Project Warm 800 S. Preston St. Suite #130 Louisville, KY 40203



Office Phone: (502) 636-9276 Email: forms@projectwarm.org

Council District: _____

First Line Weatherization Service Application

| Date: Date Moved to Residence: | | | | | | |
|---|--|--|--|--|--|--|
| Name: | | | | | | |
| Address: | | | | | | |
| City: Zip Code: | | | | | | |
| Dwelling Type: House Apartment Mobile Home / Trailer Condo | | | | | | |
| Primary Phone: Type: Cell Phone Landline | | | | | | |
| Secondary Phone: Type: Cell Phone Landline | | | | | | |
| Email: | | | | | | |
| Are you a single parent? Yes No | | | | | | |
| Are you disabled? Yes No Are you a veteran? Yes No | | | | | | |
| Race: African American Asian American Caucasian / White Hawaiian / Pacific Islande | | | | | | |
| Native American Multi Racial Prefer not to answer Other | | | | | | |
| LG&E Account Holder Name: | | | | | | |
| Relationship to Client: Self Spouse Roommate Other | | | | | | |
| 12-Digit LG&E Account Number: | | | | | | |
| Do you own or rent your home? Own Rent | | | | | | |
| Including yourself, how many people live in your household? | | | | | | |
| Have you ever had to move due to problems paying utility bills? Yes No | | | | | | |
| How did you hear about Project Warm? | | | | | | |
| RENTERS ONLY: Please provide your Landlord/Property Management Company's information: | | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| City: State: Zip Code: | | | | | | |
| Phone: Email: | | | | | | |

Please list ALL household members (INCLUDING the Applicant) in the spaces provided below:

| Full Name | Date of Birth (mm/dd/yy) | Gender (M/F) | Monthly Income | Source of Income | Race | Single Parent? (Y/N) | Veteran? (Y/N) | Disabled? (Y/N) |
|-----------|-----------------------------|-----------------|-------------------|---------------------|------|----------------------------|-------------------|--------------------|
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Client Participation & Responsibilities

I understand that in consideration of services being provided at my residence, I certify that the information I provided is correct. I authorize Project Warm to:

- Perform necessary conservation measures appropriate to make my home more energy efficient. I
 release Project Warm from responsibility for any damage to my home in connection with testing
 and from performing weatherization work in my home.
- 2. Authorize other individuals and contractors, if needed, to make repairs and/or replacements to items that may present health and safety issues.
- 3. Permit return visits by representatives of Project Warm. I understand that if I do not permit Project Warm and its representatives to perform the necessary inspections of all work done by contractors, the contractors may bill me for the work performed.
- 4. Authorize LG&E to release all records regarding my customer services account to Project Warm including but not limited to the following: payment records, usage data, EMPP estimates, meter reading dates, service disconnection data, arrearage, billing due dates, billing amounts, partial payment agreements for both gas and electric usage.
- 5. I further release LG&E from any liability whatsoever arising out of release of this information and agree to hold LG&E harmless from all claims that may arise out of this release.
- 6. I certify that the person receiving the services will keep all scheduled appointments and otherwise comply with the agreement.
- 7. I certify that the person receiving the services will keep all scheduled appointments and otherwise comply with the agreement.

| Applicant Signature: | Date: |
|----------------------|-------|
|----------------------|-------|

LG&E Acct. Holder Signature: ___

_ Date: _

PLEASE INITIAL IN THE BOXES BELOW IF YOU CONSENT TO THE FOLLOWING:

To provide a safe work environment for Project Warm staff and/or volunteers, I will clear the work area of any drapes, blinds, furniture, and/or other personal belongings before my appointment(s) to the best of my ability. I will also make a trash can available for their use.

I acknowledge that any staff member or volunteer associated with Project Warm will not be held responsible for any damages that may occur when attempting to clear the workspace of any drapes, blinds, furniture and/or other personal belongings in order to complete any work done on my home.

For the safety of Project Warm staff and/or volunteers, I will supervise all children, secure all pets, and refrain from smoking while they are present in the home.

Myself or a family member will assist any Project Warm staff and/or volunteers to the best of our abilities. We will do so by asking and answering questions about the home, providing insight on work previously done on the home, and lending a hand if possible.



Photo Release Statement (Optional)

I, the undersigned, hereby give Project Warm, legal representatives, and heirs, the irrevocable right to use my name (or any fictional name), portrait or photograph in all forms and media (including composite or distorted representations) for social media, advertising, mailings, trade or any other lawful use. I waive any right to inspect or approve the finished version(s).

Applicant Signature: ___

Date:

PLEASE RETURN THE COMPLETED APPLICATION WITH ALL OF THE FOLLOWING INFORMATION:

- 1. Signature(s) of applicant and LG&E account holder in all applicable areas
- 2. Proof of Gross Monthly Income for EACH household member 18 years of age or older. Valid proof of income is dependent upon the type of income received and is listed below. Child support does NOT need to be reported.
 - a. **EMPLOYMENT:** If paid weekly, send your 4 most recent pay stubs. If paid biweekly, send your 2 most recent pay stubs. If paid monthly, send your most recent pay stub.
 - **b. SOCIAL SECURITY / DISABILITY:** Your award letter for this year OR a recent bank statement showing a direct deposit from Social Security.
 - c. **PENSION:** Your award letter OR a recent bank statement showing a direct deposit from the relevant institution.
 - d. K-TAP: Form that shows gross income and a list of all dependants.
 - e. SNAP / FOOD STAMPS: Your award letter listing earned and unearned income.
 - f. SELF-EMPLOYMENT: Most recent tax return listing gross income.
 - **g. NO INCOME**: Completed Zero Income Certification, provided by Project Warm. If you or a household member need a zero income form but did not receive one with your application, please contact Project Warm directly.
- **3. RENTERS ONLY:** Your landlord's contact information (name, address, zip code, and phone number) is **REQUIRED.** A letter of authorization will be sent to your landlord separately.

The First Line Weatherization program is a year-round program. Please return your completed application to us via email or in a stamped envelope as quickly as possible.

For questions, requests for further information, or to sign up friends and relatives, please call our office at (502) 636-9276.

Incomplete applications will result in processing & scheduling delays.