



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: 479-785-2303 extension 111

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)	

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
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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: _____
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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

Residence Type: Single house 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 Heat 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 Crawford-Sebastian Community Dev. 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: _____ **Rewetherization Verification:** _____
Application Approved: _____
Client Database Job #: _____

ELIGIBILITY VERIFICATION – AT INTAKE*		ELIGIBILITY VERIFICATION – AT WEATHERIZATION*	
	Federal Poverty Level		Federal Poverty Level
Elderly _____	<input type="checkbox"/> ≤50% <input type="checkbox"/> 51-75%	Elderly _____	<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%
	Annual Gross Income		Annual Gross Income
High Energy Burden _____		High Energy Burden _____	
	Number in Household:		Number in Household:
High Energy User _____		High Energy User _____	
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