

WEATHERIZATION ASSISTANCE PROGRAM (WAP) APPLICATION FOR ASSISTANCE

♦ Application is not complete without applicant signature on page 2.

The applicant must provide proof of identity and citizenship with this application. A driver's license, passport, or other government issued document is acceptable proof

Has this home been weatherized under the WAP program since September 30, 1994 through any TN WAP Agency? (circle) Yes No

If yes, which agency provided assistance? _____

If yes, what was the month/year weatherization was performed? _____

For Agency Office Use Only

DATE APPLICATION RECEIVED: _____

DATE APPLICATION COMPLETED: _____

APPLICATION TYPE: WEATHERIZATION or RE-WEATHERIZATION

APPLICATION STATUS: APPROVED or DENIED

JOB # ASSIGNED: _____

Applicant Name (must provide first and last name): _____ Telephone: _____
 Cell: _____

Current Home Address: _____ City: _____ State: _____ Zip: _____ County (current home address): _____

Mailing Address (if different from home address): _____ City: _____ State: _____ Zip: _____

Emergency/Alternative Contact (Name & phone #): _____

LIST ALL HOUSEHOLD MEMBERS (INCLUDING APPLICANT). USE ADDITIONAL PAPER IF YOU NEED MORE SPACE

| NAME (must provide first and last name) | MARITAL STATUS | RELATIONSHIP TO APPLICANT | SOCIAL SECURITY NUMBER | DATE OF BIRTH | AGE | SEX | RACE (Optional to Provide) White, Black, Hispanic, Asian/Pacific Islander, Native American, Native Alaskan, Other - define | Citizenship (indicate if U.S. Citizen, Legal Alien, or Illegal Alien) | DOES HOUSEHOLD MEMBER RECEIVE REGULAR FINANCIAL ASSISTANCE FOR A PERMANENT DISABILITY? | HEALTH INSURANCE | INCOME | Has this person received Families First (Temporary Assistance for Needy Families) or SSI benefits within the last 12 months? Please mark yes or no |
|--|----------------|---------------------------|------------------------|---------------|-----|-----|--|--|--|------------------|--------|--|
| Applicant Name: | | | | | | | | | Y or N | Y or N | Y or N | |
| Household Member: | | | | | | | | | Y or N | Y or N | Y or N | |
| Household Member: | | | | | | | | | Y or N | Y or N | Y or N | |
| Household Member: | | | | | | | | | Y or N | Y or N | Y or N | |
| Household Member: | | | | | | | | | Y or N | Y or N | Y or N | |
| Household Member: | | | | | | | | | Y or N | Y or N | Y or N | |
| Household Member: | | | | | | | | | Y or N | Y or N | Y or N | |
| Household Member: | | | | | | | | | Y or N | Y or N | Y or N | |
| Household Member: | | | | | | | | | Y or N | Y or N | Y or N | |

| | |
|---|---|
| FAMILY TYPE (check one) | DECLARATION OF DISABILITY (Please use additional paper if more space is needed) |
| Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> 2 Parent Household <input type="checkbox"/> Single Person Female (no children) <input type="checkbox"/> Single Person Male (no children) <input type="checkbox"/> More Than One Adult (no children) <input type="checkbox"/> | LIST THE NAME OF ANY HOUSEHOLD MEMBER WITH A DISABILITY BELOW, AND HOW IT WAS ESTABLISHED (Social Security Disability, SSI, VA, Vocational Rehabilitation, etc..: |

HOUSEHOLD TOTAL INCOME (Below list income information for applicant and all household members). Use additional paper if more space is needed.

| NAME | SOURCE OF INCOME | GROSS MONTHLY INCOME (provide proof of all income) | IF EMPLOYED, PROVIDE EMPLOYER'S NAME & ADDRESS |
|------|------------------|---|--|
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HOUSING

OWN RENT SQUARE FOOTAGE: _____ YEAR HOME BUILT: _____ ROOF CONDITION: (please circle) POOR FAIR GOOD
 EVIDENCE of MOLD or MOISTURE: YES NO

IF OWNER OF HOME, PLEASE PROVIDE THE FOLLOWING INFORMATION:
 NAME (S) ON DEED: _____
 DEED BOOK: _____ PAGE: _____ TITLE # if MOBILE HOME: _____

IF RENTING, PLEASE PROVIDE THE FOLLOWING INFORMATION:
 LANDLORD NAME (first and last): _____
 LANDLORD PHONE NUMBER: _____
 LANDLORD ADDRESS: _____

TYPE OF HOME STRUCTURE (circle one in each column)

| FOUNDATION TYPE | BUILDING EXTERIOR | SINGLE OR MULTI-FAMILY BUILDING TYPE |
|-------------------------------|---------------------------------------|--|
| Crawl Space | Brick Exterior | Owner Occupied - Site Built |
| Slab | Vinyl Siding Exterior | Renter Occupied - Site Built |
| Basement | Wood Exterior | Mobile Home - Owner Occupied |
| Mobile Home Skirting | Concrete Exterior | Mobile Home - Renter Occupied |
| Other (describe below): _____ | Other Exterior - Describe Below _____ | Multi-Family - 2 TO 4 Units (enter total units in building: _____) |
| | | Multi-Family - 5 or more units(enter total units in building: _____) |

Have you received assistance under the Low Income Home Energy Assistance Program (LIHEAP)? YES or NO

Would you be interested in that program? YES or NO

HEATING SOURCE: (Circle your primary source)

ELECTRIC NATURAL GAS PROPANE KEROSENE WOOD
 FUEL OIL COAL OTHER

HOME ENERGY COSTS: \$ _____
 Utility Company Name: _____
 Utility Company Address: _____
 Phone #: _____
 Account #: _____
 Utility Company Name: _____
 Utility Company Address: _____
 Phone #: _____
 Account #: _____

(PLEASE ATTACH STUBS, INVOICES, RECEIPTS, ETC FOR ALL ENERGY SOURCES IN THE HOUSEHOLD)

I CERTIFY THAT THE ABOVE ACCOUNT(S) IN THE NAME OF _____

IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS.

IS THIS ACCOUNT IN YOUR LANDLORD'S NAME? Y or N

NOTE: If the energy bill is not in a household member's name, you must provide proof you are responsible for payment of the bill.

Applicant Certification:

I certify that all of the information provided in this application for weatherization assistance is true and correct. I understand that any one who fraudulently covers up a material fact or who knowingly gives false information for the receipt of weatherization assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge that I have been informed of my appeal rights. I understand that I will be notified in writing of my eligibility status. Pursuant to federal law (5 United States Code 552(b)(6) and 10 Code of Federal Regulations 600.153(f)), identifying information provided by you for determination of your eligibility for Weatherization Assistance and for the provision of services from the program will be considered confidential and, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for purposes directly related to the administration of the Weatherization Program. I do _____ do not _____ agree that the information contained in my application may be shared with other agencies from which I seek additional services.

APPLICANT SIGNATURE: _____ DATE: _____

NO PERSON ON THE BASIS OF HANDICAP, RACE, COLOR, RELIGION, SEX, AGE, OR NATIONAL ORIGIN WILL BE EXCLUDED FROM PARTICIPATION IN, OR BE DENIED BENEFITS OF, OR BE OTHERWISE SUBJECTED TO DISCRIMINATION IN THE OPERATION OF THE WEATHERIZATION PROGRAM.

To Be Completed By Agency Staff Only:

Total Children under age 6: _____
 Total Disabled Members: _____
 Total Age 60 yrs or older: _____
 TOTAL HOUSEHOLD MEMBERS: _____
 Total # Illegal Aliens in Household: _____

% OF POVERTY: _____ % OF ENERGY BURDEN: _____
 APS REFERRAL? YES _____ NO _____ HIGH ENERGY BURDEN? YES _____ NO _____
 TOTAL PRIORITY POINTS: _____ HIGH RESIDENTIAL ENERGY USER? YES _____ NO _____
 CATEGORICALLY ELIGIBLE? YES _____ NO _____

TOTAL ANNUAL HOUSEHOLD INCOME DETERMINED: \$ _____
 TOTAL ANNUAL HOUSEHOLD ENERGY COSTS DETERMINED: \$ _____

SIGNATURE OF DETERMINING OFFICIAL: _____

DATE CERTIFIED: _____