



PROJECT WARM
 800 S. Preston Street
 Louisville, KY 40203

PHONE 502-636-9276
 FAX 502-635-9259
 EMAIL forms@projectwarm.org
 projectwarm.org

Council _____
 District _____

FIRST LINE WEATHERIZATION SERVICE APPLICATION

Date: _____

Name: _____

Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Race: White African-American Hispanic Asian Hawaiian / Pacific Islander American Indian
 Multi-Racial Other: _____

LG&E Account #:	LG&E Account Holder Name:	Relationship to Account Holder:
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How did you hear about Project Warm? _____

Do you own or rent your home? Own Rent

Type of Dwelling: Single family Mobile home Apartment

Date moved to current residence (mm/dd/yy): _____ How many people live in the house? _____

Have you ever had to move due to problems paying utility bills? Yes No

Has this household received LIHEAP Benefits in the past year? Yes No

If you rent, please provide the Landlord's info. below:

Name:			
Address:			
City:	State:	Zip Code:	Phone #:

Please provide info of people living in this household below:

Full Name	Male / Female	Date of Birth	Monthly Income	Source of Income	Disabled? Yes or No	Veteran? Yes or No



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Your participation & responsibilities:

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

1. 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 currently resides at the above described premises.
7. I certify that the person receiving the services will keep all scheduled appointments and otherwise comply with the agreement.

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

Ask questions about your home as an opportunity to learn more about your home and save money:	<input type="checkbox"/>
Clear work area before we arrive by removing blinds and drapes, clearing the floor around windows and doors, and having a trash can available:	<input type="checkbox"/>
For the safety of you and our workers please secure all pets, supervise your children, and refrain from smoking around our workers:	<input type="checkbox"/>
Be prepared to assist (you or your family member) when we are working on your home by asking questions, observing, lending a hand when possible:	<input type="checkbox"/>

Customer Signature: _____ Date: _____

LG&E Account Holder Signature: _____ Date: _____

FIRST LINE WEATHERIZATION, a FREE Project Warm Service, assists eligible households lower their energy usage by sealing air leaks around the home. This will keep homes cooler in the summer and warmer in the winter.



To be eligible for service:

- 1) Your **household's gross, monthly income must fall within 200%** of the current Health and Human Services Poverty Guidelines.
- 2) You must live in **Jefferson County, Kentucky**.
- 3) You must receive **utility service from LG&E**.

Weatherization services may include: weather-stripping doors, caulking or sealing around windows, baseboards, doorways and cracks that allow outside air into the home. Other small home repairs such as: adjusting doors, replacing broken window glass and fixing windows that do not open or close properly.

Please Complete This Application & Return With The Following Information:

- 1) **Signature(s)** of applicant and LG&E account holder.
- 2) **Proof of Gross Monthly Income** for each family member, listing name & address, such as:
 - a. Paycheck stubs: If paid weekly, send 4 recent paycheck stubs. If paid biweekly send 2 recent paycheck stubs. If paid monthly, send your most recent paycheck stub.
 - b. K-TAP benefits letter: Form that lists your Gross Income - and list of dependents.
 - c. Social Security or Disability Award letter or bank deposit statement showing direct deposit.
 - d. Food Stamp Award letter listing earned and unearned income.
 - e. Most recent tax returns (only if self-employed).
- 3) **If you rent:**
Your landlord's information (name, address [**no PO Box #s**], zip code & phone number) is required. A Letter of Authorization will be sent separately to your landlord.

- Child support does not need to be reported.**
- Incomplete applications will result in processing and scheduling delays.**
- This is a year-round program. Return application in enclosed envelope as soon as possible (make sure you put a stamp on it).**

Please call **636-9276** with questions, for further information, or to sign up friends and relatives.

2021 POVERTY LEVELS

Size of Household	100%	200%
1	\$12,880	\$25,760
2	\$17,420	\$34,840
3	\$21,960	\$43,920
4	\$26,500	\$53,000
5	\$31,040	\$62,080
6	\$35,580	\$71,160
7	\$40,120	\$80,240
8	\$44,660	\$89,320



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Client Consent form to Allow Safe Work Practices During Pandemic (Must Sign)

This consent form is to help protect household members, volunteers, and Project Warm (PW) Staff from community spread of Covid 19.

1. Homeowner/Renter must agree to limit the number of people in the home to two persons during the work assessment and while repairs are being made (this includes household members). PW Staff will coordinate the scheduling of visits to meet the guidelines.
2. Homeowner/Renter must agree to share Covid 19 status with PW Staff prior to visits. Examples: Has the household been vaccinated? Recent Covid test results; is anyone currently under quarantine restrictions? Does anyone in the household have symptoms which may be related to Covid 19?
3. Homeowner/Renter and household member must agree to temperature check and wear a mask at time of work assessment and day(s) repairs are being made. Reminder: No more than two people should be in the home during the assessment and while repairs are being made.
4. Homeowner/Renter understands Project Warm will prioritize repairs during the Pandemic and may require follow-up visits.
5. Homeowner/Renter must agree to PW establishing the work area with safety cones and/or standing floor signs, to restrict non-worker access to work area(s). The PW Work Team will consist of no more than 3 workers per household, per visit.
6. Due to the Covid 19 spread, Project Warm will not perform the assessment or make repairs without combined cooperation between Homeowner/Renter, household members and Project Warm Staff/Volunteers. All guidelines should be followed to help keep everyone safe and in good health.

Client Name (Print)

Address

Client Signature

Date

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).

Client Signature

Date