

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, 1984 through any TN WAP Agency? (circle) Yes No

If yes, which agency provided assistance?

If yes, what was the monthly weatherization was performed?

Applicant Name (must provide first and last name):

Current Home Address:

City: State: Zip:

County (current home address):

Telephone:
Cell:

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) Applicant Name:	MARTIAL 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		Has this person received Families First (Temporary Assistance for Needy Families) or SSI benefits within the last 12 months? Please mark yes or no
									HOUSEHOLD MEMBER RECEIVE REGULAR FINANCIAL ASSISTANCE FOR A PERMANENT DISABILITY?	HEALTH INSURANCE INCOME	
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)

- Single Parent Female
- Single Parent Male
- 2 Parent Household
- Single Person Female (no children)
- Single Person Male (no children)
- More Than One Adult (no children)

DECLARATION OF DISABILITY

(Please use additional paper if more space is needed)

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

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 # / 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 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 _____ 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 ENERGY BURDEN: _____
 HIGH ENERGY BURDEN? YES _____ NO _____
 HIGH RESIDENTIAL ENERGY USER? YES _____ NO _____
 CATEGORICALLY ELIGIBLE? YES _____ NO _____

% OF POVERTY: _____
 APS REFERRAL? YES _____ NO _____
 TOTAL PRIORITY POINTS: _____

TOTAL ANNUAL HOUSEHOLD INCOME DETERMINED: \$ _____
 TOTAL ANNUAL HOUSEHOLD ENERGY COSTS DETERMINED: \$ _____
 SIGNATURE OF DETERMINING OFFICIAL: _____ DATE CERTIFIED: _____