

ATTENTION Weatherization Applicant

PLEASE READ CAREFULLY

If you are applying for Weatherization Service, you must submit with your application the following documentation before your application can be processed.

Submit the following types of Documentation of Income that applies to your household:

1. Copy of **Award Letter** from **Social Security** showing gross amount of Social Security and/or **SSI**.
2. Copies of payroll checks showing amount, time period, and name of person.
If paid **weekly**, send four **(4)** most recent pay stubs.
If paid **bi-weekly** send at least two **(2)** most recent pay stubs.
Or Earnings Statement from employer showing gross amounts of earnings and time period.
3. If self-employed, copy of most recent income tax return.
4. If you receive contributions, must send a notarized statement from source of contributions.
5. If you are unemployed, must supply documentation from the Unemployment Office.
6. If you have no income, you must send two (2) Witness Letter signed and notarized. These must be from people NOT related to you who know of your household zero income status. These people must be present when forms are notarized.
Also, you must supply a letter from DHS Office verifying no income.

Income verification must include the Total Gross Household Income. Therefore, you must supply copies of income for everyone in the household.

If you are disabled, you must provide documentation of your disability.

Also you must send copies of your electric and gas utility bills for the last 12 months. If you do not have this information, you can call your utility provider and they will send to you. Please send with your application to prevent delay.

If all documentation is not included, your application cannot be processed.

Mail to:
CADC Weatherization
P.O. Box 580
Benton, AR 72018



ARKANSAS WEATHERIZATION ASSISTANCE PROGRAM

APPLICATION



Please complete all sections of this application. Failure to do so may delay your approval. If you have any questions about this application and how to complete it, please call: 501-776-8446

Has this dwelling been weatherized in the past with Federal Funds from the Department of Energy? _____ If yes, when? _____

| | | | |
|-------------------------------|-------------|------------------------|---------------|
| First Name | MI | Last Name | SSN |
| | | | / / |
| Street Address | Apt. Number | City | Zip Code |
| | | County | Date of Birth |
| Postal Address (if different) | | City | Zip Code |
| | | County | |
| Home Phone | Alt. Phone | Email Address (if any) | |

Provide current verification of income. Income will be re-verified and evaluated 30 days prior to assistance.

Provide copy of 12 month summary of Electric & Gas bills

How long have you lived at this residence? _____

| | | | | | |
|---|---|---|---|--|--|
| Race (Optional): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian | <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other | Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Permanent Resident (As of date) _____ | Do you receive Federal or State disability benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Gross Mo. Income*: \$ _____ Income Source(s): <input type="checkbox"/> Salary/Pay <input type="checkbox"/> SSI-Disability <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> AFDC/TANF |
|---|---|---|---|--|--|

Directions to House: _____

| OTHER HOUSEHOLD MEMBERS | | | | | |
|-------------------------|---------------------------|---------------------|---------|--|---|
| Name (First, Last) | Relationship to Applicant | Birth Date MM/DD/YY | Sex M/F | Race (Optional): | Gross Monthly Income |
| SSN: _____ | | | | <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Isl. <input type="checkbox"/> Other _____ | \$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF |
| SSN: _____ | | | | <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Isl. <input type="checkbox"/> Other _____ | \$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF |
| SSN: _____ | | | | <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Isl. <input type="checkbox"/> Other _____ | \$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF |
| SSN: _____ | | | | <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Isl. <input type="checkbox"/> Other _____ | \$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF |
| SSN: _____ | | | | <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Isl. <input type="checkbox"/> Other _____ | \$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF |

| HOMEOWNER INFORMATION | |
|--|--|
| Home Ownership: <input type="checkbox"/> Own or Pay Mortgage (YR Built _____) <input type="checkbox"/> Lease to Purchase (YR Built _____) <input type="checkbox"/> Rent (Provide landlord information) | Landlord Name: _____ Address: _____ City, State, Zip Code: _____ |

UTILITIES and HOME CONDITION

Utilities: Electric Co.: _____ Acct. No. _____ Name on Account _____

Gas Co.: _____ Acct. No. _____ Name on Account _____

Do you CURRENTLY receive help paying your gas, light, heat, air or other utility bills? Yes No **Provide copy of 12 months of utility bills.**

Residence Type: Single house 2-story Mobile Home Duplex or similar unit Apartment

Exterior Type: Veneer/ Masonry or Stucco Wood/Masonite Siding Brick/Stone Vinyl/Metal

Primary Heating Fuel: Natural Gas Other Gas Electricity Wood Fuel Oil Kerosene Other

Primary Heating Equipment: Central Space Heater Heat Pump Fireplace Wood Stove Other No Heating Equipment Heat Not Working

Air Conditioning: Window Unit Central Air No Air Conditioning

Insulation: Attic Wall Floor

Window Type: Single pane Double pane Storm windows

HEALTH RISK

Are there any health risk that prohibits the disturbance of air in the home (respiratory problems, oxygen for breathing)? _____ If yes, please provide additional information: _____

(Please provide doctors letter or signed statement from a family member)

RELEASE

I, _____ (Print Name), release Central Arkansas Development Council of all liability for any damage or harm related to weatherizing my home.

I also grant permission for the Arkansas Weatherization Assistance Program (WAP), grantees and successors, to use photographs of me and my home to document and promote the Arkansas Weatherization Assistance program via TV and print news media, newsletters, brochures, Websites, etc. Yes No

I further grant permission for the Arkansas Weatherization Assistance Program, grantees and successors, to obtain and review utility billing records for the applicant household before and after weatherization work is performed. I understand this information will be used to evaluate the effectiveness of the weatherization program and determine energy savings. Yes No

I further grant permission for the Arkansas Weatherization Assistance Program, grantees and successors, to sell my carbon credits. I understand these credits will be used for further unit production for the AWAP. Yes No

I certify that I have been informed of the above agreements and fully understand each provision, and that all information provided on this application is true and correct.

Applicant Signature _____ **Date** _____

FOR OFFICIAL USE ONLY:

Application Received: _____
Application Approved: _____
Client Database Job #: _____

Reweathering Verification: _____

| ELIGIBILITY VERIFICATION – AT INTAKE* | | ELIGIBILITY VERIFICATION – AT WEATHERIZATION* | |
|---------------------------------------|--|---|--|
| Elderly _____ | Federal Poverty Level <input type="checkbox"/> ≤50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150% <input type="checkbox"/> 151-175% <input type="checkbox"/> 176-200% <input type="checkbox"/> ≥201% | Elderly _____ | Federal Poverty Level <input type="checkbox"/> ≤50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150% <input type="checkbox"/> 151-175% <input type="checkbox"/> 176-200% <input type="checkbox"/> ≥201% |
| Disabled _____ | Annual Gross Income _____ | Disabled _____ | Annual Gross Income _____ |
| Children _____ | Number in Household: _____ | Children _____ | Number in Household: _____ |
| High Energy Burden _____ | Income Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No | High Energy Burden _____ | Income Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| High Energy User _____ | Title IV/XVI of Social Security Act? <input type="checkbox"/> Yes <input type="checkbox"/> No | High Energy User _____ | Title IV/XVI of Social Security Act? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Priority Points TOTAL: _____ | | Priority Points TOTAL: _____ | |

In order to qualify, you must have an annual household income (before taxes) that is below the following amounts:

| Household Size* | Maximum Income Level (Per Year) |
|------------------------|--|
| 1 | \$23,760 |
| 2 | \$32,040 |
| 3 | \$40,320 |
| 4 | \$48,600 |
| 5 | \$56,880 |
| 6 | \$65,160 |
| 7 | \$73,460 |
| 8 | \$81,780 |

***For households with more than eight people, add \$8,320 per additional person. Always check with the appropriate managing agency to ensure the most accurate guidelines.**

| Name of Household Member (include self on first line) | Relationship | Social Security No. | Date of Birth | Age | Race | Sex M/F | Educ. Level | Degree? | Disabled? | Veteran? | Health Insurance? | Total Income |
|--|--------------|---------------------|---------------|-----|------|---------|-------------|---------|-----------|----------|-------------------|--------------|
| 1. | | | | | | | | Type | Yes/No | Yes/No | Yes/No* | |
| 2. | | | | | | | | Type | Yes/No | Yes/No | Yes/No* | |
| 3. | | | | | | | | Type | Yes/No | Yes/No | Yes/No* | |
| 4. | | | | | | | | Type | Yes/No | Yes/No | Yes/No* | |
| 5. | | | | | | | | Type | Yes/No | Yes/No | Yes/No* | |
| 6. | | | | | | | | Type | Yes/No | Yes/No | Yes/No* | |

Housing Information

Building Type: House Apartment Duplex Mobile Home Shelter Homeless

Housing Type Own Buying Rent Public Housing Subsidized Boarder Other

Monthly Mortgage Costs \$ _____ Monthly Rental Costs \$ _____ Monthly Electric Cost \$ _____

Monthly Water/Sewer Costs \$ _____ Monthly Propane Cost \$ _____ Monthly Natural Gas Cost \$ _____

Other Information

Are you an employee or member of the Board of Directors of CADC? Employee Yes No Board Member Yes No

Are you a family member of a CADC employee or member of its Board of Directors? Yes No Relationship: _____

Does anyone in the household receive Food Stamps? Yes No Child Support? Yes No

How many stories is your Home? One story Two Story Split Level

Air Conditioning: Window Unit Central Unit No Air Conditioning

Primary Heating Equipment: Central Unit Vented Heater Unvented Heater Portable Space Heater Fireplace Wood Stove

Household Information

Household Type: Single Parent F Single Parent M 2 Parents- Children Single Person Adults Only Other

Marital Status: Never Married Married Separated Divorced Widowed

Primary Language: Migrant Worker Farmer Seas. Farm Worker Homebound

Number of People in the Household _____ Is any member of household a U.S. Citizen or Legal Alien? Yes No

Has anyone in the household been granted legalized resident status under Section A or 210A? Yes No If yes, what year? _____

Income Information

Number of Household Members Employed: _____ Please Identify: _____

Household Income Monthly \$ _____

Income Sources (Please check all that apply)

| | | | |
|---|--|---|--|
| <input type="checkbox"/> Salary/Wages | <input type="checkbox"/> TEA/TANF | <input type="checkbox"/> Social Security | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> SSI | <input type="checkbox"/> Retirement/Pension | <input type="checkbox"/> Veteran's Benefits |
| <input type="checkbox"/> Dividends/Interest | <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Alimony | <input type="checkbox"/> Family/Friends |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> No Income | <input type="checkbox"/> Child Support | <input type="checkbox"/> Housing Utility Check |
| <input type="checkbox"/> Other Income – please identify _____ | | | |

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. SIGNATURE: _____

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