



E-Mail Address: \_\_\_\_\_

SS# \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

<b>GENDER</b> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<b>DISABLED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>ETHNICITY</b> <input type="checkbox"/> B. BLACK/AFRICAN AMER. <input type="checkbox"/> H. HISPANIC <input type="checkbox"/> A. ASIAN <input type="checkbox"/> W. WHITE <input type="checkbox"/> N. NATIVE AMER. <input type="checkbox"/> O. OTHER			
<b>EDUCATION</b> <input type="checkbox"/> A. 0 - 8 <input type="checkbox"/> D. 12 + <input type="checkbox"/> B. 9-12 (NON-GRAD) <input type="checkbox"/> E. UNKNOWN <input type="checkbox"/> C. HS GRAD/GED <input type="checkbox"/> F. COLLEGE GRAD			<b>FOOD STAMPS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>HEALTH INSURANCE</b> <input type="checkbox"/> A. MEDICAID <input type="checkbox"/> D. SELF-INS <input type="checkbox"/> B. MEDICARE <input type="checkbox"/> E. NONE <input type="checkbox"/> C. PRIVATE <input type="checkbox"/> F. UNKNOWN		<b>FARMER</b> <input type="checkbox"/> A. FARMER <input type="checkbox"/> B. MIGRANT <input type="checkbox"/> C. SEASON
<b>VETERAN</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b># IN HSHLD</b>	<b>FAMILY TYPE</b> <input type="checkbox"/> F. SINGLE PAR/FEMALE <input type="checkbox"/> S. SINGLE <input type="checkbox"/> M. SINGLE PAR/MALE <input type="checkbox"/> C. COUPLE <input type="checkbox"/> T. TWO PARENT <input type="checkbox"/> O. OTHER		<b>HOUSING</b> <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> HOMELESS		<b>CLIENT INCOME</b> <input type="checkbox"/> A. WEEKLY <input type="checkbox"/> D. ANNUAL <input type="checkbox"/> B. BI-WEEKLY <input type="checkbox"/> E. 13 WEEKS <input type="checkbox"/> C. MONTHLY <input type="checkbox"/> F. AMOUNT:	

**SOURCES OF INCOME**  
 A. EMPLOYMENT     C. SOCIAL SECURITY     E. DA     G. PENSIONS     I. OTHER:  
 B. UNEMPLOYMENT     D. AFDC/TANF     F. SSI/SSD     H. DISABILITY

**SITE:** \_\_\_\_\_

**HOUSEHOLD MEMBERS**

SS #	LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER	DISABLED	ETHNICITY	EDUCATION	HEALTH INS	VETERAN	INCOME: PERIOD	AMOUNT	SOURCE

ID#							
UNITS							
DATE							

	NAME	DATE
INTAKE		
DATA ENTRY		

**EQUAL OPPORTUNITY-** It is the policy of the agency to offer equal opportunity to all-persons without regard to race, religion, national origin, sex age, political affiliation or handicap.  
**COMPLAINT PROCEDURES-** If you have a complaint related to the completion of services that you have received from LEADS, you have the right to file an appeal. This appeal must be made with-in 30 days from the date of services. Please make your appeal in writing to: Terry Boehm, Community Service Director, 160 Wilson Street, Newark, Ohio 43055

I certify that this statement is true and correct to the best of my knowledge and authorize the release of any or all information necessary for verification purposes.

\_\_\_\_\_  
SIGNATURE OF CLIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMMENTS



House Hold Income Section:

First Name:			Last Name:	
<b>Fixed Income</b>	<b>Earned Income</b>	<b>Supplemental Income</b>	<b>Other Source Income</b>	<b>Other Earned Income</b>
<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Pension <input type="checkbox"/> Widows, Widower's <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Ohio Works First * Tanf <input type="checkbox"/> *ADC	<input type="checkbox"/> Cash Withdrawn from IRAs/ Annuities/ Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sums: SSI/SSDI/ Estate & trust Settlements/ Insurance Payouts/ Lottery Winning <input type="checkbox"/> Other	<input type="checkbox"/> Self- Employment <input type="checkbox"/> Seasonal Employment includes teachers, construction workers, etc.: <input type="checkbox"/> Child Support  Notice: This Category MUST provide 12 months of income 1099 documentation, IRS Tax Transcript
Gross Income for the Past 30 Days \$			Gross Income for the Past 12 Months \$	

First Name:			Last Name:	
<b>Fixed Income</b>	<b>Earned Income</b>	<b>Supplemental Income</b>	<b>Other Source Income</b>	<b>Other Earned Income</b>
<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Pension <input type="checkbox"/> Widows/Widower's <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Ohio Works First * Tanf <input type="checkbox"/> *ADC	<input type="checkbox"/> Cash Withdrawn from IRAs/ Annuities/ Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sums: SSI/SSDI/ Estate & trust Settlements/ Insurance Payouts/ Lottery Winning <input type="checkbox"/> Other	<input type="checkbox"/> Self- Employment <input type="checkbox"/> Seasonal Employment includes teachers, construction workers, etc.: <input type="checkbox"/> Child Support  Notice: This Category MUST provide 12 months of income 1099 documentation, IRS Tax Transcript
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First Name:			Last Name:	
Fixed Income	Earned Income	Supplemental Income	Other Source Income	Other Earned Income
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Gross Income for the Past 30 Days \$			Gross Income for the Past 12 Months \$	

Total Household Gross Income

30 Days Income: \$	12 Months Income: \$
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- COAAA- Reminder of Cost Share Percentage.

## Self-Declaration of Income Worksheet

Complete the information below only if you have no other way to document your income. Please complete all applicable sections. If not all sections are complete there may be a delay in processing your application.

### Monetary Support section:

If you are receiving help paying your bills and/or expenses from a non-household member, please list their name(s) and phone number(s) below, also include a signed statement from that person(s). The statement should note how much money is provided, how often, and if the money is given to you or paid directly to your creditors. If more than one person is paying expenses, have him/her submit a separate signed statement as well and provide their name(s), phone number(s) and address(es) below.

First Name	Last Name	Telephone Number (include area code)
Address		
First Name	Last Name	Telephone Number (include area code)
Address		
First Name	Last Name	Telephone Number (include area code)
Address		

Explain how the following expenses are paid (Write N/A to any that do not apply):

Bill	Monthly Amount	Gift / Loan / Paid Directly to Creditor	
Rent/Mortgage	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Food	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Gas	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Electric	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Phone/Cell	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Car Payment/Insurance	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Cable/Internet	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Personal Expenses	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Other Expenses	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor

Does your household receive any of the following?	Yes or No	Amount
Food Stamps		\$
Rental Assistance (i.e. section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies.		\$

### Income Comments Section

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I declare under penalty of perjury that the information submitted on this worksheet is true and correct.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**No Income Household Member**  
**18 years old/or Older**  
**Must fill out this form and**  
**HAVE IT NOTARIZED**

EMERGENCY INFORMATION ON CLIENT

CLIENT NAME:

Empty rectangular box for client name.

EMERGENCY CONTACT PERSON

Form with fields for Name, Relationship, Address, and Phone Number.

Home Questionnaire

Approximate Age of Home \_\_\_\_\_

Mobile Home Identification Number

Proof of Ownership Attached (Deed, Title, Tax Information etc.)

Grid of 10 small empty boxes for mobile home ID number.

Is Your Home: (Please circle one)

- a) One Story
b) Two Story
c) Mobile Home
d) More Than one Apartment
e) Other- Explain \_\_\_\_\_

Siding Type: (Please Circle One)

- a) Wood Siding
b) Aluminum Siding
c) Vinyl Siding
d) Brick exterior
e) Any Insulation in interior Walls? \_\_\_\_\_
f) Other—Explain \_\_\_\_\_

Basement Type: (Please Circle One)

- a) Full Basement
b) Crawl Space
c) Basement with crawl
d) Slab
e) Other- Explain \_\_\_\_\_

Attic Type: (Please Circle One)

- a) Full Attic
b) Floored Attic
c) Walk up Attic
d) One Story and 1/2
e) Any Insulation in the Attic? \_\_\_\_\_
f) Other- Explain \_\_\_\_\_

Roof Condition: Approximate Age: \_\_\_\_\_ Type of Roof: \_\_\_\_\_
\_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Bad

Heating System:

Fuel Type: \_\_\_\_\_ Make of Furnace \_\_\_\_\_

When was the last service date on heating unit: \_\_\_\_\_

Is your Furnace or Heating System working properly \_\_\_\_yes \_\_\_\_no

Explain: \_\_\_\_\_?

Does your house have proper heating ducts?

Any other details regarding the Heating system: \_\_\_\_\_

Type of Cook Stove \_\_\_\_ Natural Gas \_\_\_\_ Electric

Hot water Tank \_\_\_\_ Natural Gas \_\_\_\_ Electric

Anything Else we should know about your home: \_\_\_\_\_

Two horizontal lines for additional notes.

What is your Main Heat source of heat? (Check only One)

Natural Gas     Bottle Gas or Propane (L.P. Gas)     Fuel Oil or Kerosene     Coal Wood or Pallets     Electric (ALL)

Main Heating Source	Electric
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you Currently enrolled in PIPP Plus?	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you Currently enrolled in PIPP Plus?
If (YES) do you want to re-verify household Income for eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If (YES) do you want to re-verify household Income for eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No
If (No) would you like to enroll in PIPP Plus? <input type="checkbox"/> Yes <input type="checkbox"/> No	If (No) would you like to enroll in PIPP Plus? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are currently enrolled in PIPP Plus, would you like to me removed? (If you drop, you will be responsible for any remaining account balance.)	If you are currently enrolled in PIPP Plus, would you like to me removed? (If you drop, you will be responsible for any remaining account balance.)
Company/Vendor <input type="text"/>	Company/Vendor <input type="text"/>
Account Number <input type="text"/>	Account Number <input type="text"/>
Annual (12 months usage) <input type="text"/>	Annual (12 months usage) <input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Are your heating Cost included in your rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No Are your Electric included in your rent?
<input type="checkbox"/> Yes <input type="checkbox"/> No Is the name on your heating bill different from the Applicant's name. If yes, What Name First: <input type="text"/> Last: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Is the name on your electric bill different from the Applicant's name. If yes, What Name First: <input type="text"/> Last: <input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you share a main heating Source meter with another household?	<input type="checkbox"/> Yes <input type="checkbox"/> No Do you share an electric meter with another household?

Yes  No Has your household received weatherization or Home Repair services? Year \_\_\_\_\_

Yes  No Does anyone in your Household receive SSI benefits? Who  
First:  Last:

Yes  No Have you applied/ received a HEAP benefit in the last year? \_\_\_\_\_

**Notice. Homeowners may be asked to provide a cost share or half of the total cost of all the Home Repairs provided.**

What Repair work are you requesting to be done:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Home Weatherization Assistance Program Homeowner/Authorized Agent Certification (EIA-290)

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Phone \_\_\_\_\_

I, \_\_\_\_\_ Name of Homeowner/Authorized Agent, certify

that I am the owner/authorized agent for the property located at the following address:

\_\_\_\_\_  
\_\_\_\_\_

I further certify that I have given my permission to allow work on the property listed above which may include the following:

1. Drill Sidewalls and replace exterior covering YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

2. Drill and plug interior walls YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

3. Install S-TYPE fuses YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

4. Lower the thermostat on the water heater YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_  
8. \_\_\_\_\_  
9. \_\_\_\_\_  
10. \_\_\_\_\_  
11. \_\_\_\_\_

12. Other work that must be done in accordance with the Ohio Weatherization Field Guide.

I further certify that I understand that all work must be done in accordance with the rules and regulations governing the Home Weatherization Assistance Program.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Owner/Authorized Agent



HOME REPAIR PROGRAMS FOR THE ELDERLY ARE FUNDED BY: CENTRAL OHIO AREA AGENCY ON AGENCY AND SENIOR LEVY PROGRAM

HOUSING TRUST FUND FUNDED BY: OHIO DEPARTMENT OF DEVELOPMENT

### CENTRAL OHIO AREA AGENCY ON AGING (COAAA) Cost Sharing Policy

For service funded with Alzheimer's respite, Older Americans act and senior community service block grant funds.

I have been informed of the cost share policy and the opportunity to donate. I understand that I will not be denied bases on inability to contribute.

#### General Authorization

An applicant who provides inaccurate income or household composition information risks being dropped from PIPP Plus and/or other energy assistance programs being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility less for the full account balance. I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Development Services Agency or any designated agent or employee of the Director or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director of the Ohio Development Services Agency or any designated agent or employee of the Director or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosures. The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Development Services Agency, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Development Services Agency, and the Director of the Ohio Department of Jobs and Family Services. I understand that by signing this application, I grant the Ohio Development Services Agency or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Development Services Agency or its authorized providers access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP Plus customer, I understand that I may be included in a group for which electric service is purchased in common. I understand that any authorized provider may request an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

I declare under penalty of perjury that the information submitted in this application is true and correct.

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND OR HAVE QUESTION, PLEASE ASK SOMEONE TO ASSIST YOU. ALL INFORMATION IS STRICTLY CONFIDENTIAL.

I certify that the information I have provided on this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I authorize this agency, its representatives and designees to verify the proceeding information by contacting my employer, public assistance provided, or other persons or organizations necessary for verification or for additional information. I understand that any and all information provided in this application may be used for this purpose. I understand that filling out this application DOES NOT guarantee that my household will receive assistance or all that is listed above. By signing this statement, I understand that I may be held civilly and/or criminally liable under federal and state law for knowingly make false or fraudulent statement.

Print Name:

Signature:

Date:

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#### Client's Service Appeal Procedure

If you have a complaint related to the completion of service that you received from LEADS, you have the right to file an appeal. This appeal must be made within 30 day from the date of final inspection.

Please make your appeal in writing to:

Terry Boenm  
Community Service Director  
160 Wilson Street  
Newark, Ohio 43055

If you do not receive a satisfactory response from the Community Service Director, you may then appeal to LEADS Chief Executive Officer. A written response will be made to you by LEADS Chief Executive Officer within ten days after receipt of written appeal.

Organization Satisfying Eligibility \_\_\_\_\_ Client Name \_\_\_\_\_

Agency Representative \_\_\_\_\_ Client # \_\_\_\_\_

Phone Number \_\_\_\_\_ Total Income \_\_\_\_\_  
Household \_\_\_\_\_

Divert Ratio \_\_\_\_\_

Referrals Made to:  -EAP  DDP  E-EAP  
 -WAP  EE

Date Received: \_\_\_\_\_

Categorical Eligibility:  WAP STATUS  -AMP  -EAP  SS

Income Eligible:  Yes  No

	Name	Date	PRIORITY POINTS
Eligible Referred By:			High Energy Use
Approved By:			Fuel Type
Denied By:			DDP -EAP
			Elderly
			Disability
			Children
			Total

Reason For Denial:  Over income  Citizenship  
 Address Error  Other

Income Re-eligible: \_\_\_\_\_ Date: \_\_\_\_\_