



## 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](http://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.



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: \_\_\_\_\_

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

\_\_\_\_\_ Date: \_\_\_\_\_

WAP Employee or Outreach Worker

Applicant's Signature

**Weatherization Assistance Program (WAP)  
Notarized Statement of No Income**

By completing this notarized statement, you are verifying that you are aware of the person's personal income. This statement will be used as verification to assist this family in receiving Weatherization. (Please pay special attention to the notes below.)

I, \_\_\_\_\_, am verifying that \_\_\_\_\_  
(Your Name) (Client's Name)

had no income for the month of \_\_\_\_\_, \_\_\_\_\_. You may contact me by  
(Previous Month) (Year)

calling \_\_\_\_\_, and my mailing address is \_\_\_\_\_

- You must state in complete sentences how you are aware of the amount of income in household;
- This statement **cannot** be verified by the client or any relative of the client;
- Anyone verifying income is subject to Federal or State laws concerning fraud;
- I am aware of this because:  
(Please state below how you are aware of client's household income for the previous month as well as your relationship to the client, such as neighbor, church member, landlord, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I have provided is true and correct to the best of my knowledge. I understand that I am subject to all applicable Federal or State laws concerning fraud.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_.

**(All of the information above must be filled out completely in order for this form to verify the Client's household income for the previous month.)**

### Household Members Information

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

**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 \_\_\_\_\_