



## WEATHERIZATION ASSISTANCE PRE-APPLICATION-CHECK LIST

As per your request, attached please find the Weatherization Housing Assistance Application. The following items must be included with your original completed application. Applications must be returned via mail; **no faxes will be allowed.** All applications will be processed based on all program guidelines.

### **Please do not send original documents, only copies that we may keep:**

- Clear picture ID/Driver's License- of adult household members
- Copies of social security cards for **all** household members.
- Attached Social Security Information Collection Form Signed and Dated
- Attached Privacy Policy Form Signed and Dated
- Proof of income for all household members (proof of income may include the following): Please mail in copies and not originals.

\_ Employment = Last 4 paystubs

\_ Child Support = Court documents/printout of payment history

\_ Social Security = Benefit letter for current year (SSA, SSI) 2019

\_ Unemployment = Benefit Letter

\_ Pension = Letter/Notice from pension provider

\_ Self-Employed = Tax Return including Schedule C

\_ Other = Temporary Assistance to Needy Families (TANF)

**If you or a household member is disabled, you must provide proof of disability. (Benefit Statement Letter stating you are entitled to disability benefits & or a copy of vehicle placard).**

- Proof of home ownership which can be proven with one of the following: Tax Bill, Homestead Exemption or Deed. Mortgage documents or proof of house insurance will not be accepted as proof of homeownership. If renting, landlord must be willing to participate and sign the Landlord Agreement Form and present proof of homeownership as well by any of the items previously stated.
- Most Recent energy bill/Please do not mail in receipts

Once application has been filled out and all items on the checklist are attached **please return application via mail to the main office at:**

**Centro Campesino Farmworker Center, Inc.**

**C/O Marixa Figueroa**

**P.O. Box 343449**

**Florida City, FL 33034**

If you have any questions, please contact Marixa Figueroa at (305) 245-7738 Ext# 236

#### Main Office

35801 SW 186 Ave

Florida City, Florida 33034

Mail To: PO Box 343449

Tel: 305-245-7738

Fax: 305-245-0078





**\*\*PLEASE RETURN COMPLETED APPLICATION TO:**  
 Centro Campesino Farmworker Center, Inc.  
 C/O Marixa Figueroa  
 P.O. Box 343449  
 Florida City, FL 33034

**PRE-INTAKE APPLICATION**

NAME: \_\_\_\_\_ SOCIAL SECURITY #: (last 4 digits) \_\_\_\_\_  
 PHONE NO: \_\_\_\_\_ ALTERNATE PHONE NUMBER: \_\_\_\_\_  
 UNIT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_  
 COUNTY: \_\_\_\_\_ ARE YOU A VETERAN? YES \_\_\_\_\_ NO \_\_\_\_\_  
**FARMWORKER: YES \_\_\_\_\_ NO \_\_\_\_\_** AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 TOTAL # OF PEOPLE RESIDING IN HOUSE: \_\_\_\_\_ GENDER: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_  
 TOTAL # OF ADULTS (18+ OF AGE) RESIDING IN HOUSE: \_\_\_\_\_

HOUSEHOLD MEMBERS	DATE OF BIRTH & AGE
1.	
2.	
3.	
4.	
5.	

**CLIENT RACE:**

\_\_\_ BLACK OR AFRICAN AMERICAN      \_\_\_ WHITE      \_\_\_ NATIVE AMERICAN  
 \_\_\_ HISPANIC OR LATINO      \_\_\_ ASIAN      \_\_\_ OTHER; PLEASE SPECIFY \_\_\_\_\_

**TYPE OF HOME (CHECK ONE):**

\_\_\_ OWNER OCCUPIED HOME  
 \_\_\_ RENTER OCCUPIED  
 \_\_\_ SITE BUILT \_\_\_ MOBILE  
 \_\_\_ Sq. FT. \_\_\_ YR. BUILT

**ENTER # OF HOUSEHOLD MEMBERS WITH THE FOLLOWING CHARACTERISTICS:**

\_\_\_ ELDERLY (60 & older)  
 \_\_\_ DISABLED (Proof must be submitted)  
 \_\_\_ CHILDREN (0 -12 years of age)

UTILITY BILL AMOUNT AT TIME OF APPLICATION: \$ \_\_\_\_\_

UTILITY COMPANY NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ARE YOU A LIHEAP REFERRAL? \_\_\_ YES \_\_\_ NO

**Please Initial:**

\_\_\_\_\_ I understand that this is the initial application and to complete the application process, supporting documentation must be provided consisting of copies of a clear photo ID for head of household, Proof of homeownership, Total household income, Proof of disability if claiming disability, Most recent utility bill, Social security cards / documentation for all household members and head of household.

\_\_\_\_\_ I understand that I will be prioritized for receiving services and that my position on the waiting list may be adjusted due to other applicants scoring higher points. Also, my final total points score may be adjusted based upon the agency review of the supporting documentation.

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

DATE \_\_\_\_\_

**PLEASE PROVIDE GROSS ANNUAL INCOME:**

EMPLOYMENT \$ \_\_\_\_\_ RETIREMENT \$ \_\_\_\_\_ SOCIAL SECURITY \$ \_\_\_\_\_  
 UNEMPLOYMENT \$ \_\_\_\_\_ T.A.N.F. \$ \_\_\_\_\_ SUPPLEMENTAL INCOME (SSI) \$ \_\_\_\_\_  
 OTHER (type) \$ \_\_\_\_\_ **TOTAL HOUSEHOLD INCOME \$ \_\_\_\_\_**

[Type here]

# Centro Campesino Farmworker Center, Inc.



## NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS WEATHERIZATION ASSISTANCE PROGRAM

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Weatherization Assistance Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.

A social security number collected pursuant to this notice can only be used by Centro Campesino Farmworker Center, Inc. (subgrantee) for the purposes specified above.

### **Nondisclosure except under limited circumstances.**

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

### **Acknowledgment of Receipt of Notice**

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Weatherization Assistance Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**PRIVACY POLICY FOR CLIENTS OF THE YOUTH SERVICES, O.P.E.N.D.O.O.R.S,  
EMERGENCY ASSISTANCE AND WEATHERIZATION ASSISTANCE PROGRAM  
DEPARTMENTS OF CENTRO CAMPESSINO FARMWORKER CENTER, INC.**

Centro Campesino Farmworker Center, Inc. (CCFC) values your trust and is committed to the responsible management, use and protection of personal identifiable information.

During the course of your application and participation for services from our agency, we accumulate non-public personal information from your intake form as well as other sources such as your income and assets in order to make informed decision about your eligibility. We restrict access to non-public information about you to employees determining your eligibility and /or processing documents related to your request for services. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information.

We collect non-public personal information about you from the following sources: (i) information we receive from you on our personal intake form (ii) other agencies or affiliates, and (iii) government agencies or programs which have provided services to you.

In order to assist you and/or meet our grant guidelines we may disclose the following kinds of non-public personal information about you (i) information we receive from you on our personal intake form or other forms such as your name, address, assets and income (ii) information about your transaction with us and our affiliates.

We may disclose non-public personal information about you to the following types of third parties:

- Affiliated Agencies
- Others such as nonprofit organizations or government agencies who provide funding and/or monitor our compliance with grants and regulatory guidelines.

Non-affiliated parties are entities that are not owned or controlled, in whole or in part, nor are they subsidiaries of Centro Campesino Farmworker Center, Inc. However, these third party entities are essential to Centro Campesino Farmworker Center, Inc.'s ability to provide services to you.

I am signing here to acknowledge receipt of the above Privacy Policy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

If you prefer that we do not disclose non-public personal information about you to non-affiliated third parties, except as required by law, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures required by law). If you wish to opt out of disclosures to non-affiliated third parties, sign the space below.

I wish to opt-out of this disclosure described above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

Centro Campesino Weatherization Assumption of Risk Waiver:



**Assumption of the Risk and Waiver of Liability Relating to COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious and is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known cure or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

Centro Campesino Farmworker Center, Inc. ("Centro Campesino") is committed to preventing the spread of COVID-19 while providing weatherization services to participants in the Florida Department of Economic Opportunity Weatherization Assistance Program. To achieve that end, Centro Campesino has put in place preventative measures to reduce the spread of COVID-19 in accordance with available CDC, Florida Department of Health guidelines, and Executive orders issued in Miami-Dade County. Nevertheless, **Centro Campesino cannot guarantee that you or other members of your household will not be exposed to, contract, or spread COVID-19 by participating in the Weatherization Assistance Program.** Further, allowing workers to enter your home to conduct weatherization services could **increase** your risk of becoming infected with COVID-19.

I have read and understood the above warning concerning COVID-19

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or other members of my household may be exposed to or infected by COVID-19 by participating in the Florida Department of Economic Opportunity Weatherization Assistance Program, and that such exposure or infection may result in illness, injury, disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families.

I hereby forever release and waive my right to bring suit against Centro Campesino and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to my participation in the Florida Department of Economic Opportunity Weatherization Assistance Program. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my household members or myself (including, but not limited to, personal injury, disability, and death), illness damages, loss, claim, liability, or expense, of any kind, that I or other family members may experience or incur in connection with my participation in the Weatherization Assistance Program. I understand that this Assumption of Risk and Waiver of Liability means that I give up my and my household member's rights to bring any such claims. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Centro Campesino, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Centro Campesino program.

I understand and agree that the law of the State of Florida will apply to this contract

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:**

Client Name: \_\_\_\_\_

County: \_\_\_\_\_

\_\_\_\_\_  
Signature of Weatherization Program Participants (s)

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
County



## Weatherization Assistance Program

P.O. Box 343449, FL 33034

Telephone (305) 245-7738

### TERMS AND CONDITIONS CONSENT TO INSPECT

#### Access to Residence/Conditions:

- I authorize Centro Campesino, Inc. staff, inspectors, contractors and sub-contractors to enter my home as needed to perform energy audits, weatherization work and inspections of weatherization work during business hours and on a reasonable schedule.
- I understand that if there are discrepancies found between information supplied on the application and observed conditions at the home, services will be denied or deferred.
- I agree to allow my home to be photographed (inside and outside) for pre and post work documentation.
- I agree and understand that if my home is deemed unsafe or unacceptable for weatherization technicians, contractors or inspectors to perform their duties due to unsafe or dangerous conditions (structural damage, unrepaired sinkholes, etc.), presence of debris, roof leaks, excessive clutter, mold, insect/rodent infestation, pets, threat of violence, etc., the project will be postponed until these conditions are corrected.
- I understand that if the energy audit recommends replacement of air conditioners, heating units, refrigerators and/or water heaters, the contractor will have to remove the existing unit(s) from the property.
- I agree and understand that weatherization activities that will make the home more energy efficient will be performed and that homeowner refusal or HOA disapproval of certain measures will disqualify the home for any services at that time.
- I understand this is not a home rehabilitation program. There may be other measures needed on your home that cannot be addressed due to funding and/or program limitations. All energy saving measures will be done in accordance with the priority list.
- I am aware that energy saving measures will be performed in an attempt to lower the home's utility usage and will not hold Centro Campesino, Inc. liable if these measures do not correct the problem.

#### My signature verifies:

- The residence is not currently for sale, nor is it designated for acquisition, clearance or foreclosure.
- That the home does not have any unpermitted additions, open permits or currently being remodeled.
- That I am not aware of any roof leaks.
- That the home has not been previously weatherized (unless work was completed prior to Sept. 30, 2003).
- Upon completion of work, I will give permission for the inspectors, weatherization staff, contractors, sub-contractors, Department of Economic Opportunity staff and federal officials to inspect the work.

I certify the information provided in this application is true, correct and complete to the best of my knowledge. I understand that I may be fined, imprisoned or both under state or federal law if I make false statements on the application in order to get benefits I am not eligible to receive. The Weatherization Assistance Program is free of charge, but I understand that if my home is serviced due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received.

**My signature below indicates that I have read, understood and agree to the conditions of this application.**

\_\_\_\_\_  
Homeowner Name (printed)

\_\_\_\_\_  
Homeowner Signature

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

**READ, SIGN & RETURN WITH APPLICATION**