



COMBINED COMMUNITY ACTION, INC.

165 WEST AUSTIN • GIDDINGS, TEXAS 78942

979.540.2980 800.688.9065 Fax 979.542.9565

www.ccaction.com

Dear Weatherization Program Applicant:

The Weatherization Assistance Program (WAP) is a program designed to help reduce energy consumption in your home. The program helps eligible households use less electricity and/or gas, thus saving money on utilities. **The program is not a rehabilitation program. WAP funds cannot be used for major home repairs; only structurally sound homes are qualified. The program does not address cosmetic improvements.**

Your application is enclosed. In order for your application to be considered you must send in the following items: Proof of currently monthly income (i.e. Social Security, SSI, TANF, Retirement or Paycheck stubs), a telephone number where we can contact you, if you do not have a telephone please send a number for a relative or friend who can reach you and a map with detailed directions to your house. You must also send in a 12 month billing history from your utility provider. You can call your utility provider and they will provide you with this information. We will need the billing history for electric, gas and/or propane; whichever applies to your current situation. **Without the above requested information your application will be denied.**

When your application is received (with all requested information) it will be processed to determine if your income falls within the federal income guidelines. At that point you will be notified if you are **income eligible**. If you are income eligible you will be put on a waiting list. When your name comes to the top of the waiting list, an energy auditor will contact you and make an appointment to come to your home to complete an assessment. The assessment will determine where air escapes from your home and will also determine the efficiency of your heating/cooling appliances. The assessment can take up to 1-1/2 hours to complete and we will need your full cooperation.

This is not an entitlement program, not every home receives weatherization services. The home must be brought up to the State of Texas Weatherization Standards when completed. The waiting list is always full therefore your name could be on the list for 12-18 months before you are contacted.

If you have any questions, please feel free to contact us at 800/688-9065, 979/540-2985 or 979/540-2984.

**WEATHERIZATION ASSISTANCE PROGRAM - APPLICATION FOR WEATHERIZATION SERVICE
PROGRAMA DE CLIMATIZACION DEL HOGAR SOLICITUD PARA SERVICES**

A.					
Name of Applicant or Head of Household Nombre del Solicitante o Responsable de la Casa				Home Telephone Teléfono de la Casa	
Mailing Address Dirección Postal	Street/P.O. Box, City Calle o Apdo/Postal, Ciudad	County Condado	Zip	Work Telephone Teléfono del trabajo	
Residence Address - If Different Dirección de Residencia - Si es diferente del postal			County Condado	Zip	
Has this residence ever received services from the Weatherization Program? ¿Esta residencia ha recibido servicios del programa de climatización?				Yes/Si	No
If "Yes", when?/ Si marca "Si", ¿Cuándo?			In what county?/ ¿En qué condado?		

GIVE THE FOLLOWING INFORMATION ABOUT EACH HOUSEHOLD MEMBER, INCLUDING YOURSELF:
ESCRIBA LOS NOMBRES DE TODOS LAS PERSONAS QUE VIVEN EN ESTA CASA, INCLUYENDOSE A USTED:

B.	Name Nombre	Date of Birth Fecha de Nacimiento	Sex Sexo	Race* Raza*	U. S. Citizen Ciudadano De Los E. U. A.		Handicapped Incapacitado		Social Security Number** Numero de Seguro Social**
					Yes/Si	No	Yes/Si	No	

List additional members on back or separate page
 Si necesita mas espacio, escriba al reverso de esta pagina o en otro papel.

* This information is voluntary and is requested to ensure benefits are provided without regard to race, color or national origin. It will not affect your eligibility or benefit level.
 * Esta información es voluntaria y se solicita solo con el fin de asegurar que los beneficios se puedan ofrecer sin discriminación de raza, color, u origen nacional. Esta información no afectara su elegibilidad ni la cantidad de su beneficio.
 ** Although this information is not required by law, it is necessary for correct computer processing.
 ** Aunque la ley no requiere esta información, es necesario para processar correctamente su solicitud por medios computarizados.

GIVE THE FOLLOWING INFORMATION ABOUT HOUSEHOLD MEMBERS WHO WORK:
ESCRIBA LOS NOMBRES DE TODOS LAS PERSONAS VIVIENDO EN ESTA CASA QUE TRABAJAN:

C.	Name of Persons Working Nombre de las Personas que Trabajan	Employer's Name, Address, and Telephone Number Nombre, Dirección, y Teléfono de sus Patrones	Total Monthly Income Sueldo Total Mensual

HOW OFTEN DO YOU GET PAID?

Head of Household ___ Weekly ___ Bi-weekly ___ Bi-monthly ___ Monthly
 Other Family Members ___ Weekly ___ Bi-weekly ___ Bi-monthly ___ Monthly

D.

If any household members receive any of the following types of unearned income or benefits, check the type of benefit received. Where the space is provided, enter the case or account number and the amount received.
 Indique en lo siguiente, los ingresos o beneficios que usted u otros miembros de su casa reciban. Incluya el numero de identificación de su casa o cuenta de ayuda y la cantidad de ayuda.

DO NOT INCLUDE FOOD STAMPS AS INCOME / NO INCLUYE "ESTAMPILLAS DE COMIDA" (FOOD STAMPS) COMO INGRESO

Type of Assistance / Tipo de Asistencia	Case Number Numero Del Caso	Monthly Amount Cantidad Mensual
AFDC / Asistencia AFDC		
SSI / Ingreso de Seguridad Suplemental		
Social Security / Seguro Social		
Veteran's Benefits / Beneficios de Veteranos		
Retirement Benefits / Beneficios de Retiro		
Military Allotments / Reparto de Sueldo Militar		
HUD Utility Supplement / Suplemento para las Utilidades de HUD		
Child Support / Sostenimiento para Niños		
Unemployment Compensation / Compensación de Desempleo		
Workman's Compensation / Compensación de Trabajadores		
Contributions / Regalos		
Other (specify) : Otro (especifique):		

Please check here if you are employed as a migrant or seasonal farmworker.
 Favor de marcar si usted está empleado como migrante o trabajador temporal de agricola

E.

Do You Own or Rent your residence? If owned, go to #1 If rented, go to #2
 ¿Es Dueño o se Renta su residencia? Si es dueño dirigese al #1 Si renta, dirigese a #2

1. Types of housing owned:
 Tipos de casas propias:

- Private house
Hogar
- Mobil Home
Casa Movil

2. Types of housing rented:
 Tipos de casas rentadas:

MUST HAVE OWNER'S APPROVAL!
 ¡TIENE QUE SER APROVADO POR EL DUNEEO!

- Private Home
Hogar
- Mobile Home
Casa Movil
- Low rent federally subsidized Housing
Residencia con subsidio federal para la renta
- Apartment
Apartamento
- Rented Room
Cuarto Rentado
- Type (Section 8, etc.)
Tipo (Seccion 8, etc.)

Type of energy used to heat household (check one):
 Tipo de energia utilizada para calentar su hogar (marque una):

- Natural gas
Gas natural
- Electricity
Electricidad
- Bottled gas
Gas embotellado
- Other (specify):
Otra (especifique):

Type of air conditioning used (check one):
 Tipo de aire acondicionado utilizado (marguqe uno):

- None
Ninguno
- Central Unit
Unidad central
- Window Unit
Unidad de ventana
- Evaporative Cooler
Enfriador evaporativo

WAP APPLICANT'S AUTHORIZATION, UNDERSTANDING AND AGREEMENT

My answers to all of the previous questions and to the statements I have made are true and correct to the best of my knowledge and belief. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I also agree to provide the Texas Department of Housing and Community Affairs and its contracting agencies with any information necessary to verify my eligibility.

If I am eligible for weatherization services. I give my permission to allow work on the residence listed on this form. I will cooperate fully with state and federal personnel to obtain information from any source to verify statements I made. I will cooperate fully with state or federal personnel in a quality control review.

I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

PENALTIES FOR FRAUD!

Whoever obtains or attempts to obtain weatherization services for which he is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

AUTORIZACION, ACUERDO, Y ENTENDIMIENTO DEL SOLICITANTE

Mis respuestas a todas las preguntas anteriores y las declaraciones que he hecho son verdaderas y correctas segun mi leal saber, entender y creencia. Autorizo al "Texas Department of Housing and Community Affairs" y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar o solicitar informacion necesaria para la determinacion de elegibilidad. Acepto responsabilidad de dar al Departamento cualquier informacion que se necesite para verificar mi elegibilidad.

Si califico para servicios de Climatización del Hogar, doy permiso para que se hagan reparaciones a la residencia identificada en esta solicitud. Cooperaré plenamente con personas del gobierno estatal o federal para obtener cualquier informacion necesario para verificar las declaraciones que he hecho, cual en lo mismo se incluyen estudios tocante la calidad del trabajo.

Me han avisado y entiendo que esta solicitud será considerada sin distinción de raza, color, religión, credo, origen nacional, sexo, ni creencia politica.

¡CASTIGO POR FRAUDE!

Si alguna persona recibe servicios de Climatización del Hogar por medio de declaraciones falsas o intenta defraudar por medio de estas declaraciones, se considerará culpable de una ofensa criminal y al ser convicta puede ser multada o encarcelada.

**BEFORE YOU SIGN BE SURE EACH ANSWER IS COMPLETE AND ACCURATE.
ASEGURESE, ANTES DE FIRMAR, QUE TODAS SUS REPUESTAS ESTEN COMPLETAS Y CORRECTAS.**

Signature - Applicant
Firma del Solicitante

Date
Fecha

Signature - Spouse
Firma de Esposa (o)

Date
Fecha

Signature - individual making application on applicants behalf or caseworker who assisted in completion of application
Firma del Solicitante - firma de la persona que hizo la solicitud de parte del solicitante, o trabajador social que ayudo hacer la solicitud

Date
Fecha

Signature - Witness (if signed with "x")
Firma - Del Testigo (Si se firma con "x")

Date
Fecha

FOR AGENCY USE ONLY

Is the household eligible for weatherization based on income?

Yes

No

Documentation/verification of income provided: _____

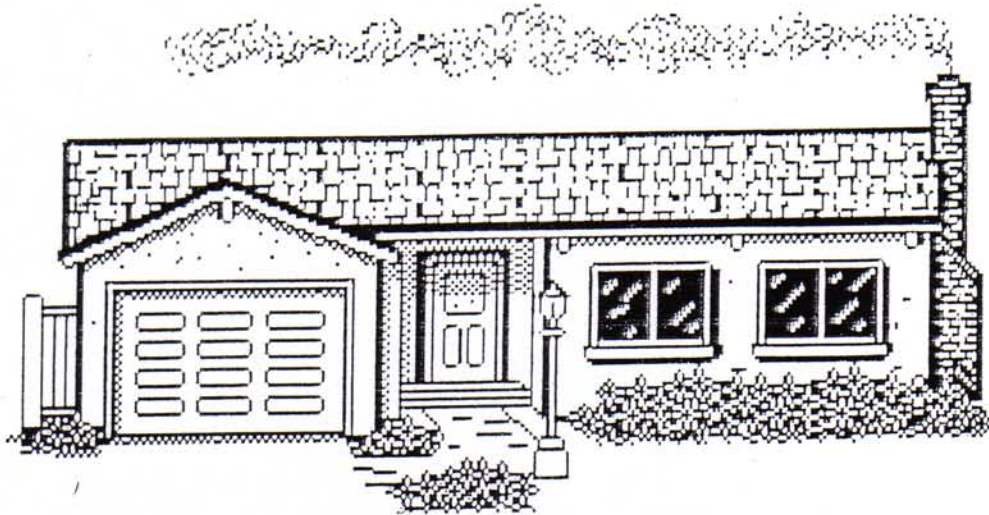
Calculation of Income:

Denied - Reason: _____

Date notice of denial was mailed to household: _____

Signature - Worker

Date



NAME: _____

ADDRESS: _____

PHONE NUMBER WHERE WE CAN REACH
YOU: _____

ABOUT THE OUTSIDE OF MY HOUSE....(Please check one box for each question).

1. The outside of my home is mostly brick wood vinyl or aluminum siding
 asbestos siding other _____
2. The outside of my home is in very good condition good condition
 fair condition poor condition.
3. The roof of my home is made of regular shingles wood shingles metal.
4. My roof is in very good condition good condition fair condition poor
condition. If your roof leaks, how many rooms have water damage? _____ rooms.
5. My home's foundation is a concrete slab wood or concrete piers.
6. My foundation is in very good condition good condition fair condition
 poor condition. If your foundation is poor, how many rooms have cracks in the walls
or ceilings? _____ rooms

ABOUT THE INSIDE OF MY HOUSE... (Please check one box for each question).

1. My home has _____ windows. the window frames are () wood () metal. The windows are in () very good condition () good condition () fair condition () poor condition. I have _____ broken window panes.
2. My home has _____ doors to the outside. The doors are in () very good condition () good condition () fair condition () poor condition.
3. The ceilings in my home are in () very good condition () good condition () fair condition () poor condition.
4. The floors in my home are in () very good condition () good condition () fair condition () poor condition.
5. The walls in my home are in () very good condition () good condition () fair condition () poor condition.

ABOUT HOW MY ENERGY USE AND UTILITIES...

1. My home has () central air. About how many years old? _____ Yrs. My home has () window units which are in () good condition () fair condition () poor condition.
2. My home has () central heat. About how many years old? _____ Yrs. My home has () gas space heaters which are in () good condition () fair condition () poor condition.

Give a short description of your home, such as the color of your house, is there a fence around your house, anything in the yard, ect. This will help us locate your house.