MAG
WEATHERIZATION

Dear HEAT Applicant:

The Weatherization Program has been designed as an energy saving opportunity for low income households. Its main purpose is to lower your heating and cooling costs at **NO cost to you and no cost to Landlords either**!

Some of the services provided by the Weatherization Program include (**all may not apply**):

- Energy Audits
- Furnace testing, repair and replacement
- Attic, wall and floor insulation
- Refrigerator replacement
- Duct sealing and testing
- Blower door testing
- Install ventilation fans
- Water Heater Testing, repair and replacement

If you are interested in applying for services, weatherization requires an application. Once we have received your completed application and the required documentation, we will process your application in the order received. If your home has been weatherized within the last 15 years we are unable to re-weatherize at this time. IF you have already filled out an application and are on our waiting list- you do not need to do so again.

Please fill the enclosed application out and fax or email it back to me. We look forward to helping you and your home become more energy efficient! If you are a renter- a **Landlord agreement must be completed and notarized**. If you are living in an apartment complex- unfortunately, we are unable to provide this service.

Please contact us with any questions or concerns at (801) 229-3855 or by email at weatherization@magutah.org.

Sincerely,

Weatherization Assistance Program
801.229.3850 | magutah.gov/home

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WEATHERIZATION

WEATHERIZATION APPLICATION

The Weatherization Assistance Program is funded by the U.S. Department of Energy, U.S. Department of Health & Human Services, Rocky Mountain Power and Dominion Energy. You must provide the total gross income for the period specified for all members of the household, which will be used to determine your eligibility for the program. Providing false information, to obtain assistance, will result in the Weatherization Application being denied. You should also receive a Privacy Act statement with this application for Weatherization services.

ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED

Applicant's Name: _____ Social Security #: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Date of Birth: _____ Age: _____ E-Mail Address: _____

The home to be weatherized is:

Owner Occupied: _____ Title is recorded in the name of : _____

Rented or Leased: _____ Landlord Name & Address: _____

A signed Landlord Agreement **MUST** be included if the application is for a rented or leased dwelling.

Date of construction (if known): _____ Is the home a mobile/manufactured home: _____

This dwelling is scheduled for or has in progress other housing rehabilitation besides Weatherization: _____

Does this household contain members that are Native Americans?: _____ (for federal reporting only)

Home is located on Tribal Lands (Dwellings located on trial lands do not require proof of Ownership): _____

Total number of people living at the above residence: _____ **List each below:**

Name	Date of Birth	Age	Sex	Proof of Citizenship Soc.Sec # or Equivalent	Disabled?

Name	Date of Birth	Age	Sex	Soc.Sec # or Equivalent	Disabled?

List additional household members on the back of the application.

I hereby give permission to the administering local agency, State of Utah, U.S. Department of Energy, Rocky Mountain Power, and Dominion Energy to inspect the real property I occupy to determine weatherization needs, complete the weatherization work and after weatherization, to verify the work and its effectiveness in meeting program goals.

My signature below certified the information above is correct to the best of my knowledge. In addition, it authorizes the release of Income and Utility usage recorders to the administering agency and the State of Utah. I authorize employers, government agencies (Social Security Administration, Veterans Administration and Welfare Programs, etc.) to provide information concerning the income statement above. Where applicable I grant permission for Rocky Mountain Power to pay the State of Utah for the installation of approved measures and administrative services in the dwelling I occupy, described above. I acknowledge that I have received a copy of the Privacy Act.

_____ _____

Applicant's Signature Date

_____ _____

Agency Intake Approval Date

_____ _____

Agency Editor Approval Date

AUTHORIZATION TO RELEASE CUSTOMER UTILITY INFORMATION

Applicant Name:	Application Number:

This Form Authorizes the Utah Weatherization Assistance Program to request and receive billing and utility consumption information for the property listed below, from the specified Utility Provider(s). This information will be used to determine applicant's energy burden and to measure the effectiveness of the Weatherization Assistance Program. This form must be signed by the Account Holder or Customer of Record for each Utility listed

Physical Address: _____

Unit or Apt #: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

_____

City: _____ State: _____ Zip: _____

Information Specified
This authorization provides the Utah Weatherization Assistance Program, the right to request and receive information regarding billing history* and all meter usage data used in the billing calculations from the Utility Provider(s) listed herein for the specified account.

Duration
I authorize the Utility Provider(s) to provide the specified information for the period beginning twelve (12) months prior to the account holder date of execution of this authorization, and ending twelve (12) months after the completion of Weatherization Assistance, which completion is documented by the Weatherization Assistance Program's Final Inspection and Partnership Agreement.

Release of Account Information
I authorize the Utility Provider(s) to release my service address, account number, usage data, and billing data to the Utah Weatherization Assistance Program. I hereby release, hold harmless, and indemnify the Natural Gas Provider and the Electricity Provider from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Weatherization Assistance Program pursuant to this authorization; the unauthorized use of this information by the Weatherization Assistance Program; and any actions taken by the Weatherization Assistance Program pursuant to this authorization. If you opt not to provide consent, it will not impact your ability to receive service from Utility Provider(s), but it may impact your ability to receive aid through the Utah Weatherization Assistance Program. We will only use this information for the purposes of determining whether you qualify for Utah Weatherization Assistance Program support and for providing any aid you may receive. We will not use your information for any other purpose. Please note that your consent applies only for this specific request. If in the future you seek additional funding from the Utah Weatherization Assistance Program, you will be asked to provide consent for Utility Provider(s) to share similar information at that time.

NATURAL GAS RELEASE

Natural Gas Provider: _____

Name of Account Holder: _____

Service Agreement #: _____

Account #: _____

I authorize the Natural Gas Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account Holder Signature: _____ Date: _____

ELECTRICITY RELEASE

Electricity Provider: _____

Name of Account Holder: _____

Account #: _____

I authorize the Electricity Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account Holder Signature: _____ Date: _____

The Utah Weatherization Assistance Program is administered by:
Utah Department of Workforce Services
Housing and Community Development Division

Authorization to Designate Duties to a Third Party Agent

This is a legal binding contract. This form must be signed by the account holder or by a representative of the Customer with authority to financially bind the Customer (such as CFO or City Manager).

Customer Name: _____ Account Number: _____

Service Address: _____

I, _____ of the above referenced account located at _____
CUSTOMER NAME (REPRESENTATIVE) **CUSTOMER ADDRESS**

do hereby authorize Questar Gas Company dba Enbridge Gas Utah, Enbridge Gas Wyoming, Enbridge Gas Idaho ("Enbridge Gas") to release the information and/or designate the duties indicated below regarding the account to:

MAG WEATHERIZATION ASSISTANCE PROGRAM located at ***478 S. GENEVA RD., VINEYARD, UT 84059***
THIRD PARTY AGENT/COMPANY NAME **THIRD PARTY AGENT/COMPANY ADDRESS**

I authorize the Third Party Agent to receive information regarding (**initial below**):

_____ Billing history (not including payment history or discontinuation of service) and all meter usage data used in the billing calculations of the account.

NA Monthly bill *(Initial here if Customer does not want to receive the bill: ____)*

NA Notices affecting Customer including service termination *(Initial here if Customer does not want to receive notices: ____)*

I authorize the Third Party Agent to perform the following duties regarding my account (**initial below**):

NA Start natural gas service for the Account

NA Stop natural gas service for the Account

This Authorization will remain in full force and effect until date of ***DECEMBER 2027***
(If unspecified, this authorization will remain in full force and effect until terminated by contacting Enbridge Gas.)

I, _____ declare that:
CUSTOMER NAME/REPRESENTATIVE

- I am authorized to execute this document on behalf of the Customer.
- I have the authority to financially bind the Customer.
- I am granting the Third Party Agent listed above the right to request the release of specified account information.
- I understand that Enbridge Gas reserves the right to verify any and all information provided pursuant to this authorization before releasing customer data to the Third Party Agent.
- I authorize Enbridge Gas to release the designated information to the Third Party Agent specified above. I authorize Enbridge Gas to permit the Third Party Agent to perform the duty(s) specified above on behalf of the Customer.
- I hereby release, hold harmless, and indemnify Enbridge Gas from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Third Party Agent pursuant to this authorization: the unauthorized use of this information by the Third Party Agent, the Third Party Agent's performance or failure to perform specified duties, and any actions taken by the third Party Agent pursuant to this authorization.

Customer Signature: _____

Phone Number: _____ Email: _____

Executed this _____ day of _____, 20 ____ .

I, Third Party Agent, hereby release, hold harmless, and indemnify Enbridge Gas from any liability, claims, demands, causes of action, damages or expenses resulting from the use of customer information obtained pursuant to this authorization, the Third Party Agent's performance or failure to perform specified duties, and from the taking of any action pursuant to this authorization.

Third Party Agent Signature: _____

Third Party Agent Company: ***MAG WEATHERIZATION ASSISTANCE PROGRAM***

Phone Number: ***801 229-3855*** Email: cbird@magutah.gov

Executed this _____ day of _____ , 20 ____ .

Usage and/or Billing History Information Release Form
Return completed forms to:
Email - billingusagerequests@pacificorp.com
Mail - Rocky Mountain Power C/O Billing Usage Requests, PO Box 25308
Salt Lake City, UT 84125-0308
Fax - 1 (800) 842-8458

Customer Name: _____

Address (include apartment, if applicable): _____

_____

City: _____ State and Zip: _____

Customer Account Number(s): _____

Authorizing release of (**Initial one box only**):

____ Both Usage History and Billing Information - Requestor may request and receive monthly KWh consumption and billing history for the proceeding 12-month period from the date of each request.

NA Billing Information only - Requestor may request and receive billing history for the proceeding 12-month period from the date of each request.

NA Usage History only - Requestor may request and receive monthly kWh consumption for the proceeding 12-month period from the date of each request.

NA Other (Please specify): _____

Release information to be used for (**Initial all that apply**):

NA HUD utility analysis and/or allowances

____ Weatherization

NA Other (Please specify): _____

I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION ON THE FOLLOWING BASIS* (**Initial one box only**):

NA One-time authorization only (limited to a one-time request for information specified above at the time of receipt of this Authorization).

____ One year authorization - Requests for Information specified above will be accepted and processed each time requested within the 12-month period from the date of execution of this Authorization.

NA Authorization is given for the period commencing with the date of execution until _____ (limited in duration to 3 years from the date of execution). Requests for Information specified above will be accepted and processed each time requested within the authorization period specified herein.

*If no duration is specified, authorization will be limited to a one-time release.

CUSTOMER, PLEASE READ BEFORE SIGNING:

- The Usage History and/or Billing Information Release Form provides our customers a mechanism to authorize Rocky Mountain Power to share data with specified third parties.
- Rocky Mountain Power is committed to safeguarding customer information. We will not share customer account or energy usage data with third parties unless authorized by the customer.

- The attached release form enables Rocky Mountain Power to track the type of information a customer wishes to share with a third party and for how long.
- Rocky Mountain Power can and will revoke releases upon customer request at any time.
- Any alterations to this authorization form after it's been executed by the Rocky Mountain Power customer will render the form null and void.

Authorization:

I (CUSTOMER), by signing below authorize PacifiCorp, doing business as Rocky Mountain Power ("PacifiCorp"), to release kilowatt-hour consumption data and/or billing information corresponding to to the account(s) identified above to the party listed below. I hereby waive any claims against PacifiCorp arising out of or in any manner related to the release of such consumption, usage, and billing information.

I understand that I may cancel this authorization at any time by submitting a request in writing to PacifiCorp. Such cancellation will not be valid if action was already taken.

Release Information to: *MAG WEATHERIZATION ASSISTANCE PROGRAM*

Customer Signature: _____ Date: _____

REQUESTOR, PLEASE PRINT ENTITY NAME AND READ BEFORE SIGNING:

MAG WEATHERIZATION ASSISTANCE PROGRAM (Third Party Requestor), hereby releases, holds harmless, and indemnifies the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes.

Entity/Company Name: *MAG WEATHERIZATION ASSISTANCE PROGRAM*

Signature: _____ Date: _____

Title: *ADMINISTRATIVE ASSISTANT* Telephone Number: *1 (801) 229-3855*

Email address: *cbird@magutah.gov*

Utah Weatherization Assistance Program

Occupant Pre-Existing or Potential Health Condition Screening

Client Name	Address to be Weatherized

During the weatherization process your household will be exposed to materials and equipment that may pose a risk to their health and safety. Common weatherization measures may include work on: air sealing, insulation, windows, doors, HVAC and ventilation equipment. Known hazards are similar to those found in a construction environment such as exposure to power tools, excessive noise, dust, temporary odors, etc.

Below is a list of Known Risks associated with having your home Weatherized:

Materials w/ potential allergens:

* Spray Foams
* Caulking
* Adhesives
* Latex
* Duct Mastic
* Plastics
* AC Refrigerants
* Insulations

Common Weatherization Risks:

* Exposure to Power Tools
* Disturbance of Mold
* Temporary debris
* Dust
* Noise
* Odors

Do you or any member of your household have any known, or suspected, health concerns that could be made worse by exposure to any of the materials or risks listed above?

No ____ Yes ____ If Yes, please describe your concerns below:

A member of our staff will discuss any concerns listed during the initial home assessment (Home Energy Audit) and will work with you to develop a plan to minimize risks.

If you have any health or safety concerns during the weatherization process please contact the Weatherization Assistance Program at 801 229-3850.

I am aware of the risks associated with weatherization. I have carefully read and accurately answered the questions above.

_____ Client Signature:

_____ Date:

OCCUPANT HEALTH RISK PREVENTION PLAN *To be filled out by Agency when plan to prevent risk is needed.*

To prevent the following health risk(s):	The Weatherization Agency will:	The Client will:

Notes:

	Client Signature: I agree to follow the instructions listed in Health Risk Prevention Plan _____ Date: _____ _____ Date: _____ Agency Rep Signature (person Collecting form)

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WEATHERIZATION

Dear Weatherization Client:

In 2011 the American Society of Heating Refrigeration Air conditioning Engineers (ASHRAE) concluded a study concerning healthy homes. Their recommendations to the Department of Energy (DOE) dealt with the indoor air quality of homes that are weatherized using DOE funds. The conclusions apply to both single family homes and multi-family structures of three stories or fewer above grade, including modular or manufactured homes. The study is only concerned about indoor air quality, not energy efficiency.

Part of the weatherization process includes testing appliances such as your furnace and water heater, as well as the general air circulation of your home. ASHRAE requires that the air supply be at a certain level not only for your health as an individual, but will also help to reduce the problems of mild and other indoor air contaminants that cause poor health.

If your home is tested and found to have inadequate air supply based on the ASHRAE 62.2 standards, it may be necessary for our crew to install a continuous exhaust fan in your home. This fan will run at all times. Please understand that this is a requirement of the Department of Energy. Beginning August 15, 2012 for your health and safety we will follow this standard. Your energy auditor will be able to provide you with a determination of the expected cost of operating this fan.

If your home is determined to be one that requires this fan, we must install it or we will be unable to perform any weatherization work on your home. To that end we need your signature below to verify you understand that this fan must be installed for your health and safety and that you give your approval for us to do so. If you decline to give your approval, we will have no alternative but to cancel any weatherization activities in your residence.

I understand that the ASHRAE 62.2 standard may affect my home and require that a continuous operating exhaust fan may be necessary for my health and safety. I confirm that:

___ I DO ___ I DO NOT approve the installation of a continuous operating exhaust fan for the health and safety of my household.

_____ _____

Client signature Date

_____

Printed name