

**Clarksville-Montgomery County
Community Action Agency
P.O. Box 487
Clarksville, TN 37041
931-896-1800**

Weatherization Assistance Programs

Needed Documents:

- ID for anyone over 18 years of age
- SS cards/numbers for all household members
- Gross monthly income for past 3 months for household
- Energy bill for past 12 months
- Rental/lease/ownership agreement
- Trailer title or tax paperwork

WEATHERIZATION ASSISTANCE PROGRAM (WAP) APPLICATION FOR ASSISTANCE

Application is not complete without applicant signature on page 2.

The applicant must provide proof of residency 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, 1994 through any TN WAP Agency? (circle) Yes No

If yes, what agency provided assistance? _____

If yes, what was the monthly weatherization was performed? _____

For Agency Office Use Only

DATE APPLICATION RECEIVED: _____

DATE APPLICATION COMPLETED: _____

APPLICATION TYPE: WEATHERIZATION or RE-WEATHERIZATION

APPLICATION STATUS: APPROVED or DENIED

JOB # ASSIGNED: _____

Telephone: _____
Cell: _____

Applicant Name (must provide first and last name): _____

Current Home Address: _____

City: _____

State: _____

Zip: _____

County (current home address): _____

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			
									HOUSEHOLD MEMBER RECEIVE REGULAR FINANCIAL ASSISTANCE FOR A PERMANENT DISABILITY?	HEALTH INSURANCE	INCOME	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:									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.):

NAME	SOURCE OF INCOME	GROSS MONTHLY INCOME (provide proof of all income)	IF EMPLOYED, PROVIDE EMPLOYER'S NAME & ADDRESS

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 # if 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

Crawl Space

Slab

Basement

Mobile Home Skirting

Other (describe below): _____

BUILDING EXTERIOR

Brick Exterior

Vinyl Siding Exterior

Wood Exterior

Concrete Exterior

Other Exterior - Describe Below _____

SINGLE OR MULTIFAMILY BUILDING TYPE

Owner Occupied - Site Built

Renter Occupied - Site Built

Mobile Home - Owner Occupied

Mobile Home - Renter Occupied

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

FUEL OIL

NATURAL GAS

COAL

PROPANE

OTHER

KEROSENE

WOOD

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 herein 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 800.153(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 _____ do not _____ 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 8: _____

Total Disabled Members: _____

Total Age 60 yrs or older: _____

TOTAL HOUSEHOLD MEMBERS: _____

Total # Illegal Aliens in Household: _____

% OF POVERTY: _____

APS REFERRAL? YES _____ NO _____

TOTAL PRIORITY POINTS: _____

% OF ENERGY BURDEN: _____

HIGH ENERGY BURDEN? YES _____ NO _____

HIGH RESIDENTIAL ENERGY USER? YES _____ NO _____

CATEGORICALLY ELIGIBLE? YES _____ NO _____

TOTAL ANNUAL HOUSEHOLD INCOME DETERMINED: _____

TOTAL ANNUAL HOUSEHOLD ENERGY COSTS DETERMINED: \$ _____

DATE CERTIFIED: _____

SIGNATURE OF DETERMINING OFFICIAL: _____