

# 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: \_\_\_\_\_

First Name	MI	Last Name	SSN  - - - / /
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Street Address	Apt. Number	City	Zip Code	County	Date of Birth
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Postal Address (if different)	City	Zip Code	County
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Home Phone	Alt. Phone	Email Address (if any)
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How long have you lived at this residence?

<b>Race (Optional):</b> <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Islander <input type="checkbox"/> Am. Indian <input type="checkbox"/> Other	<b>Citizenship:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Permanent Resident (As of date) _____	<b>Do you receive Federal or State disability benefits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gender :</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Gross Mo. Income*:</b> \$ _____  <b>Income Source(s):</b> <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
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Directions to House: \_\_\_\_\_

\_\_\_\_\_

## OTHER HOUSEHOLD MEMBERS

Name (First, Last)	Relation ship 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
				<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian	<input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment

SSN:			<input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Indian <input type="checkbox"/> Isl. <input type="checkbox"/> Other _____ -	\$	<input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability Pension <input type="checkbox"/> Retirement/ <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 Pension <input type="checkbox"/> Retirement/ <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 Pension <input type="checkbox"/> Retirement/ <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 Pension <input type="checkbox"/> Retirement/ <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF

### HOMEOWNER INFORMATION

<b>Home Ownership:</b> <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: _____
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### UTILITIES and HOME CONDITION

<b>Utilities:</b>	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

<b>Residence Type:</b>	<input type="checkbox"/> Single house	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Duplex or similar unit	<input type="checkbox"/> Apartment
<b>Exterior Type:</b>	<input type="checkbox"/> Veneer/ Masonry or Stucco	<input type="checkbox"/> Wood/Masonite Siding	<input type="checkbox"/> Brick/Stone	<input type="checkbox"/> Vinyl/Metal
<b>Primary Heating Fuel:</b>	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Other	<input type="checkbox"/> Other Gas	<input type="checkbox"/> Electricity	<input type="checkbox"/> Wood <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene
<b>Primary Heating Equipment:</b>	<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 Not Equipment <input type="checkbox"/> Heat Working
<b>Air Conditioning:</b>	<input type="checkbox"/> Window Unit	<input type="checkbox"/> Central Air	<input type="checkbox"/> No Air Conditioning	
<b>Insulation:</b>	<input type="checkbox"/> Attic	<input type="checkbox"/> Wall	<input type="checkbox"/> Floor	
<b>Window Type:</b>	<input type="checkbox"/> Single pane	<input type="checkbox"/> Double pane	<input type="checkbox"/> 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 \_\_\_\_\_ (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 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:		Reweathering Verification:	
_____		_____	
Application Approved:			
_____			
Client Database Job #:			
_____			
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		Disabled	
Children		Children	
High Energy Burden	Annual Gross Income	High Energy Burden	Annual Gross Income
High Energy User	Number in Household:	High Energy User	Number in Household:
Priority Points TOTAL:	Income Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Priority Points TOTAL:	Income Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Title IV/XVI of Social Security Act? <input type="checkbox"/> Yes <input type="checkbox"/> No		Title IV/XVI of Social Security Act? <input type="checkbox"/> Yes <input type="checkbox"/> No