ARKANSAS
ENERGY & ENVIRONMENT

WAP WEATHERIZATION ASSISTANCE PROGRAM

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** **Date of Birth** (/ /)

Mailing Address *(if different)* **City** **Zip Code** **County**

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**	
SSN:						$	Income Source (s): Disability recipient: ☐ Yes ☐ No
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HOME INFORMATION

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

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

Home Ownership:	☐ Own or Pay Mortgage ☐ Lease to Purchase ☐ Rent (Provide landlord information)	Landlord Name:_____ Address: _____ City, State, Zip Code: _____

How long have you lived at this address?_____

Directions to Address:_____

_____

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

☐ Salary/Wages	☐ TEA/TANF	☐ Social Security	☐ Housing
☐ Unemployment Compensation	☐ SSI	☐ Retirement/Pension	☐ Veteran's Benefits
☐ Dividends/Interest	☐ Self-Employed	☐ Alimony	☐ Family/Friends
☐ Worker's Compensation	☐ No Income	☐ Child Support	☐ Housing Utility Check

☐ Other Income – please identify

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