



Government of the Virgin Islands of the United States
Virgin Islands Energy Office
Weatherization Assistance Program



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Client Application

The Virgin Islands Energy Office Weatherization Assistance Program (VIEO WAP) reduces energy costs for low-income household clients by increasing the energy efficiency of their homes, while ensuring health and safety. Through the services and education this program provides, participants experience an increase in health and comfort and a reduction in energy bills.

It is required that we obtain current documentation of household composition and income. This is a list of the documents required to determine your household's eligibility for VIEO WAP assistance. Please do not send or bring originals because we will not be responsible if they get lost, nor will we be able to mail them back. **Please submit copies of the following documents with your application.**

- 1. Income Verification from Employer** – For every household member, provide verification (two paycheck stubs) for the past 30 days of income issued by the employer.
- 2. Income Verification from Other Source(s)** – Provide **income verification for everyone in the household** 16 years of age and older who receive income from any source. Please provide an award letter, check stub, or other third-party verification if receiving any of the following:
 - ☐ Disability
 - ☐ AFDC/ TANF
 - ☐ Retirement/pension/annuity
 - ☐ Unemployment income
 - ☐ Other _____
 - ☐ Disability income
 - ☐ Alimony
 - ☐ Veteran's Administration Benefits
 - ☐ Social Security
- 3. Proof of Ownership/Occupancy** – Verification that the applicant either owns or rents the property (deed, lease agreement, rent receipt, mortgage payment, etc.)
- 4. Household Occupant Verification** – Provide a copy of each household members picture ID and a form of occupancy verification such as any of the following:
 - tax returns
 - guardianship papers
 - pay stub with address
 - photo ID with address
- 5. Taxes** – The previous fiscal year federal taxes filed with the IRS (include all pages and W-2), or the last three years of complete taxes if self employed. If you have earned income in the past two years and not filed taxes, please submit a notarized statement attesting to that.
- 6. Utility Bill** – Current utility bills. If the person on the listed utility bill does not currently reside at the property, documentation to that effect is needed, such as: death certificate, divorce decree, lease/rental agreement, or utility addressee proof of address .

***Copies of your supporting documents must be submitted with the application.
Incomplete and unsigned applications will not be processed.***

DEFINITION OF INCOME

Refers to total annual cash receipts before taxes from all sources, with the exceptions noted below.

INCOME INCLUDES: money, wages and salaries before any deductions; net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses).

INCOME ALSO INCLUDES regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

INCOME EXCLUDES capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury. **INCOME ALSO EXCLUDES** non-cash benefits, such as the employer-paid or union paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such Federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches, housing assistance and combat zone pay to the military.

Note: **CHILD SUPPORT PAYMENTS AND COLLEGE SCHOLARSHIPS ARE EXCLUDED.**

HOUSEHOLD VERIFICATION*For office use only**Client #:**Intake Agency:***Applicant Information****Full Name****Social Security****Birth Date****Physical Address****Years at address****Mailing Address****Home Phone****Work Phone**

n/a

Current Employer**Date Hired****GROSS (before taxes)
MONTHLY INCOME****Applicant****Household
Mem #1****Household
Mem #2****Household
Mem #3****Household
Mem #4**

Wages, salary, tips, etc.

\$

\$

\$

\$

\$

Business income

Interest & dividend income

Social Security/Disability

Retirement/pension/annuity

Unemployment income

Disability income

Veteran's Admin. Benefits

Alimony

Rental property income

Other:

Other:

Other:

Total Gross Monthly Income

\$0.00

\$

\$

\$

\$

HOME OCCUPANT INFORMATION

(Please list all occupants of the home, including you)

Name (List Applicant First)	Social Security	Relationship to you	Birth date	Male or Female	Disabled? Yes / No
				☐	

1. Are you head of household? ☐ Yes ☐ No

2. Do you own the property¹ listed on this application? ☐ Yes ☐ No
 If yes, have you occupied it as your primary residence for the past 12 months? ☐ Yes ☐ No

3. Do you rent?² ☐ Yes ☐ No
 If yes, list Landlord's full name, address, and telephone number:

4. Indicate type of building: ☐ Single Family House ☐ Apartment ☐ Duplex ☐ Mobile/Home/Trailer

5. What type of exterior? ☐ Masonry/Veneer/Stucco ☐ Wood Siding ☐ Cement Block
☐ Vinyl or Metal ☐ Other _____

6. How many stories? ☐ One Story ☐ Two Story ☐ Three Story7. Who owns the refrigerator? ☐ Self ☐ Landlord ☐ Other: Explain _____8. Who pays for the electricity? ☐ Self ☐ Landlord ☐ Other: Explain _____

9. Do you have air conditioning? ☐ Yes ☐ No
 If yes, who owns the air conditioner? ☐ Self ☐ Landlord ☐ Other: Explain _____

10. Is any member of the household Native American? ☐ Yes ☐ No If Yes, how many _____

¹ If yes, Homeowner must sign a Homeowner's Consent Form.

² If yes, Landlord must sign a Landlord Permission and Rental Release Form.

Liability Release

I release VIEO WAP of all liability while weatherizing my home, and grant permission for photographs and information to be used to document Weatherization success stories via the news media. **This includes permission to inspect utility billing records up to 12 months before and 12 months following Weatherization work performed for the sole purpose of obtaining data to evaluate the energy conserving effectiveness of the work done, and direct WAPA to make records available to the above mentioned VIEO Weatherization Assistance Program.**

Signed by Applicant : _____

Disclaimer

The undersigned hereby acknowledge that any discussion with any VIEO WAP or VIEO employee about the WAP regarding eligibility or energy measures to be installed is only for information and may not be considered a binding commitment on the part of the VIEO to provide funds or technical assistance to the household.

Any person who knowingly makes a false statement or a misrepresentation in an application or in support of an application for federal financial assistance or causes such a false statement or misrepresentation to be made shall be subject to a fine of not more than \$10,000 or by imprisonment for not more than five years, or both, under provisions of the United States Criminal Code.

Applicant Signature _____ **Date** _____

Application Taken By _____ **Date** _____

Agency _____

Privacy Policy

VIEO WAP needs to collect, use, retain, and disclose personal information to provide services to our clients. We will request from you only the personal information necessary to provide our services and will tell you how we intend to use this information. VIEO WAP has given certain employees the responsibility for addressing your privacy concerns and ensuring VIEO WAP's compliance with the ten privacy principles. Should you have concerns about how your information is handled, or any questions about our privacy policy, feel free to contact us at 340-714-8436 (STT) or 340-713-8436 (STX). You should also receive a Privacy Act statement with this application for weatherization services.

I acknowledge that I have received a copy of the Privacy Act.

Application Signature _____ **Date** _____

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES**Virgin Islands Energy Office****#2 Estate Carlton | Suite 3
Frederiksted, USVI 00840****#8000 Nisky Center 2nd Floor | Suite 208
Charlotte Amalie, USVI 00840**

Virgin Island Water and Power Authority
P.O. Box 5997
Christiansted, St. Croix
U.S. Virgin Islands 00823
(340) 773-2250

I _____ of _____
(Name) (Address)

give permission to the Virgin Island Water And Power Authority to release the last 12 months of my WAPA bill, to the Virgin Island Energy Office (VIEO). My Account Number is _____.

I release WAPA of all liability regarding providing the last 12 months of my WAPA bill information to the Virgin Island Energy Office. This information will be used by the Weatherization Assistance Program (WAP) for the sole purpose of obtaining data to evaluate the correctional measures needed to lower my energy consumption and energy conserving effectiveness of the service they are providing.

Thank you.

Print _____
(Name) (Date)

Signature _____



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Homeowner Consent Form

I, _____, certify that I am the owner/owner's agent for the home located at:

_____.

I authorize the **Virgin Islands Energy Office Weatherization Assistance Program (VIEO WAP)** to commence work on the above-mentioned home. I understand that the measures listed below will be installed on/in my home, and there shall be no charge to me for either labor or materials.

What is entailed in performing the measures has been explained to me to my satisfaction, and I release and pledge to hold harmless VIEO WAP staff and/or contractors from any liability whatsoever in the performance of these measures or eventually arising there from.

Measures to be performed:

- Install low-flow shower heads
- Install faucet aerators
- Replace existing bulbs with LEDs
- Replace air conditioner w/energy-efficient model*
- Install timer on hot water heater*
- Replace refrigerator with energy-efficient model*
- Replacement water heater*
- Install power strips
- Replace floor fans with ceiling fans
- Incidental Repair Measure (IRM) not to exceed \$500, paid by VIEO WAP.

**The homeowner becomes the owner of the air conditioner, water heater, and refrigerator, if the replaced item belonged to the homeowner. If the air conditioner, water heater, and refrigerator that was replaced belonged to the tenant, the tenant is the owner of the replaced item. The homeowner may not always get an air conditioner, water heater, and refrigerator if, after metering, it is deemed that the appliances work efficiently.*

The appliances in this unit belong to _____ who is the

_____.

Homeowner/Homeowner Agent

Date

Tenant

Date



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Rental Release Form

This is to certify that I, _____, give my permission for the
(Homeowner [TyRt2llR !3Syú])

Virgin Islands Energy Office Weatherization Assistance Program VIEO WAP to perform the specified weatherization measures (attached) on the home owned by me, which is occupied by

_____. I do hereby release and pledge to hold blameless the **VIEO WAP**, its
(Tenant)
staff and contractors, from any liability whatsoever.

If the above-named tenant is occupying the dwelling either rent free, or renting as per agreed terms, I further agree that the tenant shall not be evicted from the dwelling for at least one (1) year (or longer), provided they comply with the obligations and responsibilities agreed upon in allowing him to occupy this dwelling. Also, if tenant is renting, I agree not to raise rent for a period of one (1) year on said tenant, due solely to the increased value of the dwelling because of the weatherization assistance.

PHYSICAL PROPERTY ADDRESS OR LOCATION OF DWELLING:

Who owns the refrigerator* in this unit? ☐ Landlord ☐ Tenant

*The appliances in this unit belong to _____

(Signature of Owner [TyRt2llR !3Syú])

Date

(Signature of Tenant)

Date

I have lived in the above dwelling since _____ and do not plan to move in the immediate future.

(Signature of Tenant)

Date



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Landlord Permission Form

LANDLORD PERMISSION TO PERFORM WEATHERIZATION AND INSPECTIONS FOR RENTAL UNITS

Your multi-family building(s) houses tenants whose units are under consideration to perform weatherization services from the Weatherization Assistance Program (WAP) administered by the Virgin Islands Energy Office (VIEO). The VIEO WAP operates under Federal and State rules which have certain requirements of which you, as a multi-family building landlord, should be aware. At the bottom of this page is a PERMISSION TO ENTER PREMISES section granting your permission for the VIEO WAP to enter your building(s) to perform energy audits, collect eligibility documentation from your tenants, and complete applications. Please be aware that only residential units may be weatherized. Meeting rooms, game rooms, laundry rooms, maintenance rooms, day care centers, office areas or commercial business areas, and non-residential facilities are not eligible for weatherization services. After weatherization services have been provided, the VIEO is required to conduct a final inspection to ensure that work was completed in accordance with the standards set forth by the WAP. The Landlord shall not increase the rent due solely to the increased value of the dwelling because of the weatherization assistance. The Landlord shall not evict Tenants, except for just cause and for matters unrelated to the weatherization work performed.

PERMISSION TO ENTER PREMISES

I, _____, as landlord/authorized agent for building(s) located at _____, have read and understand the above and hereby grant permission for representatives of the VIEO WAP team to enter Unit _____ for the purposes of conducting energy audits and collecting eligibility documentation from the residents, including applications, and to perform the weatherization work.

Landlord/Agent's Signature

Title

Date

Agency Representative Signature

Title

Date

WEATHERIZATION MEASURES

The measures listed below will be installed in each unit of eligible tenants, and there shall be no charge to Landlord or Tenant for either labor or materials.

Measures to be performed:

- Install low-flow shower heads
- Install faucet aerators
- Replace existing bulbs with LEDs
- Replace air conditioner w/energy-efficient model*
- Install timer on hot water heater*

- Replace refrigerator with energy-efficient model*
- Replacement water heater*
- Install power strips
- Replace floor fans with ceiling fans
- Incidental Repair Measure (IRM) not to exceed \$500, paid by VIEO WAP.

**The homeowner becomes the owner of the air conditioner, water heater, and refrigerator, if the replaced item belonged to the homeowner. If the air conditioner, water heater, and refrigerator that was replaced belonged to the tenant, the tenant is the owner of the replaced item. The homeowner may not always get an air conditioner, water heater, and refrigerator if, after metering, it is deemed that the appliances work efficiently.*

Landlord/Authorized Agent

Date

Agency Representative

Date

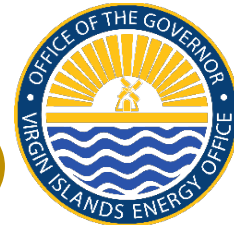


Government of the United States Virgin Islands

VIRGIN ISLANDS ENERGY OFFICE (VIEO)

WEATHERIZATION ASSISTANCE PROGRAM (WAP)

2 ESTATE CARLTON STE #3, FREDERIKSTED, VI 00840 | PHONE: 340.713.8436
8000 NISKY CENTER 2ND FLOOR STE 208, ST. THOMAS, VI 00802 | PHONE: 340.714.8436



VIEO WAP Medical Certification Form

Patient Full Name: _____

Household Address: _____

Medical Condition (check one):

- ☐ Chronic ventilation / tracheostomy
- ☐ LVAD devices
- ☐ Peritoneal dialysis
- ☐ Chronic oxygen therapy
- ☐ BiPAP Feeding pumps, Wound vacs, Medical alert-dependent households
- ☐ Refrigerated medications (≤ 6 -hour tolerance)
- ☐ Severe sleep apnea (CPAP with medical documentation)
- ☐ Ventilation/Tracheostomy
- ☐ Oxygen Therapy
- ☐ BiPAP/CPAP
- ☐ Refrigerated Medication
- ☐ Other: _____

Equipment/Medication Requiring Power:

Statement:

I certify that interruption of electrical service presents a significant and immediate health risk to this patient.

Provider Name: _____

License Number: _____

Signature: _____

Date: _____