

SWADC

"Serving the Great Southwest"

Southwest Arkansas Development Council



SWADC WEATHERIZATION

1600 Arkansas Blvd. Ste 112 • Texarkana, AR 71854 • (870) 774-1664

Counties Served: Hempstead, Howard, Little River, Lafayette, Miller, Nevada and Sevier

Dear Weatherization Applicant:

Federal Regulations require that we have copies of income documentation in each weatherization client's file. We must have this documentation before we can process ANY application for weatherization. Please send all copies with your application. A house may be re-weatherized only if it was previously weatherized prior to **September 30, 1994**.

Please send ANY of the following types of Documentation of Income that applies to you:

1. Copy of letter or check from the Social Security office for Social Security/Social Security Administration/Supplemental Security Income benefits.
2. Copy of a bank statement showing direct deposit of any income.
3. Copy of a payroll check showing amount and time period covered.
4. Statement from employer showing amount of earnings.
5. Copy of previous year income tax return if you are self-employed.
6. Copy of a bank statement showing any interest or dividends earned.
7. Any other documentation showing proof of total income.
8. Unemployment benefits letter or statement of amount received.
9. If you are unemployed, with no income: Please provide signed statements stating that you have no income from two people who are familiar with your situation. They will need to include their phone numbers for verification.

It is important to provide one full month's worth of income in order to have complete income verification on file. Income will be checked again after your name comes up on the waiting list.

10. Also, state how you heard about SWADC Weatherization Assistance Program:

Answer: _____

FOR RENTERS:

Landlords **MUST** fill out a Lessor Agreement Form and contribute \$500.00 in order to receive Weatherization Assistance.

Remember, all household members over 18 must provide income or collateral statements.

We appreciate your cooperation in this matter. If you should have any questions, please contact: Regenia Hill-Admin Asst. or Shiandra Luckett-Office Manager at (870) 774-1664/ (870) 774-1667.



American Recovery and Reinvestment Act of 2009



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: SWADC at (870) 774-1664.

First Name	MI	Last Name	SSN	
/ /				
Street Address	Apt. Number	City	Zip Code	County
Postal Address (if different)		City	Zip Code	County

Home Phone	Alt. Phone	Email Address (if any)		
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"/> Pac. Islander <input type="checkbox"/> Other	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Permanent Resident (As of date) _____	Individual w/ Disabilities: <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"/> Retirem't/Pension <input type="checkbox"/> AFDC/TANF

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	Documentation is required.
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"/> Retirem't/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"/> Retirem't/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"/> Retirem't/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"/> Retirem't/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"/> Retirem't/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: _____

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 **Please submit your current utility bills.**

Residence Type:	<input type="checkbox"/> Single house	<input type="checkbox"/> Apartment	<input type="checkbox"/> Duplex or similar unit	<input type="checkbox"/> Mobile home				
Exterior Type:	<input type="checkbox"/> Veneer/ Masonry or Stucco	<input type="checkbox"/> Wood/Masonite Siding	<input type="checkbox"/> Brick/Stone	<input type="checkbox"/> Vinyl/Metal				
Primary Heating Fuel:	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Other Gas	<input type="checkbox"/> Electricity	<input type="checkbox"/> Wood	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Other	<input type="checkbox"/> No Heat
Primary Heating Equipment:	<input type="checkbox"/> Central Heat	<input type="checkbox"/> Space Heater	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Other	<input type="checkbox"/> No Heat	
Air Conditioning:	<input type="checkbox"/> Window Unit	<input type="checkbox"/> Central Air	<input type="checkbox"/> No Air Conditioning					
Insulation:	<input type="checkbox"/> Attic	<input type="checkbox"/> Wall	<input type="checkbox"/> Floor					
Window Type:	<input type="checkbox"/> Single pane	<input type="checkbox"/> Double pane	<input type="checkbox"/> Storm windows					

RELEASE

I, _____ (Print Name), release _____ (Agency Name) 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 and/or American Recovery and Reinvestment Act (ARRA) via TV and print news media, newsletters, brochures, Web sites, 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 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: _____		Funding <input type="checkbox"/> AWP <input type="checkbox"/> Reg. DOE <input type="checkbox"/> ARRA	
Application Approved: _____		Source: <input type="checkbox"/> Co-op <input type="checkbox"/> Other	
Client Database Job #: _____			
ELIGIBILITY VERIFICATION – AT INTAKE*		ELIGIBILITY VERIFICATION – AT WEATHERIZATION*	
Priority Points TOTAL: _____	Federal Poverty Level	Priority Points TOTAL: _____	Federal Poverty Level
Age/HH size _____	<input type="checkbox"/> ≤75% <input type="checkbox"/> 76-100%	Age/HH size _____	<input type="checkbox"/> ≤75% <input type="checkbox"/> 76-100%
Income _____	<input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150%	Income _____	<input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150%
SSI/AFDC (if minus points for income) _____	<input type="checkbox"/> ≥150%	SSI/AFDC _____	<input type="checkbox"/> ≥150%
Fuel Type _____	Annual Gross Income	Fuel Type _____	Annual Gross Income
Disabled _____	_____	Disabled _____	_____
Children _____	Verification Date	Children _____	Verification Date
Housing Condition _____	_____	Housing Condition _____	_____
Energy Burden _____	_____	Energy Burden _____	_____
		Waiting Time _____	

* Attach documentation of income.

**2011 POVERTY INCOME GUIDELINES
STATES, DC and TERRITORIES
EFFECTIVE JANUARY 20, 2011**

SIZE OF FAMILY UNIT	THRES- HOLD						
	50%	75%	100%	125%	150%	175%	200%
1	\$ 5,445	\$ 8,168	\$ 10,890	\$ 13,613	\$ 16,335	\$ 19,058	\$ 21,780
2	\$ 7,355	\$ 11,033	\$ 14,710	\$ 18,388	\$ 22,065	\$ 25,743	\$ 29,420
3	\$ 9,265	\$ 13,898	\$ 18,530	\$ 23,163	\$ 27,795	\$ 32,428	\$ 37,060
4	\$ 11,175	\$ 16,763	\$ 22,350	\$ 27,938	\$ 33,525	\$ 39,113	\$ 44,700
5	\$ 13,085	\$ 19,628	\$ 26,170	\$ 32,713	\$ 39,255	\$ 45,798	\$ 52,340
6	\$ 14,995	\$ 22,493	\$ 29,990	\$ 37,488	\$ 44,985	\$ 52,483	\$ 59,980
7	\$ 16,905	\$ 25,358	\$ 33,810	\$ 42,263	\$ 50,715	\$ 59,168	\$ 67,620
8	\$ 18,815	\$ 28,223	\$ 37,630	\$ 47,038	\$ 56,445	\$ 65,853	\$ 75,260
Each additional member add:	\$ 1,910	\$ 2,865	\$ 3,820	\$ 4,775	\$ 5,730	\$ 6,685	\$ 7,640

Source: WPN 11-5