



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

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

Form fields for personal information: First Name, MI, Last Name, SSN, Street Address, Apt. Number, City, Zip Code, County, Date of Birth, Postal Address, Home Phone, Alt. Phone, Email Address.

Form fields for household details: How long have you lived at this residence?, Race (Optional), Citizenship, Do you receive Federal or State disability benefits?, Gender, All Income sources, Gross Mo. Income*, Income Source(s).

Directions to House: _____

OTHER HOUSEHOLD MEMBERS

Table with 6 columns: Name (First, Last), Relationship to Applicant, Birth Date MM/DD/YY, Sex M/F, Race (Optional), Gross Monthly Income, All Income sources. Includes multiple rows for household members.

HOMEOWNER INFORMATION

Form fields for home ownership: Home Ownership (Own or Pay Mortgage, Lease to Purchase, Rent), Landlord Name, Address, City, State, Zip Code.

UTILITIES and HOME CONDITION

Form fields for utilities: Utilities (Electric Co., Gas Co.), Acct. No., Name on Account.

Do you CURRENTLY receive help paying your gas, light, heat, air or other utility bills? Yes No

Residence Type:	<input type="checkbox"/> Single house	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Duplex or similar unit	<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"/> Other Gas	<input type="checkbox"/> Electricity	<input type="checkbox"/> Wood	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Kerosene	<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	<input type="checkbox"/> Heat Not Working
Air Conditioning:	<input type="checkbox"/> Window Unit	<input type="checkbox"/> Central Air	<input type="checkbox"/> No Air Conditioning					
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					

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 (CADC)(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:

Income Calculation at Intake: _____	Income Calculation at Weatherization: _____
Application Date: _____ <input type="checkbox"/> Approved _____ <input type="checkbox"/> Denied _____	Recertification Date: _____ <input type="checkbox"/> Approved _____ <input type="checkbox"/> Denied _____

ELIGIBILITY VERIFICATION – AT INTAKE*		ELIGIBILITY VERIFICATION – AT WEATHERIZATION*	
Elderly _____	Federal Poverty Level <input type="checkbox"/> ≤50% <input type="checkbox"/> 51-75%	Elderly _____	Federal Poverty Level <input type="checkbox"/> ≤50% <input type="checkbox"/> 51-75%
Disabled _____	<input type="checkbox"/> 76-100% <input type="checkbox"/> 101-125%	Disabled _____	<input type="checkbox"/> 76-100% <input type="checkbox"/> 101-125%
Children _____	<input type="checkbox"/> 126-150% <input type="checkbox"/> 151-175%	Children _____	<input type="checkbox"/> 126-150% <input type="checkbox"/> 151-175%
	<input type="checkbox"/> 176-200% <input type="checkbox"/> ≥201%		<input type="checkbox"/> 176-200% <input type="checkbox"/> ≥201%
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

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: _____