

For your convenience we have included a check list of items needed for a complete Weatherization Application. Any information not submitted with your application will delay the processing of your application. If you have any questions feel free to contact me.
Veronica Quinteros 479-785-2303 Ext 111

- Completed Arkansas Weatherization Assistance Program Application
- Copy of proof of disability (Social Security Award letter)
- 12 month list of gas, propane & electric bill and usage (you can request from utility company)
- Copy of 4 pay stubs for anyone over 18 in the home that is employed
- Copy of declaration letter for Social Security, SSI or Veterans benefits
- Completed Lessor Agreement (if you rent). If the landlord refuses to sign the agreement your application will be denied

WE DO NOT TAKE BANK STATEMENTS AS PROOF OF INCOME

This is not a requirement of Weatherization:
If you are elderly and/or disabled and would like to be considered for other grants for housing rehabilitation and you own your home please ALSO provide the following:
ID/Driver's License
Warranty Deed to home to show ownership

Other than WEATHERIZATION, what repairs are needed to your home? Please state below and write legibly

Is there anyone in the household a VETERAN? YES _____ NO _____

Please tell us about your "emergency need" for home repairs:

What other repairs are needed?

What is the condition of?

Roof _____

Electrical _____

Plumbing _____

Heat/Air _____

Do you have a disability that is causing mobility impairment?

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Do you need accessibility features added to your home? If so, what?

Homeowners Signature	Date	Phone
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ARKANSAS ENERGY OFFICE 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: _____

Has this dwelling been weatherized in the past with Federal Funds from the Department of Energy? _____ If yes, when? _____

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)	

How long have you lived at this residence?

Race (Optional):

- ☐ White ☐ Asian
☐ Black ☐ Pacific
☐ Hispanic ☐ Islander
☐ Am. Indian ☐ Other

Citizenship:

- ☐ U.S. Citizen
☐ Legal Permanent Resident

(As of date) _____

Do you receive
Federal or State
disability benefits?
☐ Yes ☐ No

Gender:

- ☐ Male
☐ Female

Gross Mo.
Income*: \$

- Income Source(s):
☐ Salary/Pay ☐ Unemployment
☐ SSI/Disability ☐ Retirement/Pension
☐ Social Security ☐ AFDC/TANF

Directions to
House: _____

OTHER HOUSEHOLD MEMBERS

Name (First, Last)	Relationship to Applicant	Birth Date MM/DD/YY	Sex M/F	Race (Optional): <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 _____	Gross Monthly Income Check all that apply. Documentation is required. \$ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirement/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"/> Retirement/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"/> Retirement/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"/> Retirement/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"/> Retirement/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"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF

HOMEOWNER INFORMATION

Home Ownership:	<input type="checkbox"/> Own or Pay Mortgage (YR Built _____)	Landlord Name: _____
	<input type="checkbox"/> Lease to Purchase (YR Built _____)	Address: _____
	<input type="checkbox"/> Rent (Provide landlord information)	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

Residence Type:	<input type="checkbox"/> Single house	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Duplex or similar unit	<input type="checkbox"/> Apartment				
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	
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 Heating Equipment	<input type="checkbox"/> Heat Not Working
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					

HEALTH RISK

Are there any health risk that prohibits the disturbance of air in the home (respiratory problems, oxygen for breathing)? _____ If yes, please provide additional information: _____

(Please provide doctors letter or signed statement from a family member)

RELEASE

I, _____ (Print Name), release C-SCDC-Weatherization Department 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 via TV and print news media, newsletters, brochures, Websites, 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 further grant permission for the Arkansas Weatherization Assistance Program, grantees and successors, to sell my carbon credits. I understand these credits will be used for further unit production for the AWAP. ☐ 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: _____
Application Approved: _____
Client Database Job #: _____

Reweatherization Verification: _____

ELIGIBILITY VERIFICATION – AT INTAKE*		ELIGIBILITY VERIFICATION – AT WEATHERIZATION*	
Elderly _____	Federal Poverty Level <input type="checkbox"/> ≤50% <input type="checkbox"/> 51-75%	Elderly _____	Federal Poverty Level <input type="checkbox"/> ≤50% <input type="checkbox"/> 51-75%
Disabled _____	<input type="checkbox"/> 76-100% <input type="checkbox"/> 101-125%	Disabled _____	<input type="checkbox"/> 76-100% <input type="checkbox"/> 101-125%
Children _____	<input type="checkbox"/> 126-150% <input type="checkbox"/> 151-175%	Children _____	<input type="checkbox"/> 126-150% <input type="checkbox"/> 151-175%
High Energy Burden _____	<input type="checkbox"/> 176-200% <input type="checkbox"/> ≥201%	High Energy Burden _____	<input type="checkbox"/> 176-200% <input type="checkbox"/> ≥201%
High Energy User _____	Annual Gross Income	High Energy User _____	Annual Gross Income
Priority Points TOTAL: _____	Number in Household:	Priority Points TOTAL: _____	Number in Household:
	Income Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Income Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Title IV/XVI of Social Security Act? <input type="checkbox"/> Yes <input type="checkbox"/> No		Title IV/XVI of Social Security Act? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of household member (Begin with yourself) First Name Last Name	Relationship To Head of Household	Social Security Number	Date of Birth / /	Age	Race	Sex M/F	Educ. Level yrs	Degree Y/N	Total Gross Monthly Income	Veteran Y/N	Health Insurance Y/N	Disabled Y/N	Full-Time Student Y/N
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													

List additional members and information on a separate sheet.

Total Gross Monthly HH Income: \$ _____ Number of Household Members Employed: _____ Name or person(s) employed: _____
 PLEASE INDICATE WHICH HOUSEHOLD MEMBER RECEIVES WHICH TYPE OF INCOME
 INCOME SOURCE: (Please check all that apply)

<input type="checkbox"/> Salary / Wages	<input type="checkbox"/> TEA/TANF	<input type="checkbox"/> Social Security	<input type="checkbox"/> Housing	DO YOU OWN YOUR HOME?
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> SSI	<input type="checkbox"/> Retirement / Pension	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> YES or <input type="checkbox"/> NO
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other Income	If YES, how much do you owe?
<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> No Income	<input type="checkbox"/> Child Support		\$ _____
<input type="checkbox"/> Medical Aid	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Dividends / Interest		Years Owned?

Are any members of your HH legalized Aliens? Y / N If yes, Please list names & dates legalized: List add'l on separate sheet.

Name: _____	Date: _____
Name: _____	Date: _____

**PRIVACY POLICY AND PRACTICES OF
Crawford-Sebastian Community Development Council, Inc
Weatherization Department**

We at Crawford-Sebastian Community Development Council, Inc – Home Ownership and Asset Development Center value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

Pictures of your home may be taken to use in success stories on how the grant funds assisted you.

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

PRIVACY POLICY AND PRACTICES OF Crawford-Sebastian Community Development Council, Inc –
Home Ownership and Asset Development Center

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

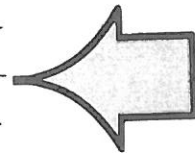
- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

PRIVACY CHOICES FORM

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

- ☐ **Box 1** - Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.
- ☐ **Box 2** - Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____



**SIGN
HERE**

If you have checked any of the boxes above,
please mail this form in a stamped envelope
to:

**Crawford-Sebastian Community Development Council, Inc – Weatherization Department
PO Box 180070, Fort Smith, AR 72918**

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.