

Alabama Weatherization Assistance Program



Overview

The Alabama Weatherization Assistance Program receives funding from the U.S. Department of Energy and the U.S. Department of Health and Human Services. ADECA contracts with local community action agencies and the Central Alabama Regional Planning and Development Commission to deliver weatherization assistance to low-income households in all 67 counties across the state.

The mission is to reduce energy costs for low-income households, particularly for the elderly, people with disabilities and families with children, by improving the energy efficiency of their homes while ensuring their health and safety. In order to receive assistance, the applicant's income must not exceed 200% of the federally established poverty level.

Alabama Weatherization Assistance requires participants agree to minor alterations to their homes based on an assessment and energy audit conducted by trained professionals to determine the most cost-effective means of reducing energy consumption. Health and safety checks are also performed on the home.

**2023 POVERTY INCOME GUIDELINES
CONTIGUOUS STATES U.S. GRANTEES
EFFECTIVE January 12, 2023**

INCOME LEVELS

Size of Family Unit	Threshold	200%
1	\$14,580	\$29,160
2	\$19,720	\$39,440
3	\$24,860	\$49,720
4	\$30,000	\$60,000
5	\$35,140	\$70,280
6	\$40,280	\$80,560
7	\$45,420	\$80,840
8	\$50,560	\$101,120

For families with more than 8 persons, 100% of poverty level increases \$5,140 for each additional person. Therefore, for weatherization at 200% of poverty level, add \$10,280 for each additional person.

2023 POVERTY GUIDELINES FOR ALASKA

Size of Family Unit	Threshold	200%
1	\$ 18,210	\$36,420
2	\$ 24,640	\$49,280
3	\$ 31,070	\$62,140
4	\$ 37,500	\$75,000
5	\$ 43,930	\$87,860
6	\$ 50,360	\$100,720
7	\$ 56,790	\$113,580
8	\$ 63,220	\$126,440

For families with more than 8 persons, 100% of poverty level increases \$6,430 for each additional person. Therefore, for weatherization at 200% of poverty level, add \$12,860 for each additional person.



Community Action of Northwest Alabama

Weatherization Assistance Instruction Sheet and Guide

The Low-Income Home Weatherization Program (WAP) helps qualified households in meeting the rising cost of home energy. Please read this letter carefully and use the step-by-step guide below to ensure you are submitting a complete application. **Failure to provide requested information and documents will delay your application process.**

Step 1- Complete & Sign Application

Step 2- Include Copy of Proof of Ownership of Residence

Step 3- Include Copy of Photo ID for Head of Household or Spouse (Person Signing Application)

Step 4- Include Copy of Social Security Cards for **ALL** household members

Step 5- Include Copy of Income Documentation for **ALL** household members for the entire prior calendar month (**NO BANK STATEMENTS**) Examples below are a guide, but not limited to:

- Pay stubs for the entire prior calendar month (determined by pay DATE rather than pay period)
- **Current** Social Security, SSI, Disability benefit letter
- Child Support, TANF
- **EXCEPTION** If anyone 18 or over had **NO INCOME**, Income from Occasional Work and/or received money from family or friends or Income not reported elsewhere then **COMPLETE STEP 6**

Step 6- **If applicable**, complete and sign a **NO INCOME FORM**. The form may be picked up at one of the office locations listed below. **ONLY COMPLETE** if anyone 18 or over in the household had **NO INCOME** for the month prior to application OR received **INCOME FROM OCCASIONAL WORK** (such as lawn care, house cleaning, babysitting, etc.) and/or **RECEIVED MONEY** from family or friends or any **INCOME NOT REPORTED ELSEWHERE**.

Step 7- Include PAST utility bill/statement

Step 8- **Review each page for completeness, sign/date where requested, and include required documents.**

- **Fax, Mail or Drop off application and documentation to any of the below offices.**

Community Action Agency of Northwest Alabama

***Agency Website:** www.caanw.org

Colbert County Office: 505 North Columbia Avenue, Sheffield, AL 35660
Phone Number: (256) 383-3832 Fax: (256) 381-4107

Lauderdale County Office: 745 Thompson Street, Florence, AL 35630
Phone Number: (256) 766-4330 Fax: (256) 766-4367

Franklin County Office: 13150 Hwy 43, Suite 4, Russellville, AL 35653
Phone Number: (256) 332-7534 Fax (256) 332-7520

Processing your application is our top priority; however it does take time. You will be contacted by telephone 1) once application is approved, 2) if additional information is needed or 3) if there are any discrepancies in your application in comparison to information on file.

Community Action Agency of Northwest Alabama



APPLICATION FOR WEATHERIZATION ASSISTANCE

****THIS APPLICATION DOES NOT GUARANTEE SERVICE OR ELIGIBILITY****

Date: _____

Has the dwelling of applicant ever received any weatherization assistance from a previous federally funded weatherization program?

☐ YES

☐ NO

If the answer is yes, give the date originally weatherized: _____

Last Name:	First Name:	Social Security #:
Street Address:	City/Town:	Zip Code:
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age of Applicant:	Telephone#
Race: () White () Black () American Indian () Hispanic () Asian or Pacific Island () Other	Is any member disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is any member of the household Elderly? <input type="checkbox"/> Yes <input type="checkbox"/> No

Does the government pay any of your rent or house payment?

☐ Yes ☐ NO

IS THE RESIDENCE:

1. ____ OWNED BY HOUSEHOLD MEMBER
2. ____ RENTED WITH FUEL INCLUDED IN RENT
3. ____ RENTED BUT HOUSEHOLD PAYS FOR FUEL

You live in:

____ City/Town ____ Suburb ____ Rural Area

Number of persons 18 years of age or younger in household _____

Number of persons 19 years of age or older in household _____

Number of migrants and seasonal farmworkers _____

Type of Structure:

____ Wood Frame ____ Brick ____ Masonry ____ Mobile Home ____ Multi-Unit

Which fuel do you use most for heating? Check **one** of the following:

____ Fuel oil ____ Kerosene ____ LP Gas ____ Natural Gas ____ Electricity ____ Wood/Coal ____ Other

Which Type of Heating Source is Used? Check **one** of the following:

____ Space Heater ____ Hot Water ____ Steam ____ Hot Air ____ Stove ____ Other

STATEMENT OF AFFIRMATION

I certify that the information I have provided is true and correct to the best of my knowledge. I hereby give my consent for the local Weatherization Assistance Program (WAP) to verify the information I have given. I also understand that I am subject to any applicable Federal or State laws concerning fraud or knowingly provide false or incomplete information in order to obtain assistance.

WAP Employee or Outreach Worker

Applicant's Signature

Date:

Household Members Information

Name (First and Last)		Name (First and Last)		Name (First and Last)		Name (First and Last)	
DOB / /	DOB / /	DOB / /	DOB / /	DOB / /	DOB / /	DOB / /	DOB / /
SSN - -	SSN - -	SSN - -	SSN - -	SSN - -	SSN - -	SSN - -	SSN - -
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Education:	Education:	Education:	Education:	Education:	Education:	Education:	Education:
Race <input type="checkbox"/> Black/Af.Am <input type="checkbox"/> White <input type="checkbox"/> Bi-/Multiracial <input type="checkbox"/> Other	Race <input type="checkbox"/> Black/Af.Am <input type="checkbox"/> White <input type="checkbox"/> Bi-/Multiracial <input type="checkbox"/> Other	Race <input type="checkbox"/> Black/Af.Am <input type="checkbox"/> White <input type="checkbox"/> Bi-/Multiracial <input type="checkbox"/> Other	Race <input type="checkbox"/> Black/Af.Am <input type="checkbox"/> White <input type="checkbox"/> Bi-/Multiracial <input type="checkbox"/> Other	Race <input type="checkbox"/> Black/Af.Am <input type="checkbox"/> White <input type="checkbox"/> Bi-/Multiracial <input type="checkbox"/> Other	Race <input type="checkbox"/> Black/Af.Am <input type="checkbox"/> White <input type="checkbox"/> Bi-/Multiracial <input type="checkbox"/> Other	Race <input type="checkbox"/> Black/Af.Am <input type="checkbox"/> White <input type="checkbox"/> Bi-/Multiracial <input type="checkbox"/> Other	Race <input type="checkbox"/> Black/Af.Am <input type="checkbox"/> White <input type="checkbox"/> Bi-/Multiracial <input type="checkbox"/> Other
Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other
YES <input type="checkbox"/> NO <input type="checkbox"/> <<Health Insurance	YES <input type="checkbox"/> NO <input type="checkbox"/> <<Health Insurance	YES <input type="checkbox"/> NO <input type="checkbox"/> <<Health Insurance	YES <input type="checkbox"/> NO <input type="checkbox"/> <<Health Insurance	YES <input type="checkbox"/> NO <input type="checkbox"/> <<Health Insurance	YES <input type="checkbox"/> NO <input type="checkbox"/> <<Health Insurance	YES <input type="checkbox"/> NO <input type="checkbox"/> <<Health Insurance	YES <input type="checkbox"/> NO <input type="checkbox"/> <<Health Insurance
YES <input type="checkbox"/> NO <input type="checkbox"/> <<Military/Veteran	YES <input type="checkbox"/> NO <input type="checkbox"/> <<Military/Veteran	YES <input type="checkbox"/> NO <input type="checkbox"/> <<Military/Veteran	YES <input type="checkbox"/> NO <input type="checkbox"/> <<Military/Veteran	YES <input type="checkbox"/> NO <input type="checkbox"/> <<Military/Veteran	YES <input type="checkbox"/> NO <input type="checkbox"/> <<Military/Veteran	YES <input type="checkbox"/> NO <input type="checkbox"/> <<Military/Veteran	YES <input type="checkbox"/> NO <input type="checkbox"/> <<Military/Veteran
Type of Health Insurance	Type of Health Insurance	Type of Health Insurance	Type of Health Insurance	Type of Health Insurance	Type of Health Insurance	Type of Health Insurance	Type of Health Insurance
INCOME INFORMATION	INCOME INFORMATION	INCOME INFORMATION	INCOME INFORMATION	INCOME INFORMATION	INCOME INFORMATION	INCOME INFORMATION	INCOME INFORMATION
\$	\$	\$	\$	\$	\$	\$	\$
Source <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> SSI <input type="checkbox"/> Social Security	Source <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> SSI <input type="checkbox"/> Social Security	Source <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> SSI <input type="checkbox"/> Social Security	Source <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> SSI <input type="checkbox"/> Social Security	Source <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> SSI <input type="checkbox"/> Social Security	Source <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> SSI <input type="checkbox"/> Social Security	Source <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> SSI <input type="checkbox"/> Social Security	Source <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> SSI <input type="checkbox"/> Social Security
Frequency (Wages or Other) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	Frequency (Wages or Other) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	Frequency (Wages or Other) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	Frequency (Wages or Other) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	Frequency (Wages or Other) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	Frequency (Wages or Other) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	Frequency (Wages or Other) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	Frequency (Wages or Other) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly

Every person that lives in your household must be listed on this form. By filling out the information on each person in your household it ensures that we have updated information in our system to better assist you with your needs.

Applicant's Signature _____

Date _____