 18 years and older not in school

___ Proof that you're on the City of Flint water supply (a copy of your bill)

Income Guidelines

Family Size	150% of Poverty
1	\$17,820
2	\$24,030
3	\$30,240
4	\$30,370
5	\$42,660
6	\$48,870
7	\$55,095
8	\$61,335

For families/households with more than 8 persons add the amount below for each additional person.

\$6,240



Intake Date: ___/___/___

Status	First Name	M.I.	Last Name	SSN#	Reason	Date of Birth	Gender	Race	Eth	Char	Lang	Edu	Rel
HOH						/ /	M/F/U						
AD2						/ /	M/F/U						
HSC						/ /	M/F/U						
SIB1						/ /	M/F/U						
SIB2						/ /	M/F/U						
SIB3						/ /	M/F/U						
SIB4						/ /	M/F/U						

Mailing Address:

Address: _____
 City/State/Zip code: _____
 Home: (____) _____
 Work: (____) _____ ext. _____
 Cell: (____) _____
 Elementary School District: _____
 Physical Address: _____
 Address: _____
 City/State/Zip code: _____
 Home: (____) _____
 Work: (____) _____ ext. _____
 Cell: (____) _____
 County: _____

Demographics:

Marital Status: Divorced Legally Separated Married
 Partner Single Widowed

Tribe _____

Family Type: Foster Parent (w/foster child(ren)) Grandparent
 Married (living w/children) Married (Spouse in Nursing Home)
 Multiple Adults (living w/children) Multiple Adults (no children)
 Single parent-female (living w/children) Single parent-male (living w/children)
 Single person (living alone)

Living Arrangements: Homeless Homeless by Choice
 Living w/friends or family Own Rent-Subsidized (HUD, Section 8)
 Rent-Unsubsidized Transitional/Shelter

LOCAL WEATHERIZATION OPERATOR
 STREET ADDRESS
 CITY, STATE, ZIP
 TELEPHONE NUMBER

For Office Use Only	
JOB NUMBER:	
APPLICATION DATE:	
ELIGIBILITY DETERMINATION DATE:	

The Local Weatherization Operator, partners, and funding sources do not discriminate on the basis of race, color, sex, age, religion, national origin, or marital status. If you, the applicant, feel you were treated unfairly or denied service(s), please notify the agency in your county of residence and request a fair hearing. If you need help with reading, writing, hearing, etc. under the American Disabilities Act, you are invited to make your needs known.

APPLICATION FOR WEATHERIZATION ASSISTANCE

INSTRUCTIONS: THIS APPLICATION MUST BE COMPLETED IN INK. THE APPLICANT SHALL COMPLETE PART I AND II. DOCUMENTATION OF ALL SOURCES OF INCOME MUST BE INCLUDED WITH THIS APPLICATION. THE APPLICANT WILL RECEIVE WRITTEN NOTIFICATION OF ELIGIBILITY DETERMINATION.

PART I - GENERAL INFORMATION

(1) NAME (Last, First and Middle)			(2) APPLICANT ADDRESS (Street Number and Name)		
(3) CITY	MI	(4) ZIP CODE	(5) COUNTY	(6) DIRECTIONS TO THE DWELLING/SPECIAL PROBLEMS & CONSIDERATIONS	

(7) HOME PHONE NUMBER	(8) MESSAGE PHONE NUMBER	(9) NAME OF CONTACT PERSON	(10) TOTAL # OF PERSONS IN HOUSEHOLD
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(11) NUMBER OF PERSONS IN THE HOUSEHOLD WHO ARE OR RECEIVE:	ELDERLY (60+)	DISABLED	NATIVE AMERICAN	PREGNANT	FIP*	SSI*	SDA	FOOD ASSISTANCE PROGRAM(FAP)
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(12) HAS THE APPLICANT OR OTHER HOUSEHOLD MEMBER(S) RECEIVED ASSISTANCE UNDER TITLE IV-A (FAMILY INDEPENDENCE PROGRAM), TITLE XVI (SUPPLEMENTAL SECURITY INCOME) OF THE SOCIAL SECURITY ACT IN THE LAST 12 MONTHS?

YES NO

***NOTE: IF YES, HOUSEHOLD IS AUTOMATICALLY INCOME ELIGIBLE**

(13) TYPE OF DWELLING SINGLE FAMILY <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> TOTAL NUMBER OF UNITS FOR MULTI-FAMILY BUILDING:	(14) DWELLING OWNERSHIP: OWN <input type="checkbox"/> RENT <input type="checkbox"/> LAND CONTRACT <input type="checkbox"/>	(15) RENTAL INFORMATION: LANDLORD NAME ADDRESS: PHONE:
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(16) IS THIS DWELLING DESIGNATED FOR ACQUISITION OR CLEARANCE BY FEDERAL, STATE OR LOCAL PROGRAM WITHIN 12 MONTHS?
 YES NO

(17) Complete the information below regarding your main heating source. Please include copies of your LAST 12 months fuel or HEATING bill with this application.		(18) Complete the information below regarding your electric company. Please include a copy of your LAST 12 months electric bills with this application.	
Company:	Account Number:	Company:	Account Number:
Are your heating costs included in your rent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the name on your heating bill different from the Applicant's name? If yes, give that name:	Is your electricity included in your rent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the name on your electric bill different from the Applicant's name? If yes, give that name:
Do you share a main heat source meter with another household? Yes <input type="checkbox"/> No <input type="checkbox"/>	ANNUAL USAGE:	Do you share an electric meter with another household? Yes <input type="checkbox"/> No <input type="checkbox"/>	ANNUAL USAGE (kwh):

Yearly Heating Cost:	Yearly Electric Cost:
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APPLICATION FOR WEATHERIZATION ASSISTANCE

PART I (Continued)

(19) IDENTIFY SOURCE(S) AND AMOUNT OF INCOME FOR EACH MEMBER OF THE HOUSEHOLD (AS OF THE DATE OF APPLICATION) FOR THE PREVIOUS 3 MONTHS. THIS INCOME IS THEN MULTIPLIED BY 4 TO ANNUALIZE. ALL HOUSEHOLD MEMBERS MUST BE LISTED, INCLUDING THOSE WITH NO INCOME.

HOUSEHOLD MEMBER - List all including children	DATE OF BIRTH	SOURCE(S) OF INCOME	Source #1 Of Income	Source #2 Of Income

PART II - APPLICANT'S SIGNATURE SECTION

I HEREBY UNDERSTAND THAT I AM ENTITLED TO A FAIR HEARING REGARDING THE DECISION MADE CONCERNING THIS APPLICATION FOR WEATHERIZATION ASSISTANCE. I HEREBY AUTHORIZE THE AGENCY INDICATED ABOVE TO OBTAIN INFORMATION REGARDING MY PAST, PRESENT, AND FUTURE UTILITY BILLS. I FURTHER AUTHORIZE WORK TO BE PERFORMED ON THE DWELLING LISTED ABOVE IN ACCORDANCE WITH FEDERAL AND STATE WEATHERIZATION PRIORITIES AND WITHIN EXISTING AND FUTURE FUNDING LIMITATIONS. I AGREE THAT I CANNOT HOLD THE AGENCY LIABLE FOR EXISTING PROGRAM - IDENTIFIED HEALTH AND SAFETY VIOLATIONS THAT ARE NOT CORRECTED BY THE AGENCY WEATHERIZATION PROGRAM. I ALSO UNDERSTAND THAT I CANNOT HOLD THE AGENCY RESPONSIBLE FOR EXISTING CONDITIONS PRIOR TO WEATHERIZATION WORK OR WEATHERIZATION WORK AFTER 18 MONTHS FROM THE DATE OF COMPLETION. I FURTHER UNDERSTAND THAT THE WEATHERIZATION CREW MAY NEED TO USE MY ELECTRICITY TO PERFORM WEATHERIZATION MEASURES. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION FURNISHED BY ME IS TRUE AND I ACKNOWLEDGE THAT FALSIFICATION OF INFORMATION IS SUBJECT TO PROSECUTION. I HEREBY AUTHORIZE ALL UTILITY COMPANIES TO PROVIDE COPIES OF BILLS OR OTHER INFORMATION ON PRIMARY HEATING FUEL CONSUMPTION FOR A MINIMUM OF 12 MONTHS PRIOR TO WEATHERIZATION AND 12 MONTHS AFTER WEATHERIZATION OF MY HOUSEHOLD. I HEREBY GIVE THE AGENCY CONSENT TO RELEASE, OBTAIN, AND SHARE ALL PERTINENT IDENTIFYING AND NON CONFIDENTIAL SOCIAL, MEDICAL, AND OTHER INFORMATION ABOUT MYSELF AND INFORMATION THAT I HAVE PROVIDED ABOUT FAMILY MEMBERS THAT WILL ALLOW ME AND MY FAMILY TO BENEFIT FROM SERVICES OFFERED. IN GRANTING SUCH PERMISSION, I UNDERSTAND THAT SUCH INFORMATION WILL REMAIN CONFIDENTIAL AND THAT SUCH INFORMATION WILL ONLY BE USED TO BENEFIT ME OR MY FAMILY. ONLY AUTHORIZED PERSONNEL WILL SHARE CLIENT INFORMATION NEEDED FOR SERVICE DELIVERY, TO TRACK DEMOGRAPHIC TRENDS, SERVICE PATTERNS, AND THE CLIENT OUTCOMES ACHIEVED. I RELEASE THE AGENCY AND ITS STAFF FROM ANY LEGAL LIABILITY FOR DISCLOSING OR ACQUIRING INFORMATION THAT I HAVE PERMITTED BY SIGNING THIS FORM. UNLESS I MAKE A FORMAL REQUEST TO THE AGENCY THAT I NO LONGER WANT TO PARTICIPATE IN THE SERVICES OFFERED, THIS RELEASE WILL REMAIN IN FORCE FOR THREE YEARS FROM TODAY. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION FURNISHED BY ME IS TRUE AND I ACKNOWLEDGE THAT FALSIFICATION OF THE INFORMATION IS SUBJECT TO PROSECUTION.

APPLICANT'S SIGNATURE:	DATE	INTAKE WORKER'S SIGNATURE:	DATE

FOR OFFICE USE ONLY

(A) HOME OWNERSHIP SELF-CERTIFIED <input type="checkbox"/>	DOCUMENT REVIEWED <input type="checkbox"/>	(B) WAS HOME OWNERSHIP DOCUMENTATION OBTAINED FOR THE CLIENT/JOB FILE YES <input type="checkbox"/>	NO <input type="checkbox"/>
		IF NO, DESCRIBE: _____	

(C) NUMBER IN household: _____	(D) Number in household	HOUSEHOLD INCLUDES CHILDREN:	
	Under age 18	Pregnant	(E) AGES 3-5 YES <input type="checkbox"/>
			NO <input type="checkbox"/>
			(F) AGE 2 OR YOUNGER YES <input type="checkbox"/>
			NO <input type="checkbox"/>

(G) INCOME POVERTY GUIDELINE:	(H) AMOUNT OF INCOME:	(I) APPLICANT ELIGIBLE YES <input type="checkbox"/>	NO <input type="checkbox"/>	(J) TOTAL PRIORITY POINTS:
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(K) CHECK HOUSEHOLD INCOME LEVEL				
LESS THAN 75% <input type="checkbox"/>	76-100% <input type="checkbox"/>	101-125% <input type="checkbox"/>	126-150% <input type="checkbox"/>	151-200% <input type="checkbox"/>
				OVER 200% <input type="checkbox"/>

(L) WRITTEN ELIGIBILITY NOTIFICATION SENT? YES <input type="checkbox"/>	IF YES, DATE: _____	(M) APPLICANT PROVIDED WITH THE APPEAL PROCEDURE? YES <input type="checkbox"/>
NO <input type="checkbox"/>		NO <input type="checkbox"/>

(N) DWELLING PREVIOUSLY WEATHERIZED? YES <input type="checkbox"/>	IF YES, DATE: _____	(O) REFERRED TO MDHHS? YES <input type="checkbox"/>	(P) REFERRED TO UTILITY COMPANY? YES <input type="checkbox"/>
NO <input type="checkbox"/>		NO <input type="checkbox"/>	NO <input type="checkbox"/>

(Q) IS THIS DWELLING A HIGH RESIDENTIAL ENERGY USER? YES <input type="checkbox"/>	(R) IS THIS A HOUSEHOLD WITH A HIGH ENERGY BURDEN? YES <input type="checkbox"/>
NO <input type="checkbox"/>	NO <input type="checkbox"/>

(S) LOCAL WEATHERIZATION REPRESENTATIVE	(T) DATE DETERMINED ELIGIBLE:

(U) MULTI-FAMILY BUILDING ONLY - IDENTIFY JOB/CLIENT NUMBER(S) OF THE OTHER UNITS BEING WEATHERIZED IN THE BUILDING



Genesee County Community Action Resource Department
601 N. Saginaw St., Ste 1B • Flint, MI 48502-2009 • (810) 232-2185 • Fax (810) 762-4986 • TDD: (810) 768-4654

GCCARD WATER HEATER REPLACEMENT PROGRAM

Commissioners

Bryant Nolden
District 1

Brenda Clack
District 2

Jamie W. Curtis
District 3

John Northrup
District 4

Mark Young
District 5

Tony Brown
District 6

Michael Lynch
District 7

Ted Henry
District 8

Pegge Adams
District 9

This is to confirm that _____ is currently a
(Tenant's Name)
tenant renting the property located at _____

(complete address, street number and name, city, state and zip)

I declare that the above property is located in the City of Flint and the water bill is _____ included in the rent _____ paid by the tenant.

I understand that _____ has applied for
(Tenant's Name)
assistance with GCCARD's Water Heater Replacement Program. I give my consent for the water heater at the above named address to be replaced at GCCARD's expense if the application is approved.

Administration

Matthew A. Purcell
Executive Director

Stephanie L. Howard
Deputy Executive Director

Program Directors

Veonca G. Johnson
Neighborhood Svcs. Director

Laura Rahmaad
Nutritional Services Director

Andre Strater
Finance Director

Daniel Newcombe
Home Maint. Assl. Director

Kelli Webb
Head Start Director

Landlord Name: _____
(Please Print)

Phone: _____

Tax ID #: _____

Address: _____
(complete address, street number and name, city, state and zip)

Landlord Signature: _____ Date: _____

Tenant Signature: _____ Date: _____

