



**SCOPE OF REQUESTED WORK**

Are there any emergency repairs needed, or health and safety risks that need to be addressed? If yes, please describe them in detail below. Please be advised that the programs will require all health and safety risks be addressed and resolved by the completion of work, either by including it within the scope of work or by outside means.

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**REHABILITATION INFORMATION:** Describe in detail repairs desired through the program below  
**SEE Attachment**

Accessibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Building Exterior	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Doors/Windows	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dry Rot	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical/Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Flooring	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foundation/Structural	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HVAC	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interior Walls/Ceilings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Kitchen/Bathrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof/Gutters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Septic/Sanitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Siding	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Solar Panels	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Efficiency	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**WEATHERIZATION INFORMATION:** Describe in detail repairs desired through the program below  
**SEE Attachment**

Building Exterior	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Doors/Windows	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insulation/Interior Walls and Ceilings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HVAC	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	





<b>Office Use Only</b>  <b>Date Received:</b> <b>Time Received:</b>
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**EACH HOUSING UNIT BEING APPLIED FOR WILL NEED A SEPARATE APPLICATION.**

Applicant Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Address of Property Requesting Funds For \_\_\_\_\_

Mailing Address, if Different \_\_\_\_\_

Are you the owner of the property you are requesting assistance for?  Yes  No

If yes, Is this your primary residence?  Yes  No

If no, please list property owners name and contact information below:

\_\_\_\_\_

What program/s are you applying for?  Weatherization  Rehabilitation

If attempts to contact you are not successful, is there someone else we can contact to reach you? If so, please list their name here. \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Unit Occupants**

Unit Occupants (First, Middle and Last)	Relationship (Head, Co-Head, Dependent)	Birth Date (Month/Day/Year)	Sex (Optional)





**APPLICATION FOR:** City of Grant Pass  
 Community Development Block Grant Weatherization and Rehabilitation Program  
 Phone: (541) 450-6060

### Occupant Income

List the type, source and amount of income that can be expected during the next 12 months for each household member. Examples of types of income sources are: wages, self-employment, cash or other assistance from someone outside of the household, social security, child support, alimony, financial aid, retirement funds, etc.

Occupant Name	Type of Income & Source	Annual Gross Income

### Exempt Income

Please list any income considered Federally exempt below (I.E., food stamps, rental assistance, adoption assistance more than \$480 per child, foster payments, etc.)

Occupant Name	Type of Exempt Income	Annual Amount

How did you learn about this program?  Newspaper  Social Media  Website  Referred by a friend  Walk-in  Other (Please Specify) \_\_\_\_\_

*I certify that this dwelling is the primary residence for all occupants listed on this application and that statements contained herein are true and correct. I give my consent to The City of Grants Pass staff to verify the information. Giving false information on this application may result in perusing of recapturing funds distributed.*

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Occupant 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Occupant 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Occupant 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Occupant 4 Signature \_\_\_\_\_ Date \_\_\_\_\_



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## EXAMPLES OF ELIGIBLE WEATHERIZATION ACTIVITIES vs. REHABILITATION ACTIVITIES

Feature or System	Weatherization Activities	Rehabilitation Activities
<b>Site</b>		<ul style="list-style-type: none"> <li>○ New landscaping throughout an area</li> <li>○ Construction of new walkways, driveways or parking areas, or replacement thereof</li> </ul>
<b>Building Exterior</b>		<ul style="list-style-type: none"> <li>○ Cleaning masonry or stripping painted surfaces by sandblasting, acid wash, or high pressure washing</li> <li>○ Applying new exterior siding</li> </ul>
<b>Roof</b>	<ul style="list-style-type: none"> <li>○ In-kind replacement of loose or missing shingles or tiles for energy efficiency</li> <li>○ Chimney spark arrestors</li> </ul>	<ul style="list-style-type: none"> <li>○ Complete replacement of roof with new shingles, tiles, roll roofing, membrane, or new metal roof</li> <li>○ Installation of solar panels</li> </ul>
<b>Windows and Doors</b>	<ul style="list-style-type: none"> <li>○ Caulking, weather stripping windows and doors</li> <li>○ Fixing broken windowpane(s), storm window(s) or damaged front door for energy efficiency</li> </ul>	<ul style="list-style-type: none"> <li>○ Replacement of windows</li> <li>○ Replacement of exterior doors</li> <li>○ Adding storm windows or storm doors</li> </ul>
<b>Interior Walls and Ceilings</b>	<ul style="list-style-type: none"> <li>○ Insulation for energy efficiency</li> </ul>	<ul style="list-style-type: none"> <li>○ Installation of new drywall or paneling</li> <li>○ Installation of new acoustical ceiling</li> <li>○ Installation of dropped ceilings</li> </ul>
<b>Flooring</b>		<ul style="list-style-type: none"> <li>○ Installation of new wood floor</li> </ul>
<b>Circulation</b>		<ul style="list-style-type: none"> <li>○ Rebuilding stair or constructing new stair</li> <li>○ Installation of new access ramp</li> <li>○ Elevator replacement</li> </ul>
<b>Kitchen</b>		<ul style="list-style-type: none"> <li>○ Complete or substantial kitchen remodel</li> </ul>
<b>Bathroom/Laundry</b>		<ul style="list-style-type: none"> <li>○ Complete or substantial bathroom remodel</li> </ul>
<b>HVAC</b>	<ul style="list-style-type: none"> <li>○ Servicing and maintenance of mechanical systems for energy efficiency</li> <li>○ Replacing a malfunctioning part of a HVAC system like a thermostat for energy efficiency</li> </ul>	<ul style="list-style-type: none"> <li>○ Installation of new furnace or heat distribution system</li> <li>○ Installation of central air conditioning</li> </ul>

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<b>Electrical/Lighting</b>		<ul style="list-style-type: none"><li>o Major rewiring of building</li><li>o Installation of new electrical service</li><li>o Replacing or moving electrical panels</li></ul>
<b>Plumbing</b>		<ul style="list-style-type: none"><li>o Installation of new plumbing system</li><li>o New water or sewer connection</li></ul>
<b>Security</b>		<ul style="list-style-type: none"><li>o Installation of permanent security bollards</li><li>o Installation of new security alarm system</li></ul>
<b>Life Safety</b>		<ul style="list-style-type: none"><li>o Making substantial physical changes to a building to comply with fire and life safety codes</li><li>o Installing fire suppression system</li></ul>