

# ATTENTION Weatherization Applicant:

## READ CAREFULLY

If you are applying for weatherization, we **must** have all the following documentation along with this application before it can be processed.

### INCOME

Please send **ANY ONE** of the following types of Documentation of Income for everyone in the household:

1. Copy of a letter from Social Security showing monthly amounts of Social Security /SSI.
2. Copy of a payroll stubs from the last 30 days.
3. If you are **unemployed** supply documentation from the Unemployment Office. If you have **no income** you must have the **2 Witness Letters signed and notarized** from 2 people NOT related to you who know that you have no income. These people must be present when you have the forms notarized.

### UTILITIES

**We also require copies of your electric and gas utility bill for the last 12 months. If you do not have this information your utility provider can send it to you.**

### RENTAL AGREEMENT

If you rent you have the enclosed lessor agreement signed by your landlord.

**IF ANY OF THIS DOCUMENTATION IS MISSING,  
YOUR APPLICATION WILL NOT BE PROCESSED AND  
BE RETURNED TO YOU**

Mail to:

CROWLEY'S RIDGE DEVELOPMENT, INC.

P.O. BOX 16720

JONESBORO, AR 72403



## 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?**

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>			<b>SSN</b>
					/ /
<b>Street Address</b>	<b>Apt. Number</b>	<b>City</b>	<b>Zip Code</b>	<b>County</b>	<b>Date of Birth</b>
<b>Postal Address (if different)</b>		<b>City</b>	<b>Zip Code</b>	<b>County</b>	
<b>Home Phone</b>	<b>Alt. Phone</b>	<b>Email Address (if any)</b>			

**How long have you lived at this residence?**

<b>Race (Optional):</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian	<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<b>Citizenship:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Permanent Resident (As of date) _____	<b>Do you receive Federal or State disability benefits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Gross Mo. Income*:</b> \$ _____ <b>Income Source(s):</b> <input type="checkbox"/> Salary/Pay <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> AFDC/TANF
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**Directions to House:**

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### OTHER HOUSEHOLD MEMBERS

Name (First, Last)	Relationship to Applicant	Birth Date MM/DD/YY	Sex M/F	Race (Optional):	Gross Monthly Income
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

<b>Home Ownership:</b> <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: _____
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## 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

<b>Residence Type:</b>	<input type="checkbox"/> Single house	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Duplex or similar unit	<input type="checkbox"/> Apartment				
<b>Exterior Type:</b>	<input type="checkbox"/> Veneer/ Masonry or Stucco	<input type="checkbox"/> Wood/Masonite Siding	<input type="checkbox"/> Brick/Stone	<input type="checkbox"/> Vinyl/Metal				
<b>Primary Heating Fuel:</b>	<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	
<b>Primary Heating Equipment:</b>	<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
<b>Air Conditioning:</b>	<input type="checkbox"/> Window Unit	<input type="checkbox"/> Central Air	<input type="checkbox"/> No Air Conditioning					
<b>Insulation:</b>	<input type="checkbox"/> Attic	<input type="checkbox"/> Wall	<input type="checkbox"/> Floor					
<b>Window Type:</b>	<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 \_\_\_\_\_ (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 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:

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