Blue Water Community Action...
Helping People. Changing Lives.

3403 Lapeer Road, Port Huron, Michigan 48060 (810) 982-8541

Universal Intake & Assistance Application

Applicant Demographic Information *(All fields require an answer)*

1. Housing Status

- ☐ Homeless
- ☐ Homeowner
- ☐ Other (long-term care, group home, etc.)
- ☐ Renter
- ☐ Refuse to Answer

2. Family Type

- ☐ Female Head of Household
- ☐ Male Head of Household
- ☐ Multi-generational Household
- ☐ Non-related Adults with Children
- ☐ Single Person No Children in Household
- ☐ Two Adults No Children in Household
- ☐ Two Parent Household/Family
- ☐ Other
- ☐ Refuse to Answer

3. Estimated household income?	$	☐ My household has no income.

4. Street Address		**6. Zip Code**		**8. State**
5. Mailing Address		**7. City**		Michigan

9. Select County

☐ **St. Clair** ☐ Huron ☐ Lapeer ☐ Macomb ☐ Sanilac ☐ Tuscola ☐ City of Flint

10. First Name	**11. Middle Name**	**12. Last Name**	**13. Suffix**

14. Last 4 Social Security #		**15. Date of Birth**	

16. Gender

- ☐ Male
- ☐ Female
- ☐ Refuse to Answer

17. Race

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hawaiian/Other Pacific Islander
- ☐ White
- ☐ Other Race
- ☐ Refuse to Answer

18. Ethnicity

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Refuse to Answer

19. Are you disabled? ☐ Yes ☐ No ☐ Refuse to Answer

20. Do you have health insurance? ☐ Yes ☐ No If yes, what type?

21. What is your primary language (s)?

22. Marital Status

- ☐ Divorced
- ☐ Live with Boyfriend/Girlfriend
- ☐ Married

23. Highest Level of Education

- ☐ 0-8th Grade
- ☐ 12+ some post-secondary
- ☐ 2-4-year college graduate
- ☐ GED or equivalent
- ☐ High School Graduate
- ☐ Junior college
- ☐ Junior high school
- ☐ Other

EQUAL HOUSING OPPORTUNITY

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☐ Never married ☐ Separated ☐ Single ☐ Widowed ☐ Refuse to Answer	☐ Graduate of other post-secondary school ☐ Graduate school ☐ High School	☐ University ☐ Refuse to Answer

24. Employment Status		25. Veteran Status
☐ Employed Full-time ☐ Employed Part-time (including multiple part-time jobs) ☐ Migrant Seasonal Farm Worker ☐ Not in the Labor Force	☐ Retired ☐ Unemployed less than 6 months ☐ Unemployed more than 6 months ☐ Refuse to Answer	☐ Active Duty ☐ Never Served ☐ Veteran ☐ Refuse to Answer

26. Primary Phone		27. Email	

Blue Water Community Action is prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

Household Information *(All fields require an answer)*

28. Do you or anyone in your household receive any of the following:

☐ Temporary Food Assistance for Needy Families (TANF)	☐ Housing Choice Voucher
☐ Food Assistance Program (FAP)	☐ HUD-VASH
☐ Supplemental Nutrition Assistance Program (SNAP)	☐ Public Housing
☐ WIC	☐ Cash Assistance-Title IV (FIP)
☐ Low-Income Home Energy Assistance (LIHEAP)	☐ Cash Assistance Title XVI
☐ Weatherization Assistance Program (WAP)	☐ Supplemental Security Income (SSI)
☐ State Emergency Relief (SER)	☐ Childcare Voucher
	☐ Affordable Care Act Subsidy

29. Check the service(s) for which you have interest in applying:

☐ Backpack & School Supplies	☐ Income Tax Preparation	☐ Utility Assistance- Gas/Electric
☐ Briefs & Supplies (Adults)	☐ Representative Payee Services	☐ Utility Assistance-Fuel, Oil, Propane, Wood
☐ Diapers & Supplies (Youth)	☐ Minor Plumbing Repair Assistance	☐ Utility Assistance- Plumbing
☐ Food Assistance Voucher	☐ Homebuyer Education Class	☐ Utility Assistance-Water/Wastewater
☐ Homeless/Unhoused Support	☐ Financial Literacy Education (Adult)	☐ Weatherization Assistance Program
☐ Eviction Prevention	☐ Foreclosure Prevention Counseling	☐ Other:
	☐ Pre-Purchase Homeownership Counseling	

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I understand that depending on the type of program or service for which I apply there will be other assessments, forms and/or documents that I am required to complete and/or submit.

30. Release, Sharing and Applicant Attestation

I, _____, give Blue Water Community Action consent to release, to obtain, and to share all pertinent identifying and non-confidential social, financial and other information about myself and information I have provided about additional family members that will allow me and my family to benefit from the services offered. In granting such permission, I understand that such information will remain confidential and that such information will only be used for my benefit or to benefit other members of my family. I understand only authorized personnel will share client information needed for service delivery, to track demographic trends, service patterns and the client outcomes achieved. I release Blue Water Community Action and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. Unless I make a formal request to Blue Water Community Action that I no longer want to participate in the services offered, this release will remain in force for 3 years from today.

Under penalties of perjury, I state that I have reviewed this application, and the best of my knowledge and belief, the answers I give within this application are true, including household, citizenship and non-citizenship information, and I have listed all amounts and sources of income I, or my household, receives.

31. Applicant Signature & Signature Date

BWCA Staff Signature & Date Received

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Universal Intake & Assistance Application

Additional Household Members 1 and 2

Applicant full name:

ADDITIONAL Household Member Name	Last 4 Social Security Number	Date of Birth

Gender
- ☐ Male
- ☐ Female
- ☐ Refuse to Answer

Ethnicity
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Refuse to Answer

Race
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hawaiian/Other Pacific Islander
- ☐ White
- ☐ Other Race
- ☐ Refuse to Answer

Primary Language

Disabled ☐ Yes ☐ No

Health Insurance?

☐ Yes ☐ No

If yes, what type?

Marital Status
- ☐ N/A Child 17 or under
- ☐ Divorced
- ☐ Live with Boyfriend/Girlfriend
- ☐ Married
- ☐ Never married
- ☐ Separated
- ☐ Single
- ☐ Widowed
- ☐ Refuse to Answer

Employment Status
- ☐ N/A Child 17 or under
- ☐ Employed Full-time
- ☐ Employed Part-time (including multiple part-time jobs)
- ☐ Migrant Seasonal Farm Worker
- ☐ Not in the Labor Force
- ☐ Retired
- ☐ Unemployed less than 6 months
- ☐ Unemployed more than 6 months
- ☐ Refuse to Answer

Veteran Status
- ☐ N/A Child 17 or under
- ☐ Active Duty
- ☐ Never Served
- ☐ Veteran
- ☐ Refuse to Answer

Highest Level of Education
- ☐ 0-8th Grade
- ☐ 12+ some post-secondary
- ☐ 2-4-year college graduate
- ☐ GED or equivalent
- ☐ Graduate of other post-secondary school
- ☐ Graduate school
- ☐ High School
- ☐ High School Graduate
- ☐ Junior college
- ☐ Junior high school
- ☐ Other
- ☐ University
- ☐ Refuse to Answer

ADDITIONAL Household Member Name	Last 4 Social Security Number	Date of Birth

Gender
- ☐ Male
- ☐ Female
- ☐ Refuse to Answer

Ethnicity
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Refuse to Answer

Race
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hawaiian/Other Pacific Islander
- ☐ White
- ☐ Other Race
- ☐ Refuse to Answer

Primary Language

Disabled ☐ Yes ☐ No

Health Insurance?

☐ Yes ☐ No

If yes, what type?

Marital Status
- ☐ N/A Child 17 or under
- ☐ Divorced
- ☐ Live with Boyfriend/Girlfriend
- ☐ Married
- ☐ Never married
- ☐ Separated
- ☐ Single
- ☐ Widowed
- ☐ Refuse to Answer

Employment Status
- ☐ N/A Child 17 or under
- ☐ Employed Full-time
- ☐ Employed Part-time (including multiple part-time jobs)
- ☐ Migrant Seasonal Farm Worker
- ☐ Not in the Labor Force
- ☐ Retired
- ☐ Unemployed less than 6 months
- ☐ Unemployed more than 6 months
- ☐ Refuse to Answer

Veteran Status
- ☐ N/A Child 17 or under
- ☐ Active Duty
- ☐ Never Served
- ☐ Veteran
- ☐ Refuse to Answer

Highest Level of Education
- ☐ 0-8th Grade
- ☐ 12+ some post-secondary
- ☐ 2-4-year college graduate
- ☐ GED or equivalent
- ☐ Graduate of other post-secondary school
- ☐ Graduate school
- ☐ High School
- ☐ High School Graduate
- ☐ Junior college
- ☐ Junior high school
- ☐ Other
- ☐ University
- ☐ Refuse to Answer

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Universal Intake & Assistance Application

Additional Household Members 3 and 4

Applicant full name:

ADDITIONAL Household Member Name	Last 4 Social Security Number	Date of Birth

Gender
- ☐ Male
- ☐ Female
- ☐ Refuse to Answer

Ethnicity
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Refuse to Answer

Race
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hawaiian/Other Pacific Islander
- ☐ White
- ☐ Other Race
- ☐ Refuse to Answer

Primary Language

Disabled ☐ Yes ☐ No

Health Insurance?

☐ Yes ☐ No

If yes, what type?

Marital Status
- ☐ N/A Child 17 or under
- ☐ Divorced
- ☐ Live with Boyfriend/Girlfriend
- ☐ Married
- ☐ Never married
- ☐ Separated
- ☐ Single
- ☐ Widowed
- ☐ Refuse to Answer

Employment Status
- ☐ N/A Child 17 or under
- ☐ Employed Full-time
- ☐ Employed Part-time (including multiple part-time jobs)
- ☐ Migrant Seasonal Farm Worker
- ☐ Not in the Labor Force
- ☐ Retired
- ☐ Unemployed less than 6 months
- ☐ Unemployed more than 6 months
- ☐ Refuse to Answer

Veteran Status
- ☐ N/A Child 17 or under
- ☐ Active Duty
- ☐ Never Served
- ☐ Veteran
- ☐ Refuse to Answer

Highest Level of Education
- ☐ 0-8th Grade
- ☐ 12+ some post-secondary
- ☐ 2-4-year college graduate
- ☐ GED or equivalent
- ☐ Graduate of other post-secondary school
- ☐ Graduate school
- ☐ High School
- ☐ High School Graduate
- ☐ Junior college
- ☐ Junior high school
- ☐ Other
- ☐ University
- ☐ Refuse to Answer

ADDITIONAL Household Member Name	Last 4 Social Security Number	Date of Birth

Gender
- ☐ Male
- ☐ Female
- ☐ Refuse to Answer

Ethnicity
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Refuse to Answer

Race
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hawaiian/Other Pacific Islander
- ☐ White
- ☐ Other Race
- ☐ Refuse to Answer

Primary Language

Disabled ☐ Yes ☐ No

Health Insurance?

☐ Yes ☐ No

If yes, what type?

Marital Status
- ☐ N/A Child 17 or under
- ☐ Divorced
- ☐ Live with Boyfriend/Girlfriend
- ☐ Married
- ☐ Never married
- ☐ Separated
- ☐ Single
- ☐ Widowed
- ☐ Refuse to Answer

Employment Status
- ☐ N/A Child 17 or under
- ☐ Employed Full-time
- ☐ Employed Part-time (including multiple part-time jobs)
- ☐ Migrant Seasonal Farm Worker
- ☐ Not in the Labor Force
- ☐ Retired
- ☐ Unemployed less than 6 months
- ☐ Unemployed more than 6 months
- ☐ Refuse to Answer

Veteran Status
- ☐ N/A Child 17 or under
- ☐ Active Duty
- ☐ Never Served
- ☐ Veteran
- ☐ Refuse to Answer

Highest Level of Education
- ☐ 0-8th Grade
- ☐ 12+ some post-secondary
- ☐ 2-4-year college graduate
- ☐ GED or equivalent
- ☐ Graduate of other post-secondary school
- ☐ Graduate school
- ☐ High School
- ☐ High School Graduate
- ☐ Junior college
- ☐ Junior high school
- ☐ Other
- ☐ University
- ☐ Refuse to Answer

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Weatherization Application Assessment

Please check the boxes and write your answers on the lines. If you are unsure, leave the answer blank and ask staff for help.

Required Information

Q 1.1 Do you own or rent your home? Check one.

☐ Homeowner ☐ Homeowner under a land contract ☐ Renter

Q 1.2 When did you move into this home? Move in date:

Q 1.3 If you rent, provide your landlord's information. If you own, skip to Q 1.4.

Name: Address:

Phone:

Q 1.4 Has your home received services through the Department of Energy Weatherization Assistance Program? Check one.

☐ My home has never received these services.

☐ My home received these services more than 15 years ago.

☐ My home received these services, but I do not know when.

Q 1.5 Check the statement that applies to you.

☐ I own my home and will provide proof, such as a property tax receipt, property assessment, deed, mortgage agreement, or mobile home title.

☐ I am buying under a land contract and will provide a copy.

☐ I rent and understand that additional forms will be required.

Q 1.6 Will you provide the past 12 months of heating and electric bills? Include usage dates, usage totals, and total bill amounts. Heating may include gas, propane, or wood.

☐ Yes ☐ No

☐ I have lived here less than 12 months. I will provide bills for the time I have lived at this address.

Q 1.7 Has a federal, state, or local program designated your home to be acquired or cleared within 12 months?

☐ Yes ☐ No

Household Income

Q 2.1 What income do you or anyone in your household receive? Check all that apply.

- ☐ Wages, earnings, or salary from a job
- ☐ Self-employment or business income — provide income and expense records for each business or activity. Documented business expenses may be deducted.
- ☐ Social Security retirement, survivor, dependent, or disability benefits
- ☐ Supplemental Security Income (SSI), including state quarterly payments
- ☐ Unemployment compensation or union strike benefits
- ☐ Workers compensation or private long or short term disability payments
- ☐ Veterans payments — VA disability compensation or pension, military retirement pay, or military family allotments
- ☐ TANF or Family Independence Program (FIP) cash assistance, or State Disability Assistance (SDA)
- ☐ Alimony or spousal support
- ☐ Private or government pensions, other retirement income, or IRA income (Social Security retirement is listed above.)
- ☐ Annuity or insurance payments, or regular estate or trust payments
- ☐ Dividends, interest, stocks, or bonds
- ☐ Net rental income, including income from people renting a room
- ☐ Net royalties, gambling or casino winnings, or lottery winnings
- ☐ Tribal payments, including casino or other tribal income
- ☐ Joint income received by more than one person — divide equally among the people receiving it.
- ☐ Payments made directly to a company for housing or bills in place of alimony or wages that would otherwise be paid to an individual
- ☐ Other:
- ☐ My household has no income

Q 2.2 Which assistance did you or a household member receive 12 months before this application date? Check all that apply.

- ☐ Family Independence Program (FIP) cash assistance under Title IV
- ☐ Supplemental Security Income (SSI) under Title XVI
- ☐ LIHEAP energy assistance, including energy related State Emergency Relief (SER)
- ☐ Met income requirements for a HUD means tested program at or below 80% of Area Median Income (AMI), such as CDBG, HOME, or the Lead Hazard Control and Healthy Homes Program
- ☐ No

House Description

Q 3.1 What type of home do you live in? Check one.

❒ Single family detached home

❒ Single wide mobile home ❒ Double wide mobile home

❒ Duplex ❒ Townhouse ❒ Triplex

❒ Row house

❒ Apartment in a building with 4 or fewer units

❒ Apartment in a building with 5 or more units

❒ Other:

Q 3.2 How many stories does your home have? Check one.

❒ One story ❒ Two stories ❒ More than two stories

Q 3.3 How many bedrooms does your home have? Check one.

❒ One ❒ Two ❒ Three ❒ More than three

Q 3.4 What is on the outside walls of your home? Check all that apply.

❒ Aluminum siding ❒ Brick and mortar ❒ Vinyl siding ❒ Wood siding ❒ Other:

Q 3.5 What type of foundation does your home have?

❒ Basement ❒ Slab ❒ Crawlspace ❒ Other:

Q 3.6 What do you use to heat your home?

❒ Electric ❒ Natural gas ❒ Propane ❒ Pellets or wood

❒ Other, such as solar or oil:

Q 3.7 Does your roof leak?

❒ Yes ❒ No ❒ I don't know

Q 3.8 Does your home have knobs and tube wiring?

❒ Yes ❒ No ❒ I don't know

Q 3.9 Is your home for sale or in foreclosure?

❒ Yes ❒ No

Q 3.10 Do you, or your landlord if you rent, plan to sell your home?

❒ Yes ❒ No

Q 3.11 What year was your home built?

Year:

Q 3.12 How large is your home?

Size: square feet

Q 3.13 Does your attic have insulation?

❒ Yes ❒ No

Q 3.14 Do the walls of your home have insulation?

❒ Yes ❒ No

Q 3.15 Does your home have central air conditioning?

❒ Yes ❒ No

Q 3.16 How would you rate the condition of your home? Check one.

❒ Average ❒ Above average ❒ Below average

Q 3.17 How would you rate the condition of your siding? Check one.

❒ Average ❒ Above average ❒ Below average

Q 3.18 What other concerns do you have about your home?

Communication and Acknowledgments

Q 4.1 How do you prefer to communicate with staff? Check one.

❒ Phone calls ❒ Emails ❒ No preference

Q 4.2 If we send you a link, can you upload the required documents?

❒ Yes, using the email address I provided.

❒ No, I will deliver or mail my documents to:

Blue Water Community Action

3403A Lapeer Road, Port Huron, Michigan 48060

Q 4.3 This assessment alone does not determine whether I qualify for the Weatherization Assistance Program.

❒ Yes, I understand.

Q 4.4 I must submit all required documents and information before eligibility for the Department of Energy Weatherization Assistance Program can be determined.

❒ Yes, I understand.

Q 4.5 I authorize my energy utility provider to release by phone, fax, email and/or energy utility website all the information about my account relative to this request. If not, Blue Water Community Action will not be able to process this assistance request.

❒ Yes, I authorize.

❒ No, I do not authorize.

Q 4.6 By submitting this assessment, under penalties of perjury, I attest that I have completed the information in this assessment to the best of my knowledge. I consent for Blue Water Community Action to use this assessment to determine my eligibility for the assistance I have requested.

❒ Yes, I attest and consent as stated.

Weatherization Applicant Authorization

The Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

I, , residing at , understand that I am entitled to a fair hearing regarding the decision made concerning this application for weatherization assistance.

I hereby authorize the agency indicated above to obtain information regarding past, present, and future energy utility bills.

I hereby authorize all applicable energy utility companies to provide copies of energy bills, or other information on the consumption of fuel, for a minimum period of 12 months prior to weatherization and for 12 months after the weatherization of my home.

I further authorize the work to be performed on the dwelling listed above in accordance with federal and state weatherization priorities and within existing and future funding limitations.

I agree that I cannot hold the agency liable for existing program-identified health and safety violations that are NOT corrected by the agency's Weatherization Assistance Program.

I also understand that I cannot hold the agency responsible for existing conditions prior to the weatherization work or for any weatherization work after 18 months from the date of the weatherization completion.

I further understand that the weatherization crew may need to use my electricity to perform weatherization measures.

I certify that to the best of my knowledge all information furnished by me is true and I acknowledge that falsification of information is subject to prosecution.

Applicant signature: _____

Date signed:

BWCA staff signature: _____

Date received: _____

Your Rights – Client/Applicant Handout

The Michigan Weatherization Assistance Program (WAP) is designed to help income eligible households conserve fuel and save money by making their homes more energy efficient.

ELIGIBILITY for the Weatherization Program depends on:

➢ Household Income based on the number of household members;

➢ Home condition and whether the work required is within the scope of the WAP; and

➢ Proof of ownership, or that the landlord complies with WAP program requirements

COMPLAINT RIGHTS

➢ You have the right to complain if you are not satisfied with the work that was completed

➢ At any point, you may inquire about your Weatherization work with the Local Weatherization Operator (LWO) providing service. It is encouraged for you to attempt to resolve any issues by getting in touch with them before initiating a structured process. The staff at your LWO will work with you to clarify your questions or concerns.

APPEAL RIGHTS

➢ You have the right of appeal if your application was not processed in a timely fashion, after all of the required documentation has been received;

➢ You disagree with the denial of your application; and

➢ You aren't able to resolve your concern in working directly with program staff

CLIENT/APPLICANT COMPLAINT/APPEAL PROCESS

While you have the right to complain or appeal, please note that these actions do not lead to additional work being conducted on your home. The WAP is not a home repair or emergency services program.

For information on other resource programs that may be available to assist you, please visit the United Way or dial 2-1-1. This resource is available 24 hours a day, 7 days a week.

INFORMAL HEARING

The first step in the Client Complaint or Appeal Process is Informal Hearing at the local agency.

➢ You may request an Informal Hearing by contacting the agency at: **810-982-8541**.

The Informal Hearing will be held by a designated hearing officer representing the LWO. The purpose of the Informal Hearing is to ensure that the applicant (client) understands the reasoning for denial of their application or WAP policies and standards for the work that was completed.

STATE REVIEW

If you are not satisfied with the results from the Informal Hearing, you may request a State Review. The LWO will advise you on how to request a State Review.

➢ The State Office will review your case and advise both you and the LWO of their determination.

➢ Final decisions on complaints are made here (no further appeal of these issues)

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UTILITY INFORMATION RELEASE

Authorization to obtain Weatherization energy-use and billing information

Applicant name	_____	**Application date**	_____
Property address	_____	**Case / HHID #**	_____

1. UTILITY / FUEL ACCOUNT INFORMATION

Provider / utility	Account number	Account holder name
Electric		
Natural gas		
Propane / fuel oil / other		

2. AUTHORIZATION

I authorize the energy provider(s) listed above to release to Blue Water Community Action (BWCA), and when required for administration of the Michigan Weatherization Assistance Program to MDHHS/BCAEO, account information for the property above. Information may include energy consumption, billing/cost data, service dates, meter/account identifiers, and fuel-delivery records needed for Weatherization program purposes.

This information may be used to collect utility data for the energy audit/client file; support priority categories when applicable; document required energy usage for the 12 months before weatherization and 12 months after completion; and complete required reporting, monitoring, quality assurance, and program evaluation.

3. PERMISSION & LIMITS

- This release does not authorize BWCA to change an account, start or stop service, or make payment arrangements.
- BWCA will use and maintain the information for Weatherization administration and required client-file documentation.
- This authorization remains valid through the required 12-month post-completion utility-data collection period unless revoked in writing; revocation does not affect information already released or program requirements that still must be satisfied.
- A utility or fuel provider may require its own authorization form before releasing information.

4. SIGNATURES

Each account holder who is not the applicant must also sign this release or complete the provider-specific authorization required by the utility.

Applicant / authorized account holder	_____	**Date**	_____
Second account holder, if needed	_____	**Date**	_____

Printed name(s): _____ Phone: _____

AGENCY USE ONLY

☐ Release sent to provider	Date: _____	☐ Recent electric bill	☐ Recent heating-fuel bill
☐ 12-month pre-usage obtained	☐ Utility data entered	Post-completion follow-up due	_____

Policy alignment: Michigan CSPM 612 - utility usage documentation for the 12 months before weatherization work and 12 months after completion.

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