



To Apply If You Are a Homeowner

Below you will find all the forms necessary to apply for Project TEEM. If you are a homeowner, please print the application packet. You will need to complete and send all the forms contained in the application packet, along with the following items. Please send **copies only**. Original documents will not be returned.

- Verification for twelve (12) months of income, for all persons 18 years and older (award letter, check stubs, tax returns/w-2's, etc.)
- Proof of Ownership
- Social Security Cards for all household members

Your completed application packet, along with the requested information should be mailed to Community Action Partnership, 719 S. Main Street, Dayton, OH 45402.

Please feel free to contact us at 1-800-617-2673. We can be reached Monday through Friday, excluding holidays, between the hours of 8:00 a.m. through 4:00 p.m. Applications are processed on a first come first serve basis. We thank you for your interest in Project TEEM.



Project TEEM Application

Name: _____ SS#: _____

Address: _____

Phone: _____ Number in Household: _____

Vectren account #: _____

I own and currently live at the above listed address: ____ Yes ____ No
If you answered No to the above question, please answer the next question.
If you answered Yes, please skip to the next question.

The cost of heat is included in my rent: ____ Yes ____ No

Household Income

List all persons in the household and identify all income sources and amounts for the last 12 months. You must provide documentation of all household income in order for this application to be processed. Attach additional page(s) if necessary.

Name	Age	Source of Income	Amount for last 12 months
			\$
			\$
			\$
			\$
			\$
			\$

Please read the following statement. If you do not understand any part of it or if you have any questions about what you are asked to sign, please ask someone at this agency to help you.

I certify that the information given by me in this application is true, accurate and complete to the best of my knowledge and understand that all of this information is subject to verification. I understand that by signing this application I authorize this agency and its representatives and designee's access to bank, employment, public assistance, utility account or any other records as may be required to verify any and all statements made in this application. I understand that no information obtained through this application shall be made public in such a manner that the dwelling or occupants can be identified. By signing this application, I understand that I may be held civilly and/or criminally liable under federal and State laws for knowingly making false or fraudulent statements.

Signature of Applicant

Date

For Office Use Only:
Project TEEM Information
Total Income prior to application date: 12 Months: _____
Verified by: _____ Date: _____



719 South Main Street
Dayton, OH 45402

TOLL FREE: 1-800-617-2673
FAX: 937-586-9657

**PROPERTY OWNER'S RELEASE AND AUTHORIZATION
RELEASE OF ALL CLAIMS AND
AUTHORIZATION TO USE DATA**

In consideration of the receipt and installation of weatherization materials, I, the customer at the address below, hereby release, acquit and forever discharge, VECTREN Energy Delivery of Ohio, Inc. (VEDO) and Community Action Partnership of the Greater Dayton Area (CAP), their officers, agents, employees, successors and assigns, of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against VEDO or CAP, their officers, agents, employees, successors, and assigns, on account of, or in any way growing out of the weatherization materials provided as well as the installation and use thereof.

I acknowledge that VEDO, CAP, and their contractors are providing and installing weatherization materials on an "AS IS" basis, and that VEDO and CAP, and their contractors **DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OR MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION.** I also acknowledge that any energy savings projected by VEDO or CAP, or their contractors as a result of the installation of weatherization materials are estimates only.

I authorize VEDO to release to its designees information about my account and about weatherization materials installed on the property at the address below.

Signed: _____
(Customer's Signature)

Date: _____

Address

City, State, Zip Code

Customer Account Number



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HOMEOWNER/AUTHORIZED AGENT CERTIFICATION

I, _____, certify that I am the owner/authorized agent for the property at
(Name)

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

- 1. Drill and plug aluminum and/or vinyl siding YES ___ NO ___ NA ___
- 2. Drill and plug interior walls YES ___ NO ___ NA ___
- 3. Install S-TYPE fuses YES ___ NO ___ NA ___
- 4. Lower the thermostat on the water heater YES ___ NO ___ NA ___

- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____

12. Other work that must be done in accordance with the Minimum Weatherization Program Standards.

I further certify that I understand that all work must be done in accordance with the rules and regulations governing the Project TEEM.

Signed: _____
(Owner/Authorized Agent)

Date: _____



Project TEEM ENERGY SURVEY

DATE: _____ JOB NUMBER: _____

I. GENERAL DESCRIPTIVE INFORMATION

Name _____

How long have you lived in your home/apartment? _____

How many people live there? _____

How many people living in your home are:

Under 5 _____

5 – 18 _____

19 – 40 _____

41 – 64 _____

65 or older _____

Has anyone moved in or out of your home in the past year? Yes ____ No ____

If yes, number moving in? _____

Number moving out? _____

Do you pay for water usage? Yes ____ No ____

If yes, how high is a typical bill? _____ monthly tri-monthly

II. WEATHERIZATION AND OTHER ENERGY ASSISTANCE PROGRAMS

A. Have you received assistance from any of the following programs?
(Please check all that apply)

_____ Ohio Energy Credits Program

_____ Home Energy Assistance Program (HEAP)

_____ Percentage of Income Program (PIP)

_____ Other, Please list _____

III. ENERGY CONSERVATION

A. During the heating season (October – April), at what temperature do you set your thermostat? _____

B. How often do you have your furnace inspected? _____

C. How often do you check your furnace filter during the heating season?

- D. Before you leave your home or before you go to sleep, do you change your thermostat? Yes ____ No ____
If so, what do you set it at? _____
- E. Do you have heating vents or air return grills blocked by furniture? Yes No
- F. Do you keep all windows and doors shut when the furnace is on? Yes No
- G. Do you have a wood/coal burning stove? Yes No
If yes, how often do you clean/inspect the stove, chimney, and flue? _____
- H. At what temperature do you have your hot water heater set? _____
- I. Do you have a washer? Yes No
If yes, do you use cold, warm, or hot water to wash clothes? _____
- J. Have you repaired all your leaky faucets? Yes No
If no, where are they located? _____
- K. Does the gasket on your refrigerator seal tightly? Yes No
- L. Is the refrigerator near a heat register, stove, or in the direct sunlight? Yes No
If yes, which source? _____
- M. Do you turn lights off in rooms that are not being used? Yes No
- N. Do you use an air conditioner in the summer months? Yes No
If yes, which kind? Window Unit _____ Central Air _____
- O. At what temperature do you set the thermostat? _____
- P. How often do you check the filter? _____
- Q. Do you keep your windows closed during the day while the AC is on? Yes No
- R. During the early morning hours or at night, do you turn off the AC and open windows opposite one another for cross ventilation? Yes No
- S. Do you close curtains/binds during the day to help block out the sun's heat? Yes No

COMMENTS: _____

COMPLETED BY: _____