

**INTERLOCAL COMMUNITY ACTION PROGRAM, INC
WEATHERIZATION PRE-APPLICATION**

Dear Weatherization Applicant:

ICAP operates the Department of Energy Weatherization Assistance Program (WAP) which is designed to reduce energy consumption and improve health and safety standards for those who live in the home. Weatherization's goal is to make your home more energy efficient, reduce your heat bills and improve your living conditions. Work generally consists of blowing insulation in attics and sidewalls, sealing air leaks throughout the house and completing a furnace and water heater inspection. The work on your home typically takes 2-4 days. Please note: Not all homes that apply for weatherization can be weatherized. This is not a program for rehabilitating homes in disrepair or replacing windows and doors. Any home(s) that have been weatherized after 1994, utilizing DOE funding, are ineligible for further weatherization.

Counties Eligible for the ICAP Weatherization Program: Delaware, Hancock, Henry, Johnson, Rush, Shelby

Household Eligibility determined by: Gross Household income under 200% poverty AND prioritization will be given to clients who are in categories 1-3. Prioritized categories include: 1) Under 18. 2) Over 60. 3) Disabled.

In order to make sure that your home is under the guideline you will need to apply for the Low Income Home Energy Assistance Program (LIHEAP). Please see the chart below for maximum gross income (before any deductions) guidelines:

OMB 2020 - 200% guidelines			
Family Size	200%	Family Size	200%
1	\$25,520	6	\$70,320
2	\$34,480	7	\$79,280
3	\$43,440	8	\$88,240
4	\$52,400	For each additional family member	\$8,960
5	\$61,360		

If you are a homeowner, there is no cost to have this work completed. If you are a renter, your landlord must agree to participate in the program and agree to pay \$1,000 or 25% of the cost (whichever is the lowest amount). Multi-units will have additional requirements.

Interested applicants must submit the attached application back to your local ICAP office or it may be mailed to:

Weatherization,
PO Box 1794
Muncie, IN 47308

Best Regards,

Holly Lee
Weatherization Manager
765-288-8732



INTERLOCAL COMMUNITY ACTION PROGRAM, INC WEATHERIZATION PRE-APPLICATION

Please Print Clearly and Fill Out Completely

Date of Application: _____

NAME:		SOCIAL SECURITY NUMBER:			DATE OF BIRTH:		
ADDRESS:		PHONE NUMBER:			Email Address (optional)		
		CITY and COUNTY			ZIP CODE:		
AGE:	LAST GRADE COMPLETED	GENDER:	Ethnicity Code	Race Code	Health Ins Code	Income Code(s)	
Ethnicity Codes A. Hispanic or Latino B. Not Hispanic or Latino		Race Codes A. African American B. White C. Multi-Race D. Other Native American		Health Insurance Codes A. Medicaid B. Medicare C. Hooper Healthwise D. Medicaid Select Other None		Income Codes A. Employment B. Social Security C. SSI D. TANF E. Unemployment Veterans Benefits G. Pension H. Child Support I. Dividends/Interest J. Self Employment K. Odd Jobs/Other None	

FAMILY TYPE:

- SINGLE PARENT/FEMALE
 SINGLE PARENT/MALE
 TWO-PARENT H/H
 SINGLE PERSON
 TWO ADULTS/NO CHILDREN
 OTHER _____

TOTAL NUMBER IN HOUSEHOLD: _____

Of those living in the household, How many are in the following groups:

Under Age 18: _____ Over Age 60: _____ Disabled _____

FOOD STAMPS: <input type="checkbox"/> YES <input type="checkbox"/> NO	TANF <input type="checkbox"/> YES <input type="checkbox"/> NO
DISABLED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> APPLIED	WIC <input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANT TO FILL OUT THIS SECTION - LIST OTHER HOUSEHOLD MEMBERS
(Applicant Use the same codes as above)

Household Members First and Last Name	Age	Date of Birth	G e n d e r	Social Security Number	Ethnicity Code	Race Code	Health Insurance Code	Income Code(s)	Last Grade Complete	Disabled Y/N



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Please make sure you list everyone that is living in the home. All income is included (even if you don't consider a person's income in other circumstances). All individuals and their income must be included for this program.

INCOME INFORMATION

Please provide proof your total household GROSS INCOME (before deductions) from all assets and earned income indicated below:

Employment: \$ _____ Pension: \$ _____

Self-Employment: \$ _____ Social Security: \$ _____

SSI or SSDI: \$ _____ Veterans Benefits: \$ _____

Child Support: \$ _____ Unemployment: \$ _____

Interest/Dividends: \$ _____ Other: \$ _____

TOTAL HOUSEHOLD ANNUAL GROSS INCOME: \$ _____

HOUSE INFORMATION:

Do you own your home? Deed/Mortgage in your name YES NO
*If NO, STOP** If you do not have a deed/mortgage recorded in your name or is a contract sale
 The landlord must approve and pay a certain price for work performed. Landlord must complete the landlord authorization form.
 If a renter, please provide landlord information:*

Name of Landlord: _____ Address: _____

City/State/Zip: _____ County: _____

Phone: _____ How long have you resided at this address: _____

Please Check All That Apply

1. Number of Stories: 1 ___ 2 ___ 3 ___
2. House Type: Single Site ___ Mobile Home ___ Multi-Family ___
3. Are ALL Utilities Connected and Working? Yes ___ No ___
4. Do you have a Fuse or Breaker Box? Fuses ___ Breakers ___ Don't Know ___
5. Are there any roof leaks? Yes ___ No ___ Don't Know ___
6. Do you have gutters and/or downspouts? Yes ___ No ___



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7. Heating Source: Natural Gas ___ Electric ___ LP ___ Wood ___ Other ___

A. Furnace Location: _____

B. Age of Furnace: _____ or age unknown _____

C. Is Furnace Working? Yes ___ No ___

8. Water Heater Source: Natural Gas ___ Electric ___ LP ___ Other ___ List the Type _____

A. Water Heater Location: _____

B. Age of Water Heater: _____ or age unknown _____

C. Is Water Heater Working? Yes ___ No ___

9. Is there any Mold or Mildew Inside/Outside of the Home? Yes ___ No ___ Don't Know ___

10. A. Are you remodeling any part of the Home? Yes ___ No ___

If yes, where? _____

B. Are there large holes in floors, ceilings, or walls? Yes ___ No ___

If yes, where? _____

11. Do you have an Attic Access? Yes ___ No ___

12. A. Can someone fit in the crawlspace? Yes ___ No ___ N/A ___ Don't Know ___

13. Is your basement or crawlspace a dry area? Yes ___ No ___ N/A ___ Don't Know ___

14. Do you have a sump pump in the basement and/or crawlspace? Yes ___ No ___ N/A ___

15. Do you have any plumbing leaks? Yes ___ No ___

16. Has your home ever been weatherized by an agency? Yes ___ No ___ Don't Know ___

17. Is your home for sale by you, in a tax sale, sheriff sale, or under foreclosure? Yes ___ No ___

18. Are there any tax/sheriff liens on the house? Yes ___ No ___



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UTILITY PROVIDERS:

Heating Vendor

Company Name: _____

Name on Account: _____

Account Number: _____

How much was your highest heating bill? \$ _____ Approx. Date: _____

Electric Vendor (if same as heating vendor can leave blank)

Company Name: _____

Name on Account: _____

Account Number: _____

ICAP ASSOCIATION(S)

1. Are you or anyone else in your household related to anyone who is employed at ICAP? YES ___ NO ___
If yes who? _____ How are you related? _____

2. I, or a family member, are currently enrolled or have been enrolled in the past 12 months in the following services provided by ICAP in various counties. Check all that apply:

- WIC ___ Energy Assistance ___ RSVP ___ Foster Grandparents ___ Head Start ___
Car Seat Program ___ Family Development ___ Senior Center ___ CSBG ___
Individual Development Account ___ Housing Choice Vouchers ___ Women's Clinic ___
Insurance Services ___ Legal Services ___ Little Red Door ___ Local Connection ___

Would you like more information on any of the programs above? If so, please list your interest below.



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CONSENT AND SIGNATURE

I certify under the penalties for perjury and fraud that the information provided in this application is correct and true. I understand that I may be required to verify these statements and hereby give my consent to the agency from which I am requesting assistance to make contact with any necessary persons to verify these statements. I am a resident of Indiana and an applicant for the Weatherization Assistance Program. I acknowledge any services or materials provided to my household will be a gift without consideration or payment by me. If I am a renter I acknowledge my landlord will have some financial involvement in the program. I give permission to the State of Indiana and the agency from which I am requesting assistance to obtain information from my energy supplier, including about my energy usage and payment history. I understand that the State of Indiana may use information provided on this form for purposes of research, evaluation and analysis. I also understand that the State of Indiana may use information provided on this form to see if I qualify for any other assistance programs. I hereby release the State of Indiana, the Local Service Provider or other entity from any liability whatsoever resulting from delivery of these activities. I have received no expressed or implied warranties concerning my receipt of these services. However, I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, I may become ineligible from receiving Weatherization and may be required to repay any assistance and or benefits that I have received based on any such misrepresentation or omission.

Applicant Print Name Signature

Date

Applicant Signature

Date



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Checklist:

All must be received to consider your application complete.

1. **Application Completed and Signed**
2. **Social security card for everyone in the home**
3. **Drivers license for all persons 18 years or older**
4. **Proof of income 3 months**
 - a. Award Letter
 - b. Paystubs
 - c. Zero income affidavit
 - d. Child support
5. **Utility Bills – Gas / Electric / LP**
6. **Proof of Homeownership –**
 - a. Deed
 - b. Property tax statement - current
 - c. Mortgage statement – current
7. **18 years or older that is still in High School may turn in a class schedule showing they are still in school and not working. All others must fill out the zero income affidavit.**
8. **If a renter more documents will be needed from your landlord up to and including financial contribution to the program. As stated on the cover sheet of this packet.**



Energy Assistance Program Zero Income Verification Affidavit

Household Member: _____

SSN: ____-____-____

Are you the Head of Household (HOH): YES NO

Section 1: I received \$ _____ during the following month(s), but there is no documentation. (Circle all that apply and write the year above the month).

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Section 2: I received **NO** income* from any source for the following months. (Circle all that apply and write the year above the month).

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Section 3: Assistance (List ALL sources of assistance to meet household living expenses over the past 12 months).

Housing: _____ Utility: _____

Food: _____ Other: _____

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years. I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to IC 35-43-5-3. I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose.

Date: ____/____/____

Signature of Zero Income Applicant

*Examples of different types of income: gross wages, salaries, commissions, bonuses, profit sharing, cashed out vacation or sick pay, tips, income received in installments from the sale of property, profits or gains from the sale of assets, Black Lung Pension Disability payments, disability payments from insurance, dividends, interest, gambling winnings, pensions, railroad retirement benefits, military allotments, regular life insurance payments, workers compensation, veterans benefits, unemployment compensation, TANF, strike benefits, social security benefits, and royalties.

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)

WITNESS my hand and seal this ____ day of _____ 201__

County of Residence: _____

Notary Public -Signature

Commission Expires: _____

Notary Public -Printed Name

LSP INTERNAL USE ONLY

Date: ____/____/____ Application#: _____

LSP Representative Signature

Energy Assistance Program Zero Income Verification Affidavit

Household Member: _____

SSN: _____-____-____

Are you the Head of Household (HOH): YES NO

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Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

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NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)

WITNESS my hand and seal this _____ day of _____, 201_____.

County of Residence: _____
 Notary Public -Signature _____

Commission Expires: _____
 Notary Public -Printed Name _____

LSP INTERNAL USE ONLY

Date: ____/____/____ Application#: _____

LSP Representative Signature



INDIANA
WORKFORCE
DEVELOPMENT
AND ITS **WorkOne** CENTERS

RELEASE OF INFORMATION

*NAME OF APPLICANT (PRINT): _____

Please list any other names you were known by at any previous employer:

*SOCIAL SECURITY: _____

*CURRENT DATE: _____

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

*SIGNATURE OF APPLICANT

Check this box if Power of Attorney is attached

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

***NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.**

*Signature of Requestor: _____

Requesting Agency: _____

Fax Number: _____

Phone Number: _____

*REQUIRED FIELDS



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WORKFORCE
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AND ITS **WorkOne** CENTERS

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Requesting Agency: _____

Fax Number: _____

Phone Number: _____

***REQUIRED FIELDS**

PROPERTY OWNER WEATHERIZATION AGREEMENT

PROPERTY OWNER: _____ PHONE _____

OWNER'S ADDRESS: _____

I hereby certify that I am the owner/landlord agent for the property located at _____
_____ and the property is not currently listed for sale.

I wish to participate in the home Weatherization program being offered by Interlocal community Action Program, Inc. The program will install the weatherization materials and determine which combination will result in the greatest energy savings. I understand that there will be no cost to me for the weatherization work or materials, and that there are no explicit or implied warranties regarding said work or materials.

I agree to allow program personnel access to the above property to accomplish the weatherization work. Yes No

As Property Owner/Authorized Agent, I hereby release and agree to indemnify and hold harmless the Interlocal Community Action Program, Inc., its staff and volunteer assistants, from any liability in connection with the performance of the weatherization service, or any act or eventuality arising therefrom. Yes No

Owner's signature

Date

Staff signature

Date

CLIENT CONSENT FORM

RELEASE OF LIABILITY AND WAIVER OF CLAIMS

NOTICE: The health and safety of the building, the occupants, or the weatherization staff shall not be compromised by any retrofit material, technique or practice. To ensure health and safety, relevant assessments will be conducted as part of all building analysis. Some weatherization activities may create dust or other airborne particles, including but not limited to: insulation, mold, or lead. All measures installed in the building will alleviate and/or not promote the growth of new airborne particles.

FOR AND IN CONSIDERATION of the State of Indiana, the Indiana Housing and Community Development Authority, and _____ hereafter referred to as Weatherization Administrator its agents and employees assisting in the provision of weatherization services to our dwelling, I/WE DO HEREBY RELEASE the State of Indiana, the Indiana Housing and Community Development Authority, and the Weatherization Administrator its agents or employees from any and all liability for losses, damages, costs, personal injury, death, or other claims because of, or in relation to the installation, location, or malfunction of measures performed.

I understand that by participating in the Indiana Weatherization Assistance Program (WAP) measures performed become my personal property and it is my responsibility to maintain and repair installed measures to keep the building systems in working condition.

Please initial where applicable:

_____ I have received a copy of the EPA pamphlet, "Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools", informing me of the potential risk of lead hazard exposure from WAP activities to be performed on my dwelling. I confirm that I have received the lead pamphlet before weatherization work began on my home.

_____ I have received a copy of the EPA pamphlet, "Mold, Moisture, and Your Home", informing me of the potential risks of mold and high moisture levels in my home. I have also received a copy of the moisture assessment form that was completed on my home.

_____ I understand that smoke and/or carbon monoxide alarms installed in my home are my personal property and must be maintained in order to continue good working conditions. An operational test was performed and the unit(s) were working properly when installed.

_____ I have received a copy of the EPA's A Citizen's Guide to Radon and have been informed of radon-related risks.

I understand that any defects caused by improperly performed Weatherization measures found within the warranty period shall be remedied without charge and within a reasonable period of time. If there are questions

[Continues on Next Page – Signature Required on Next Page]

or disagreements regarding whether a defect was caused by improperly performed Weatherization measures, the Weatherization Administrator is advised to request assistance from a neutral third party which could include a third party QCI who did not perform the final inspection, IHEDA State staff or contracted monitors, or INCAA staff. Any defects found outside the warranty period are the sole responsibility of the client.

I acknowledge that this warranty should not be considered to cover equipment failure caused by failure to perform normal maintenance, abuse or external causes beyond the control of the Weatherization Administrator or its contractors.

My signature below denotes that I fully understand the above waiver and its release of liability. I have chosen to go forward with the weatherization process, accepting any and all risks of injury or damages. I also agree to allow for inspection of materials and services for a period of one (1) year following installation.

Printed Name

Signature

Date

TRANSFER Grills (Pressure Relief)

What are they and why are they needed?

- Grilles or other devices that are installed into the wall above a door, through a door, through a wall or ceiling from one room to another.
- Your furnace fan is putting air into some rooms and there is no way for the air to get back out; this causes a positive pressure in the rooms and a negative pressure in the rest of the house – grilles will allow the air to get back out.

Why is this important?

- To prevent back drafting of the furnace or water heater – negative pressure in the home can cause problems with proper chimney operation
- To prevent mold or moisture problems – positive pressure in rooms pushes water vapor to places it should not go.
- To prevent indoor air quality problems – negative pressure in the house can pull pollutants from places like crawlspaces or garages
- To make you more comfortable by balancing the air pressure throughout the home
- To reduce your utility bills by decreasing the amount of air coming into the home from outside and allow your furnace to operate more efficiently.

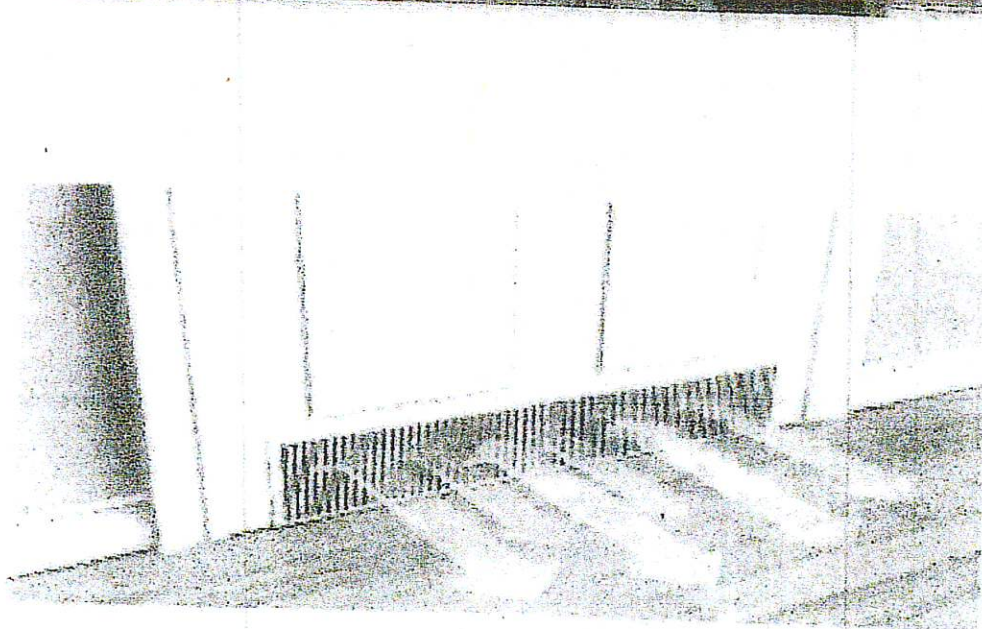
The rooms in your house MUST be pressure relieved or we will not be able to Weatherize your home. We are required to do this. This may occur during the course of work as room pressures may change throughout HVAC and Shell work.

_____ I do not agree to pressure relief of the rooms.

_____ I will allow ICAP to install transfer grills as needed or use other methods such as under cutting doors.

Signature Homeowner _____ Print Name _____ Date _____

Staff _____ Print Name _____ Date _____



ICAP Client Agreement to Share Personal Information

(Please Print Clearly)

I, _____, am the homeowner and reside at the
address _____. I understand that my home might become a deferred home for
weatherization. In the event that my home does need repairs, I agree to allow ICAP to share my information with outside
agencies, contractors, and whomever else might have the funds to complete the repairs.

Home Owner Signature

Phone Number

Date

Staff Signature

Date

All services are provided without regard to race, age, color, religion, sex, disability, national origin or status as a
veteran.

RENTAL PROPERTY WEATHERIZATION AGREEMENT

PROPERTY OWNER _____ PHONE# _____

OWNER'S ADDRESS _____ CITY _____

PROPERTY ADDRESS _____

I, _____, certify that I am the owner or authorized agent for the owner of the property located at the above address that said property is not currently listed for sale, and that the property is leased/rented to _____ (tenant).

I wish to participate in the Weatherization Assistance Program being offered by Interlocal Community Action Program, Inc. The program will install weatherization materials and determine which combination will result in the greatest energy savings and contribute to the health and safety of the occupants.

I understand if I wish to have the property listed above weatherized I agree to contribute \$1000.00 or ¼ of the cost (whichever is lower) of weatherization materials and the labor to install the materials at this address. The contribution will be waived only if the property owner himself qualifies for weatherization services based upon his own household income, and he/she maintains this address as a primary residence. No co-pay is required from not-for-profit organizations or Public Housing Authorities. The \$1000.00 (or lower amount) must be paid prior to commencement of work.

I, _____, understand that there are no explicit or implied warranties regarding said weatherization work or materials. I understand a safety evaluation of all combustion appliances will be done and must pass safety inspections before any weatherization work can take place in my property.

Department of Energy Rules and Regulation 10 CFG440.22 states: "Rents shall not be raised because of the increased value of dwelling units due solely to weatherization assistance provided..."

- I have read the above Federal rule and understand that this Rule applies to my dwelling unit after this Program weatherized it.
- I agree to allow program personnel access to the above rental property to accomplish the Weatherization work.
- I, the owner, hereby release and agree to indemnify and hold harmless the Interlocal Community Action Program, Inc., its staff and volunteer assistants from any liability in connection with the performance of the weatherization services, or any act of eventuality arising therefrom.

Owner/Authorized Agent

Date



INTERLOCAL COMMUNITY ACTION PROGRAM, INC.

615 W SR 38 • P.O. Box 449 • New Castle, Indiana 47362 • Phone (765) 529-4403 • Fax (765) 593-2510

Serving Delaware, Fayette, Hancock, Henry, Rush, and Wayne Counties

Weatherization Client Waiver of Liability Illness and Cyber Attack

Client Name: _____ Date: _____ Time: _____

Address: _____ County: _____

Illness:

As of today, _____, a member or I has not tested positive for any infectious diseases. I also agree that no one in my home is ill or showing signs of coughing, fatigue, feverish, or any other illness that could otherwise present as COVID-19.

ICAP weatherization protocol have crewmembers and contracts taking temperatures each morning. Anyone will signs or symptoms are required to stay at home and provide a doctor's note of negative results prior to returning to work. As well, ICAP staff and contracts are to keep social distancing, facemasks and gloves on at all time. ICAP respectfully asks that you and your family remain in other rooms or out of your home while work is ongoing in the home.

Your home may be considered a "High Risk" home for various illnesses. Should a family member fall ill with/without COVID after any time the weatherization program starts including, but not limited to, the assessment, weatherization shell, weatherization mechanical, and quality inspection; I/We, do not hold ICAP liable for any future illness up to and including death by illness.

Cyber-Attacks:

ICAP must upload files and information online systems. Although ICAP secures the files and uploads them to secure databases, cyber-attacks could unknowingly occur. Should a cyber-attack happen with breach of information I understand I will be notified of the event. I will not hold ICAP liable for breached information.

By signing the form below, I acknowledge that I have read and understand the items of this form. I will not hold ICAP liable for illness up to and including death due to illness, or from a potential cyber-attack on guarded information. I approve an ICAP member or contractor to come into my home to complete the weatherization program in its entirety. Should my home need to stop work due to illness of any members, I understand that my home must be deferred until a later date.

Client Signature: _____ Date: _____

Weatherization Staff Signature: _____ Date: _____



6/8/2020

