



Miami-Dade Community Action and Human Services Department
Energy, Facilities and Transportation Division

Overtown Transit Village North
701 NW 1st Court, 11th Floor
Miami, Florida 33136
T 786-469-4730 F 786-469-4750
www.miamidade.gov

Daniella Levine Cava, Mayor

Re: Weatherization Assistance Program (WAP)

Dear: Miami-Dade County Resident

The Miami-Dade County Community Action and Human Services Department is currently accepting applications for its 2023 – 2024 Weatherization Assistance Program. The Weatherization program is designed to assist residents with improving the air quality in their home. Required measures include the replacement and/or installation of the three major components: **Energy Recovery Ventilators (ERVs), Bathroom Exhaust Fans, and Kitchen Exhaust Fans.**

Benefits:

- **Reduces Home Energy Costs** – Lowers the load on cooling/heating systems (HVAC).
- **Bathroom Exhaust Fans** – Rids air of excess moisture, humidity, odors and other pollutants.
- **Kitchen Exhaust Fans** – Removes airborne grease, combustion products, fumes, smoke, odors, heat and steam from the air.
- **Energy Recovery Ventilators** – Replaces warm stale air inside the residence with fresh, filtered and pre-cooled air from the outdoors; Assists in maintaining comfortable indoor humidity levels.

Income Eligibility:

The goal of the WAP is to provide energy conservation measures to low-income eligible households whose income is at or below 200% of the Federal poverty level established by the Federal Office of Management listed in the table below:

**2024 POVERTY INCOME GUIDELINES
INCOME LEVELS**

Size of Family Unit	200%
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440

* Add \$10,760 for each additional person

Completed applications must be returned to Community Action and Human Services Department at 701 NW 1st Court, 11th Floor, Miami, Florida 33136. Please be advised services will be provided on a first come, first serve basis and/or the availability of funds.

Please submit the following items with your completed application:

1. Valid Florida driver's license or State ID card for household members 18 and over.
2. Copy of Social Security Cards for every household member.
3. Proof of income for the past twelfth month (last 6 paystubs, 2023 SSA or SSI award letter, 2023 pension/retirement statement and/or unemployment compensation).
4. Most recent Florida Power & Light Company (FPL) utility bill.
5. Proof of homeownership (Warranty Deed, Combined Tax Notice and/or Mortgage Statement).

Should you have any questions, please do not hesitate to contact **Marie Grimes at (786) 469-4708 or Martha Perez (786) 469-4729.**

Sincerely,

Martha Perez, WAP Coordinator
Energy, Facilities and Transportation Division

***START GETTING FRESHER, CLEANER, COOLER AND ODOR FREE AIR
WHILE REDUCING YOUR ENERGY COSTS!***



APPLICATION FOR WEATHERIZATION ASSISTANCE PROGRAM (WAP)

Applicant Name _____ Social Security # _____
 (Last 4 digits) _____

Address _____ City _____ Zip Code _____

Phone: _____ Alternate Phone: _____

Date of Birth _____ Age: _____ Race: _____ E-mail _____

HOUSEHOLD INFORMATION

Total Number of Household Members (List Below): _____

Name: (First, Last)	Relationship	DOB	Age	Sex	SSN (Last 4 digits)	Monthly Income

TELL US ABOUT YOUR HOME:

- Does anyone in your home receive disability benefits or has been certified as disabled by a doctor?
If yes, please submit proof of disability (e.g. letter from doctor, copy of Disability Benefit Letter).
- Do you Rent or Own your home (Check One):
- Type of Home: House Condo/Apartment Townhouse Duplex Mobile Home
- Do you use: Electric Natural Gas Liquid Propane?
- Do you have: Roof leaks Mold/Mildew Holes in the Walls larger than 2x2 Structural damage (e.g. walls separated from floors)? Check all that apply (***If so***, your home may not be eligible for this program)
- Do you have any Jalousie windows? Yes No? If yes, how many? _____
- Do you have any broken windows? Yes No If yes, how many? _____
- Do you have windows covered with plywood? Yes No If yes, how many? _____
- Will inspector have access to all the rooms in the house? Yes No
- Are you currently working on any repairs or remodeling projects in your home? Yes No
- Are you aware of any open permits for your property? Yes No
- Have you ever received assistance with paying your electric bill through LIHEAP? Yes No

Applicant Signature: _____

Date: _____





SOLICITUD PARA EL PROGRAMA DE ASISTENCIA DE CLIMATIZACIÓN (WAP, EN INGLÉS)

Nombre del solicitante _____ N° de Seguro Social _____

Dirección _____ Ciudad _____ Código Postal _____

Teléfono: _____ Teléfono Alternativo: _____

Fecha de Nacimiento _____ Edad: _____ Raza: _____ Correo electrónico _____

INFORMACIÓN SOBRE EL NÚCLEO FAMILIAR

Número total de miembros del núcleo familiar (Escríbalos abajo)

Nombre: (Nombre, Apellido)	Relación familiar	Fecha de nacimiento	Edad	Sexo	N° de Seguro Social	Ingreso mensual

CUÉNTENOS ACERCA DE SU HOGAR:

1. ¿Alguien en su hogar recibe beneficios por discapacidad o ha sido certificado como discapacitado por un doctor? Si la respuesta es sí, por favor presente prueba de discapacidad (por ejemplo, carta del doctor, copia de una carta de beneficio por discapacidad).
2. Usted alquila o es dueño de su hogar (Marque Uno)?
3. Tipo de hogar: Casa Condominio/Departamento Casa unifamiliar conectada con otra Dúplex Casa ambulante
4. ¿Usted usa: Electricidad Gas Propano líquido?
5. ¿Usted tiene: goteras en el techo Moho Hoyos en las paredes más grandes que 2x2 daño estructural (por ejemplo, paredes separadas de los pisos? (Marque todas las que se aplican). Si usted ha marcado alguna de estas deficiencias puede ser que no califique para este programa.
6. ¿Usted tiene ventanas de celosía? Sí No Si la respuesta es sí, ¿Cuántas? _____
7. ¿Tiene alguna ventana quebrada? Sí No Si la respuesta es sí, ¿Cuántas? _____
8. ¿Tiene ventanas cubiertas con contrachapado? Sí No Si la respuesta es sí, ¿Cuántas? _____
9. ¿Tendrá el inspector acceso a todas las piezas en la casa? Sí No
10. ¿Está usted trabajando actualmente en alguna reparación/proyecto de remodelación en su casa? Sí No
11. ¿Sabe usted si hay algún permiso vigente para su propiedad? Sí No
12. ¿Ha recibido usted ayuda para pagar la factura de electricidad a través de programa LIHEAP alguna vez? Sí No

Firma del solicitante: _____

Fecha: _____

