



Energy Audit Program Application

Name: _____

Name on utility bill (if different): _____

Street Address: _____

Phone: _____

Email: _____

Tell us about yourself...

This is a free program for Allegheny City Central households that qualify. In order to qualify, you must be 62 years or older OR have a household income that falls below the maximum income levels listed below:

Qualification: (choose one)

____ I am 62 years or older

OR

(Attach copy of state-issued
ID or birth certificate)

Check One	Household Size	Household Income
<input type="checkbox"/>	1	Less than \$38,950
<input type="checkbox"/>	2	Less than \$44,050
<input type="checkbox"/>	3	Less than \$50,050
<input type="checkbox"/>	4	Less than \$55,600
<input type="checkbox"/>	5	Less than \$60,050
<input type="checkbox"/>	6	Less than \$64,500

(Include copy of pay-stub, or W2, or tax return)

- Electricity use varies depending on whether someone is home during the day. Does someone in the household work or spend the day at home? ☐ Yes, someone is at home during the day ☐ No, I / we work away from home

- Please identify your ethnicity:

- ☐ African American
- ☐ Caucasian
- ☐ American Indian
- ☐ Asian
- ☐ Multi-Racial

- How did you hear about Grassroots Green Homes?

- ☐ Family/Friends
- ☐ Website/Facebook
- ☐ Community Organization/Meeting
- ☐ Neighborhood Canvassing/Flyer at home
- ☐ Letter/Email from us
- ☐ Representative at a public location/event
- ☐ Other (specify) _____

- Are you the head of your household?

- ☐ Yes ☐ No

Tell us about your home...

- Do you rent or own your home? ☐ Rent ☐ Own

- Who pays your utility bills? ☐ I do ☐ Landlord does

- Is there respiratory illness in your household?

(e.g. asthma, allergies, COPD, etc.) ☐ Yes ☐ No

- Are there smokers in your household? ☐ Yes ☐ No

- How many years have you lived there? _____ years

- How many years do you plan to stay there?

- ☐ less than 1 ☐ 1-5 ☐ 6-10 ☐ 11 or more

- How is your home heated?

- ☐ Gas ☐ Electric ☐ Not sure

...and by what kind of equipment?

- ☐ Furnace ☐ Boiler ☐ Not sure ☐ Other _____

- Do you have central air conditioning? ☐ Yes ☐ No

- Has your home had renovations in the past 10 years?

- ☐ Yes, cosmetic ☐ Yes, structural
- ☐ No ☐ Not sure

Do you experience any of the following in your home?

Symptom	Check One	Comments
Mold / Mildew	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Damp walls / windows	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Water leaks (roof)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Water leaks (basement / pipes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Peeling paint / lead paint	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Inconsistent temperatures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
High utility bills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Drafts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Rotting wood	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
High radon (if so, what level?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Other (specify)		

- Do you wish to be screened for eligibility in other benefit programs? ☐ Yes ☐ No

I understand that selecting yes involves eligibility screening only and does not guarantee acceptance into any other available programs.

- Are you interested in potentially helping as a program volunteer? ☐ Yes ☐ No

Volunteering includes activities such as neighborhood canvassing, phone calling, tabling at events. Your involvement will be limited to your comfort level, physical capabilities, and schedule availability.

By signing, I agree to participate in the Grassroots Green Homes program, as described in the attached flyer/brochure, and I pledge to reduce my energy usage through the tools and tips provided to me.

Signature _____ Date _____

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Please return this form by email to energyaudit@accapgh.org
or send hard copy to Allegheny City Central Association, P.O. Box 6255, Pittsburgh, PA 15212
Call 412-465-0192 with questions