

Arkansas LIHEAP/Weatherization Program
Application for Air Conditioning (A/C) Program

APPLICANT:

Name: _____

Address: _____

City/State/Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

I own my home. I rent my home. (Please check the appropriate box.)

Fill in the landlord information only if you rent your home.

LANDLORD NAME: _____

LANDLORD MAILING ADDRESS: _____

LANDLORD CITY, STATE, ZIP: _____

LANDLORD PHONE NUMBER: _____

APPLICATION CERTIFICATION: The information provided by me on my LIHEAP application and on this A/C program application to establish my eligibility is true and accurate to the best of my knowledge.

SIGNATURE: _____ DATE: _____

For Agency Use Only

Referring (LIHEAP) Agency: _____ Receiving (WAP) Agency: _____

Household Qualifications:

Elderly Disabled Person(s) with Medical Reason (Doctor's Statement Required): Name(s) _____

Household with Child(ren) under Age 6: Name(s) _____

Air Conditioner in home: YES NO If Yes: Central Window Unit Other _____

Is the unit in proper working order? : YES NO Is the unit generating cool air? YES NO

LIHEAP Application Approval Date: _____ Regular Crisis CARES

Register Numbers (optional): _____

For Agency Use Only

Application Status: Approved Denied

Reason for Denial: _____

Service Received by Client: Air Conditioning Repair Window Unit Fan

Comments: _____

Client acknowledges receipt of above services and/or equipment:

Signature: _____ Date: _____