



*For Bradford, Sullivan, Susquehanna, Tioga, & Wyoming Counties*

**Please include the following items in your packet with your weatherization application:**

1. Copy of Identification (Must be a valid Photo ID)
2. Proof of income for the last 12 months for each household member:  
(Wages, SS, SSI, SSD, TANF, Dividends, Interest, Royalties, Rents, Income from Estates or Trusts, Unemployment Benefits, Pensions, Insurance and Annuities, Worker's Compensation, Strike Benefits, etc.)
3. Copy of Real Estate Tax Bill
4. Copy of Deed, Mortgage Statement, or Mobile Home Title
5. Copy of Fuel Usage for the last 12 months
6. Copies of Electric Usage for the last 12 months
7. Renters must include proof of monthly rent paid

Any missing documentation will result in a delay of processing your application.

36 Public Avenue ■ PO Box 366 ■ Montrose, PA 18801-0366  
Telephone (570)278-3338 ■ 1-800-982-4045 ■ Fax (570)278-0484

[www.trehab.org](http://www.trehab.org)

711 (telephone for the hearing/ speech-impaired)  
AN EQUAL OPPORTUNITY EMPLOYER & LENDER



*For Bradford, Sullivan, Susquehanna, Tioga, & Wyoming Counties*

Thank you for requesting a Weatherization Application from our Weatherization Program. We realize there is a lot of paperwork requested but all documentation is mandated by PA Department of Community and Economic Development Weatherization Program Guidelines.

**Please complete ENTIRE APPLICATION WITH REQUIRED DOCUMENTATION AS REQUESTED IN THE PACKET and MAIL BACK to Trehab for processing. DO NOT FAX INFORMATION. PLEASE MAKE SURE YOUR LANDLORD'S INFORMATION/REQUIRED LANDLORD SIGNATURES ARE COMPLETED AND INCLUDED IN PACKET. Any missing documentation will result in a delay.**

Federal Income guidelines for 2017 Weatherization are as follows:

Family Size	Annual Income
1	\$ 24,120.00
2	\$ 32,480.00
3	\$ 40,840.00
4	\$ 49,200.00
5	\$ 57,560.00
6	\$ 65,920.00
7	\$ 74,280.00
8	\$ 82,640.00

Should you have any questions or need assistance, please call 570-278-5240 or 1-800-982-4045 ext. 8303  
Monday – Friday, 8:00 AM -3:30 PM.

36 Public Avenue ■ PO Box 366 ■ Montrose, PA 18801-0366  
Telephone (570)278-3338 ■ 1-800-982-4045 ■ Fax (570)278-0484  
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TREHAB  
WEATHERIZATION ASSISTANCE PROGRAM  
(Serving Bradford, Sullivan, Susquehanna, Tioga and Wyoming Counties)

**APPLICATION FOR WEATHERIZATION**

The Weatherization Program is funded to lower the cost of heating the homes of low-income families or persons and is a service at no cost to eligible homeowners and renters in our five (5) county area. *Please complete the application forms **FULLY AND ACCURATELY AND INCLUDE ALL INFORMATION**, listing all persons residing in the home and all incomes for these persons for the past twelve (12) calendar months from the date of application.*

Income refers to wages and salaries before deductions, self-employment receipts and income less operating expenses and deductions. Social Security benefits, alimony, dividends, interest, net rental income, net royalties, income from estates and trusts, unemployment benefits, veteran's benefits, pensions (both government and private), military retirement pay, military family allotments, railroad retirement, training stipends, insurance and annuity payments, net gambling or lottery winnings.

Those who qualify for weatherization services will have the work done and materials installed based upon individual need, and in accordance with regulations established by Trehab Weatherization Program, under guidelines provided by Pennsylvania's Department of Community and Economic Development.

Mail your complete application to: **TREHAB  
WEATHERIZATION PROGRAM  
PO BOX 366  
MONTROSE, PA 18801**

If you have any questions about the application, please call 570-278-5240 or toll free at 1-800-982-4045 Ext 8303, Monday thru Friday 8:00 AM to 3:30 PM.

**Failure to provide complete and accurate information results in considerable delay in the processing of your application.**

**Please make sure you put sufficient postage on the envelope when returning forms.**

TREHAB Weatherization Program  
Application for Weatherization Services

1. Name of Applicant: \_\_\_\_\_ Soc Sec. # \_\_\_\_\_  
Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

County & Township: \_\_\_\_\_

Detailed directions to your home (Example: Dirt road between Dimock & Lemon; turn right off of Route 29, two miles south of Dimock):

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

Telephone # \_\_\_\_\_ If none, provide contact # \_\_\_\_\_

If married, spouse's Soc Sec # \_\_\_\_\_ Birthdate: \_\_\_\_\_

2. Do you reside in a house (\_\_\_\_\_) or mobile home (\_\_\_\_\_) apartment (\_\_\_\_\_)? Year Built: \_\_\_\_\_

3. How is your home heated: Oil \_\_\_\_\_ Gas \_\_\_\_\_ Electric \_\_\_\_\_ Wood \_\_\_\_\_ Kero Mix \_\_\_\_\_?

What is the approximate cost per year for fuel \_\_\_\_\_ for electric \_\_\_\_\_?

What is the approximate age of your furnace: \_\_\_\_\_?

If you are a renter, does your landlord pay for the utilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which utilities does he/she pay for? \_\_\_\_\_

4. Do you own your home: Yes (\_\_\_\_\_) or No (\_\_\_\_\_) If you own your home, please provide Book and Page Number of your deed: \_\_\_\_\_

5. If you do not own your home, are you a Life Tenant? \_\_\_\_\_

If yes, please provide the name of the person who owns the home.

\_\_\_\_\_

6. Has your home been purchased under a Land Contract? Please provide the name of the original owner:

\_\_\_\_\_

7. If you rent your home, please provide the following:

Landlord's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

8. Is the head of your household handicapped or disabled? Yes (\_\_\_\_\_) No (\_\_\_\_\_) \_\_\_\_\_

9. Has anyone in the house been tested for Lead? (\_\_\_\_\_) No (\_\_\_\_\_) If yes, please complete the last section on page 3.

10. Complete the following for all persons (including applicant) residing in your household:

Complete Name	Relationship to Applicant	Age	Has this person worked in the last 12 months?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Have you ever received free weatherization services before? (\_\_\_\_\_) No (\_\_\_\_\_)

12. How long ago did you receive this service? \_\_\_\_\_



**INCOME SECTION**

1. If you received Widow's Social Security benefits, provide spouse's Social Security Number:

\_\_\_\_\_

2. If you received Veteran's benefits, provide Veteran's Claim Number:

\_\_\_\_\_

3. If you received a Retirement Pension provide Retirement Pension Claim Number:

\_\_\_\_\_

4. Number of persons residing in your household with an income \_\_\_\_\_

5. List below all persons residing in your household who have received any income for the **past twelve (12)** calendar months **from the date of this application.** Also, provide the **name of the source** of the income and the **gross amount of the income.**

**PLEASE INCULDE APPLICANT'S INCOME**

Receiving income

Source of Income

Gross Amount  
Of Income

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*\*\*\*\*



**TREHAB WEATHERIZATION PROGRAM  
CLIENT SIGN-OFF PROXY**

At the time of application for weatherization services, the client may create a client sign-off proxy list of individuals 18 years of age or older who may sign-off on any required documentation needed if you are not available during the weatherization process.

All client sign-offs must contain the printer name and signature of anyone who is not the client. **No person may sign the client's name except the client.**

Please list the persons age 18 and above below:

_____ Printed Name	_____ Signature
_____ Printed Name	_____ Signature
_____ Printed Name	_____ Signature
_____ Printed Name	_____ Signature
_____ Printed Name	_____ Signature

I hereby authorize the above named to be permitted to sign any and all documentation required by the TREHAB Weatherization Program in my absence.

_____ Signature of Client	_____ Date
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**FOR OFFICE USE ONLY**

_____ Signature of Staff	_____ Date
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## **INCOME VERIFICATION:**

### **Please provide copies of ALL household income.**

- If you or any of your household gets **any** type of Social Security, SSD, SSI, Public Assistance, etc., please provide a copy of the Awards Letter for EACH PERSON RECEIVING THE AWARD. (Social Security Administration 1-800-772-1213)
- **If you are working,** please provide pay stubs and give your employer the Income Information Release Form that is included in this package for them to complete and include it in your package back to us.

### **PROOF OF ALL HOUSEHOLD INCOME REQUIRED**

Some contact information you might find helpful are:

Department of Veterans Affairs  
1-800-827-1000  
PO BOX 8079  
Philadelphia, PA 19101

**Bradford County Assistance Office**  
1 Elizabeth Street, Suite 4  
P.O. Box 398  
Towanda, PA 18848

**Toll Free: 1-800-542-3938**  
Phone: 570-265-9186  
Fax: 570-265-3061

**Sullivan County Assistance Office**  
918 Main Street, Suite 2  
P.O. Box 355  
Laporte, PA 18626-0355

**Toll Free: 1-877-265-1681**  
Phone: 570-946-7174  
Fax: 570-946-7189

**Susquehanna County Assistance Office**  
33 Spruce Street  
P.O. Box 128  
Montrose, PA 18801-0128

**Toll Free: 1-888-753-6328**  
Phone: 570-278-3891  
Fax: 570-279-9508

**Tioga County Assistance Office**  
11809 Route 6  
Wellsboro, PA 16901-6764

**Toll Free: 1-800-525-6842**  
Phone: 570-724-4051  
Fax: 570-724-4927

**Wyoming County Assistance Office**  
608 Hunter Hwy.  
Ste. 6, P.O. Box 490  
Tunkhannock, PA 18657-0490

**Toll Free: 1-877-699-3312**  
Phone: 570-836-5171  
Fax: 570-836-8761

- **Unemployment Compensation Verification:** *Please contact Department of Labor and request a printout* verifying the amount of unemployment you have received for the past year. If you have access to a computer/internet, you may go to their website and printout a statement showing the amount of benefits you have received. The statement must reflect the 12 months prior to the date you sign the application. A copy of the determination notice showing the weekly amount will also be accepted.

**Thank you!**



**TREHAB**  
Weatherization Program  
PO Box 366 Montrose, PA 18801  
570-278-5240 or 1-800-982-4045 Ext 8303 or Fax: 570-278-0484

**INCOME INFORMATION RELEASE FORM**

This form is solely for determining client eligibility for Weatherization Services. The information will be treated in complete confidentiality.

I give (from whom you receive income) \_\_\_\_\_  
Permission to release the amount of my income for the period specified below to Trehab Weatherization Program.

**Signature of Claimant:** \_\_\_\_\_

**Name (Please Print):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

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

**Social Security #:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Name and mailing address of whom you are receiving/received income from for the past 12 months (One employer per form):**

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

**NOTE ---- CLIENT: PLEASE DO NOT WRITE BELOW THIS LINE**

**RETURN FORM WITH APPLICATION - WE WILL REQUEST THE VERIFICATION**

**COMPANY/AGENCY OFFICIAL:** Please verify the total GROSS AMOUNT of wages or benefits paid to the above named claimant during the following period:

From: \_\_\_\_\_ To: \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_  
Signature of Verifying Official

\_\_\_\_\_  
Title of Verifying Official \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Trehab Staff Name (printed) \_\_\_\_\_ Date \_\_\_\_\_ Trehab Signature \_\_\_\_\_

\_\_\_\_\_  
Client Name (Please Print) \_\_\_\_\_ Job # \_\_\_\_\_

# Landlord/Tenant Required Documentation

## **Landlord ownership verification is required:**

**Please attach** the appropriate verification:



### **MOBILE HOME OWNERSHIP**

One of the following can be used:

- Copy of your Mobile Home Title or Deed
- Mortgage Statement



### **HOUSE**

- Copy of your Deed and:
  - Real Estate Tax Bill or
  - Mortgage Statement

**IF TWO NAMES APPEAR ON THE DEED AND ONE IS DECEASED, A COPY OF THE DEATH CERTIFICATE MUST BE ATTACHED.**

TREHAB  
Weatherization Program  
PO Box 340 – Montrose, PA 18801  
570-278-5240 or 1-800-982-4045 ext. 5240  
**RENTAL AGREEMENT AND FUEL RELEASE WAIVER**

I/We, the undersigned, hereby authorize Trehab to install weatherization measures in the premises at:

\_\_\_\_\_

\_\_\_\_\_

And which is a:      ( ) Mobile Home (copy of title or notarized bill of sale attached)  
                          ( ) House (copy of Deed is attached)

And which is occupied by: \_\_\_\_\_  
\_\_\_\_\_ herein after referred to as the “tenant”.

**I/We hereby agree that the landlord shall not increase the rental for a period of eighteen (18) months from the later of the two dates below or to require the tenant to quit these premises by reason of any weatherization improvement provided by the Weatherization Program, and that, should any rent increase or eviction occur within the above stated period of time, the tenant shall have the right to file a complaint with Trehab and, in such case the landlord will demonstrate that the rental increase or eviction is due to matters other than to the weatherization improvements provided.**

I/We hereby authorize Trehab and/or duly authorize representative of the Department of Community and Economic Development to review the utility billings which apply to the fuels used by the tenant and that we will provide these billings upon request, and that we authorize any and/or fuel suppliers to release such billing data directly to Trehab.

Tenant Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant’s Signature: \_\_\_\_\_

Landlord Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord’s Signature: \_\_\_\_\_

**DO NOT WRITE BELOW LINE. FOR OFFICE USE ONLY**

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\_\_\_\_\_

Client’s Name (Please Print) Job Number

\_\_\_\_\_

Staff Name (Please Print) Staff Signature Date

**TREHAB – WEATHERIZATION PROGRAM**  
**Permission for Weatherization Services**  
**Audit, Inspect and Educate Energy Savings Measures**

*Trehab is a non-profit organization and its Weatherization program functions to provide energy savings measures and minor repairs within PA Department of Community and Economic Development (DCED) guidelines to homes of homeowners and tenants who are income qualified or otherwise eligible. This program is made possible by funding from the PA DCED. Our Auditor will inspect your home to determine whether we will be able to perform weatherization measures. It is imperative you read the information below and sign in the event your application is approved.*

FUNDING FOR WEATHERIZATION SERVICES ON YOUR RESIDENCE IS PROVIDED THROUGH THE **FEDERAL AND STATE GOVERNMENT. GOVERNMENT GUIDELINES REQUIRE AN INSPECTION** OF THE COMPLETED WORK BY A TREHAB REPRESENTATIVE. THEREFORE, IT IS IMPERATIVE YOU COMPLY WITH THE AUDITOR AND INSPECTOR WHEN SCHEDULING AN APPOINTMENT FOR THE INSPECTION OF THE COMPLETED WORK TO YOUR RESIDENCE.

I/We agree to give permission to Trehab’s Weatherization Staff to enter my premises, perform Weatherization Services if granted, return to the dwelling for Final/Post Inspections, callbacks, repairs, client education and all other aspects of the Weatherization process. *I/We hereby authorize Trehab and or a duly authorized representative of the Department of Community and Education Development to review the utility billings which apply to the fuels used by the tenant and that we will provide these billings upon request, and that we authorize any and/or all fuel suppliers to release such billings data directly to Trehab.*

The Trehab **WEATHERIZATION INSPECTOR** will schedule an appointment to inspect your home **AFTER** the work have been completed. *In addition, THE STATE MONITOR INSPECTS THE WORK* on selected homes hone by our crew **AFTER THE WORK IS DONE**. If your home is chosen, Trehab Staff will call you one week in advance to schedule an appointment. The visit takes about 20-30 minutes.

PLEASE SIGN THE STATEMENT BELOW ACKNOWLEDGING the above procedure.

I/WE \_\_\_\_\_ AGREE TO SCHEDULE AN APPOINTMENT FOR THE TREHAB AUDITOR, CREW AND INSPECTOR TO PERFORM WEATHERIZATION MEASURES.

I/WE \_\_\_\_\_ AGREE TO SCHEDULE AN APPOINTMENT WITH THE STATE MONITOR\* IF REQUESTED. I UNDERSTAND THAT TREHAB WEATHERIZATION PROGRAM IS A STATE AND FEDERALLY FUNDED PROGRAM AND THIS IS A NECESSARY COMPONENT OF THE PROGRAM.

\*Note: This appointment would be scheduled after the work on your home is completed. Monitoring could be scheduled as much as 6 to 12 months after the work has been completed.

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY

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\_\_\_\_\_  
Staff Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Job Number

**TREHAB WEATHERIZATION ASSISTANCE PROGRAM**

**36 Public Avenue, PO Box 366, Montrose, PA 18801**

**Telephone: 570-278-5240 Fax: 570-278-0484**

**LEAD HAZARD EDUCATION**  
**CONFIRMATION OF LEAD PAINT PAMPHLET**

I have received a copy of the pamphlet, "The Lead-Safe Certified Guide to Renovate Right", informing me of the potential risk of the lead exposure from renovation activity to be performed in dwelling units.

Tenant: \_\_\_\_\_

\_\_\_\_\_  
Landlord's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord's Signature

**DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY**

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\_\_\_\_\_  
Client's Name (Please Print)

\_\_\_\_\_  
Job Number

\_\_\_\_\_  
Staff Name (Please Print)

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**TREHAB**  
**WEATHERIZATION PROGRAM**  
**PO Box 366 Montrose, PA 18801**  
**570-278-5240 or 1-800-982-4045 Ext. 8303**  
**Fax: 570-278-0484**

**LAND CONTRACT**  
**PERMISSION TO PERFORM WEATHERIZATION SERVICES**

Trehab is a non-profit organization and its Weatherization Program functions to provide energy savings measures and minor repairs, if appropriate, to the homes of homeowners and tenants who are income-qualified and otherwise eligible. This program is made possible by funding from the Pennsylvania Department of Community and Economic Development.

We have a request from \_\_\_\_\_ to weatherize their home. As this home was purchased under a Land Contract Agreement, we wanted you to be aware of their request and for you to give us your permission to do the weatherization measures.

**TENANT:**

PRINTED NAME: \_\_\_\_\_ Date: \_\_\_\_\_

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

PRINTED NAME: \_\_\_\_\_ Date: \_\_\_\_\_

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

**LANDLORD:**

PRINTED NAME: \_\_\_\_\_ Date: \_\_\_\_\_

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

PRINTED NAME: \_\_\_\_\_ Date: \_\_\_\_\_

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

**DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY**

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\_\_\_\_\_  
Trehab Rep (Please Print)

\_\_\_\_\_  
Signature

Job Number: \_\_\_\_\_

**POTENTIAL DEFERRAL OF WEATHERIZATION SERVICES**  
**PLEASE READ, SIGN AND DATE**

The Pennsylvania Weatherization Assistance Program is providing you with this information in the event that your application is deferred. If an application is deferred, the applicant's home will not receive weatherization services until after the reason(s) for deferral have been corrected and a new application is submitted. Listed below are possible reasons why an application could be deferred.

- The household income may exceed federal poverty guidelines;
- The client or a household member acts in an uncooperative, threatening or abusive manner;
- The client extensively refuses critical weatherization measures without adequate justification;
- Criminal behavior is observed in the household
- The client creates a health, safety or sanitary risk and refuses to correct the problem;
- The client refuses recommended health and safety measures;
- The client has known health problems which would preclude insulation or other weatherization materials from being installed?
- The dwelling unit or surrounding property exhibits problems with pet containment;
- The building structure or its mechanical systems are in such a state of disrepair that the conditions cannot be resolved cost-effectively;
- The dwelling unit has been condemned for electrical, plumbing or any other issues, with the exception of heating appliances;
- The dwelling unit has sewage or other sanitary problems that would further endanger the client and installers if weatherization work were performed;
- Moisture problems are so severe that they cannot be resolved under existing health and safety measures and with only minor repairs;
- Dangerous conditions exist due to high carbon monoxide levels in combustion appliances that cannot be resolved under existing health and safety measures and with only minor repairs;
- The extent of and condition of lead-based paint in the house would create further health and safety hazards.

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Applicant's Signature

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Date

---

Staff Signature

---

Date

---

Applicant's Name (Please Print)

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Staff Name (Please Print)





**TREHAB  
WEATHERIZATION PROGRAM  
ENERGY SAVINGS PERMISSION SURVEY FORM**

I/We give permission to the company listed below to provide information to Trehab Weatherization Program for confidential use on conducting energy savings. This permission covers any fuel (electricity, natural gas, liquid petroleum gas, fuel oil and kerosene) used by my household.

Companies are authorized to provide the information by billing period or by delivery date. A copy of this permission form has the same authority as the original.

**PLEASE REQUEST A STATEMENT FROM YOUR FUEL AND ELECTRIC PROVIDERS SHOWING THE TOTAL AMOUNT OF FUEL YOU USED FOR THE PAST YEAR – THIS INFORMATION MAY SPEED UP THE PROCESS IN WHICH YOU RECEIVE WEATHERIZATION SERVICES**

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HEAD OF HOUSEHOLD SIGNATURE: \_\_\_\_\_

HOUSEHOLD ADDRESS: \_\_\_\_\_

HOUSEHOLD TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

---

CHECK TYPE OF FUEL:      SUPPLIER NAME: \_\_\_\_\_

Electricity      ( )      SUPPLIER ADDRESS: \_\_\_\_\_

LP Gas      ( )      \_\_\_\_\_

N Gas      ( )      \_\_\_\_\_

Kerosene      ( )      \_\_\_\_\_

Oil      ( )      SUPPLIER TELEPHONE: \_\_\_\_\_

Other      ( )      \_\_\_\_\_

FUEL ACCOUNT NO: \_\_\_\_\_

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CHEK TYPE OF HOT      SUPPLIER NAME: \_\_\_\_\_  
WATER HEATING:

SUPPLIER ADDRESS: \_\_\_\_\_

Electric      ( )      SUPPLIER TELEPHONE: \_\_\_\_\_

Gas      ( )      \_\_\_\_\_

Other      ( )      \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NAME OF ELECTRIC COMPANY: \_\_\_\_\_ Acct # \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY**

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\_\_\_\_\_  
Staff Name (Please Print)

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name & Job Number



# ENERGY USAGE:

Please contact your Utility Companies for a **12 month printout of your usage.**  
This usage would be for Electric and what you use to heat your home.

This is required information.

**TREHAB  
APPEAL PROCESS**

**Trehab Weatherization is funded through Pennsylvania Department of Community and Economic Development (DCED). Trehabs' goal is to provide you with the best services possible, therefore, we sincerely hope you do not experience any problems with the Weatherization Program. However, if you have a complaint in which your application is handled or about the work done on your home and wish to receive a fair explanation or solution to your problem, please follow the process below by contacting:**

1. Patrick Bollinger, Weatherization Program Director  
Trehab Weatherization  
PO Box 366  
Montrose, PA 18801  
570-278-5244  
Email: [pbollinger@trehab.org](mailto:pbollinger@trehab.org)
  
2. Dennis Phelps, Executive Director  
Trehab  
PO Box 366  
Montrose, PA 18801  
570-278-5227  
Email: [dphelps@trehab.org](mailto:dphelps@trehab.org)

**If you have contacted Trehab, and still believe your complaint has not been fairly resolved, you may contact the DCED Weatherization Monitoring Supervisor:**

3. James Anderson  
Department of Community & Economics Development  
Center for Community Services  
Commonwealth Keystone Building  
400 North Street, 4<sup>th</sup> Floor  
Harrisburg, PA 17120-0225  
Phone: 717-720-7331

**If you still believe your complaint has not been fairly heard and resolved, you may write to:**

4. Lynette Praster, Director  
Department of Community & Economics Development  
Center for Community Services  
Commonwealth Keystone Building  
400 North Street, 4<sup>th</sup> Floor  
Harrisburg, PA 17120-0225

**I clearly understand the Appeals Process described above.**

X \_\_\_\_\_ Date: \_\_\_\_\_  
Client Print Signature

X \_\_\_\_\_ Date: \_\_\_\_\_  
Client Print Signature

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*Office Use Below Only:*

Reviewed by Trehab WZ Staff: \_\_\_\_\_ (Print) / Signature of Trehab WZ Staff: \_\_\_\_\_

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

Job# \_\_\_\_\_

## TREHAB APPEAL PROCESS

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2. Dennis Phelps, Executive Director  
Trehab  
PO Box 366  
Montrose, PA 18801  
570-278-5227  
Email: [dphelps@trehab.org](mailto:dphelps@trehab.org)

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Center for Community Services  
Commonwealth Keystone Building  
400 North Street, 4<sup>th</sup> Floor  
Harrisburg, PA 17120-0225

**I clearly understand the Appeals Process described above.**

**REMOVE FROM PACKET AND**

**PLEASE KEEP THIS COPY FOR YOUR RECORDS**

**Signed Copy on file at Trehab**



## **Client Complaints Process Form**

1. Complaint is documented and given to the Program Director.
2. The Director contacts the client and discusses the complaint with the client.
3. If necessary the Director visits the clients home and checks out the complaint.
4. If the complaint cannot be resolved by the Director, they will take the complaint to the Executive Director and discuss the complaint and how it may be resolved.
5. The Executive Director determines how the complaint needs to be resolved.
6. If the client is not satisfied with the resolution, they will be referred to James Anderson of DCED to discuss the complaint.

**I have been given a copy of this process form and I understand the process.**

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Client Signature	Clients printed name	Date
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Auditor Signature	Auditors printed name	Date
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## **Client Complaints Process Form**

1. Complaint is documented and given to the Program Director.
2. The Director contacts the client and discusses the complaint with the client.
3. If necessary the Director visits the clients home and checks out the complaint.
4. If the complaint cannot be resolved by the Director, they will take the complaint to the Executive Director and discuss the complaint and how it may be resolved.
5. The Executive Director determines how the complaint needs to be resolved.
6. If the client is not satisfied with the resolution, they will be referred to James Anderson of DCED to discuss the complaint.

**I have been given a copy of this process form and I understand the process.**

**REMOVE FROM PACKET AND**

**PLEASE KEEP THIS COPY FOR YOUR RECORDS**

**Signed Copy on file at Trehab**

## INDENTIFICATION OF OCCUPANT HEALTH CONDITIONS

Please list any known or suspected health conditions which could affect you or a member of your household during or as a result of the weatherization process (for example; respiratory issues or allergic reactions that could be affected by the Weatherization Process):

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**SIGN AND DATE AT TIME OF APPLICATION:** Please sign below to indicate that you have listed all known or suspected health conditions which could affect you or a member of your household during or as a result of the weatherization process.

_____ Applicant's Signature	_____ Staff Signature
_____ Applicant's Name (Please Print)	_____ Staff Name (Please Print)
_____ Date	_____ Date

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**SIGN AND DATE AT TIME OF AUDIT:** Please sign below to indicate the following:

- That the above list of health conditions is correct at the time of the weatherization audit (If necessary, update the list now);
- That you have received worker contact information allowing you to quickly inform workers of any medical issues caused by the weatherization process;
- That you promise to inform workers immediately if any medical issues arise;
- That you have received information on weatherization materials and installation techniques that could affect the medical conditions you have listed;
- That you have worked with your auditor to ensure that if necessary, the weatherization process is amended so that it does not affect any listed medical conditions;
- That you consent to the weatherization process continuing.

_____ Applicant's Signature	_____ Auditor's Signature
_____ Applicant's Name (Please Print)	_____ Auditor's Name (Please Print)
_____ Date	_____ Date

# Pennsylvania Weatherization Assistance Program

## Pre-Existing Conditions Form

HOMEOWNER/CLIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The following information is intended to help you understand certain conditions in the home which may prevent weatherization work from being performed, or which may require other actions.

The pre-existing conditions in my home have been explained and I also have been informed of possible conditions that may occur from altering weatherization work performed in my home. Understanding these issues I agree to allow weatherization work to be performed and to follow the recommendations provided by the agency.

I understand that if my heating system is found to be in serious health or fire hazard, the service technician may be legally required to shut the unit down, and weatherization discontinued until the unit is repaired to run safely. I may be required to pay for heating system repairs if funding is not available in order to received weatherization.

I agree to receive Energy Education as part of this program.

I understand and agree that I shall not hold \_\_\_\_\_ **TREHAB** \_\_\_\_\_ and its employees liable for damages resulting from weatherization.

\_\_\_\_\_ **TREHAB** \_\_\_\_\_ agrees to work with the homeowner to resolve any complaints resulting from weatherization.

\_\_\_\_\_  
(HOMEOWNER/CLIENT SIGNATURE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(HOMEOWNER/CLIENT SIGNATURE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(AGENCY REPRESENTATIVE NAME)

\_\_\_\_\_  
(AGENCY REPRESENTATIVE SIGNATURE)

\_\_\_\_\_  
DATE



Pre-existing conditions:

Appliances –

- Clothes dryer:
  - Vented to outside
  - un-vented

Space Heater –

- Vented to outside
- un-vented

Exhaust Fans –

- Bathroom
  - Vented to outside
  - un-vented
- Kitchen
  - Vented to outside
  - un-vented
- Other: \_\_\_\_\_

Heating System –

- Wood
- Oil
- Gas
- Other: \_\_\_\_\_
- Heating system installation meets standards
- Heating system DOES NOT meet standards

DHW (Hot water) –

- Oil
- Gas
- Electric

Chimney/Vent Condition –

- Acceptable
- Un-acceptable

Moisture Levels -

- Acceptable
- Un-acceptable

Health and Safety Concerns:

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General Comments:

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