



ARKANSAS ENERGY & ENVIRONMENT



ARKANSAS ENERGY OFFICE 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

APPLICANT INFORMATION

First Name		Middle Name	Last Name		SSN
Street Address		Apt. #	City	Zip Code	County
Mailing Address (if different)		City	Zip Code	County	

/ /
Date of Birth

Primary Phone Secondary Phone Email Address (if any)

Do you currently receive: LIHEAP SSI TANF HUD

FOR STATISTICAL PURPOSES ONLY

RACE: American Indian or Alaska Native (1) Asian (2) Black or African American (3)
 Native Hawaiian or Other Pacific Islander (4) White (5) Multi-race (6) Other (7) Unknown/Not Reported (8)

ETHNICITY: Hispanic, Latino, or Spanish Origins (1) Not Hispanic, Latino, or Spanish Origins (2) Unknown/Not Reported (3)

GENDER: Male (1) Female (2) Other (3) Unknown/Not Reported (4)

CITIZENSHIP: U.S. Citizen Legal permanent resident, as of ____/____/____

INCOME: *ATTACH DOCUMENTATION OF INCOME*

Gross Monthly Income: \$ _____ Income: Salary/Wages Retirement/Pension Social Security
 Unemployment Self Employment Other _____

Do you receive disability benefits? Yes No If yes, source? _____

OTHER HOUSEHOLD MEMBERS

Name (First, Last)	Relationship to Applicant	Birth Date MM/DD/YY	Gender (See Above-- Enter number)	Race (See Above-- Enter number)	Ethnicity (See Above-- Enter Number)	*Attach documentation of income for each household member*
						\$ Income Source (s): Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:						\$ Income Source (s): Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
						\$ Income Source (s): Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:						\$ Income Source (s): Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
						\$ Income Source (s): Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:						\$ Income Source (s): Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
						\$ Income Source (s): Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:						\$ Income Source (s): Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No

HOME INFORMATION

Has this home been weatherized in the past with Federal Funds? Yes No

If yes, when (Year)? _____ **Year Home Built** _____

Home Ownership:	<input type="checkbox"/> Own or Pay Mortgage <input type="checkbox"/> Lease to Purchase <input type="checkbox"/> Rent (Provide landlord information)	Landlord Name: _____ Address: _____ City, State, Zip Code: _____
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How long have you lived at this address? _____

Directions to Address: _____

Residence Type:	<input type="checkbox"/> Single House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex/Triplex/Quadplex <input type="checkbox"/> Apartment
Exterior Type:	<input type="checkbox"/> Veneer/Masonry or Stucco <input type="checkbox"/> Wood/Masonite Siding <input type="checkbox"/> Brick/Stone <input type="checkbox"/> Vinyl/Metal
Primary Heating Fuel:	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____
Primary Heating Equipment:	<input type="checkbox"/> Central Heat <input type="checkbox"/> Space Heater <input type="checkbox"/> Heat Pump <input type="checkbox"/> Fireplace <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other <input type="checkbox"/> No Heating Equipment
Is Heating Working:	<input type="checkbox"/> Yes <input type="checkbox"/> No Is AC Working? <input type="checkbox"/> Yes <input type="checkbox"/> No
Air Conditioning:	<input type="checkbox"/> Window Unit <input type="checkbox"/> Central Air <input type="checkbox"/> No Air Conditioning
Existing Insulation:	<input type="checkbox"/> Attic <input type="checkbox"/> Wall <input type="checkbox"/> Floor
Window Type:	<input type="checkbox"/> Single Pane <input type="checkbox"/> Double Pane <input type="checkbox"/> Storm Windows

UTILITIES

Electric Company Name: _____ **Account Number:** _____ **Name on Account:** _____

Gas Company Name: _____ **Account Number:** _____ **Name on Account:** _____

Do you CURRENTLY receive help paying utility bills? Yes No

Would you like information about applying for assistance paying utility bills? Yes No

HEALTH RISK

Do any household members have health risks, such as respiratory problems or oxygen for breathing, that prohibit the disturbance of air in the home? _____ If yes, please provide additional information: _____

RELEASE

I, _____ (Print Name), release _____ (Agency Name) 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 my 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 certify that all information provided on this application is true and correct under penalty of perjury.

Applicant Signature _____

Date _____

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: _____