

Application for Weatherization Assistance Program (WAP)

<i>For Agency Use Only</i>
Date Application Received:
Date Application Completed:

Have you received assistance under LIHEAP program through any TN LIHEAP Agency? Yes No

If yes, which agency provided assistance and when? _____

Household Information

Primary Address	City or Town	State	Zip	County
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Head of Household Information

First Name	Middle Initial	Last Name
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Please complete household member sheet for household members, including head of household. Use additional sheets if necessary.

Address and Contact Detail

Primary Telephone	Secondary Telephone	Email Address (optional)
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Mailing Address (if different from above)	City or Town	State	Zip	County
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Family Detail

Family Type: Single Individual Female Single Parent Male Single Parent Adults w/Child(ren)
 Adults w/out Child Other _____

Home type: Own Rent Section 8 Public Housing Monthly Rent: _____

Do you have a signed medical statement that states someone in your household requires life support equipment? Yes No

Are you or is any household member a Veteran? Yes No If so, who? _____

Does your household receive: SNAP WIC LIHEAP Housing Choice Voucher Public Housing HUD-VASH
 Permanent Supportive Housing Childcare Voucher EITC Affordable Care Act Subsidy Other

Items you will need when you submit this application

1. The application, completed in its entirety
2. Fill out a household member section for each household member, including head of household
3. Fill out **Income Detail** for each household member age 18 or older
4. Social Security Number verification for every individual in the household. Assistance will be denied due to an applicant's refusal to furnish all household members social security numbers and verification.
5. Income documentation for the last 8 weeks (pay stubs, etc.)
6. Print out of the most recent 12 months of energy usage (electric, propane, natural gas, wood)
7. Photo ID for Head of Household

Household Member Sheet

Head of Household Name: _____

Please use additional sheets as needed

Note: Assistance will be denied due to an applicant's refusal to furnish all household members' Social Security Numbers and verification

Number of members in household: _____

First Name	Middle Initial	Last Name
Gender	Date of Birth	Social Security Number

Relationship to household: Head of Household Spouse Child Foster Child Grandchild Adult Child Parent
 Grandparent Other Relation Not Related

Race (please select one): White Black/African American Asian American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander Multi-Racial Other _____

Hispanic/Latino? Yes No

Citizenship: U.S. Born/Naturalized Eligible Legal Resident Non-Eligible Legal Resident
 Undocumented Resident

Employment, if over 18 (please select one): Full Time Part Time Retired Seeking Work Unemployed Not Available
 Other _____ Not Applicable

Do you have medical insurance? Yes No

Education, if over 18: 0-8th Grade 9-12th Grade High School Grad/GED Non-High School Grad/GED
 12+ Some Post Sec. 2 or 4 Yr. College Grad 4 Yr. College Grad

Disability: None Mental Illness Learning Cognitive Visual Speech Hearing Deaf Breathing
 Orthopedic Other _____

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 Orthopedic Other _____

--Please complete income detail sheet(s) for household members 18 years or older--

Income Detail Sheet

Head of Household Name: _____

Note: All sources of income must be reported with the exception of employment income for household members under age 18

Household Member Name: _____

Income: Is this income current? Yes No

Income Type: Alimony/Child Support Pension Salary/Wages Social Security SSDI SSI TANF/AFDC
 Unemployment Food Stamps No income

Income Period: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Annually

Gross Amount per Income Period: _____

Type of Documentation Provided: _____

Employer Detail

Employer Name	Address	City	State	Zip	Length of Empl.

Household Member Name: _____

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Income Type: Alimony/Child Support Pension Salary/Wages Social Security SSDI SSI TANF/AFDC
 Unemployment Food Stamps No income

Income Period: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Annually

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Income Period: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Annually

Gross Amount per Income Period: _____

Type of Documentation Provided: _____

Employer Detail

Employer Name	Address	City	State	Zip	Length of Empl.

--Please attach more sheets as necessary to document income--

Note: All sources of income must be reported with the exception of employment income for household members under age 18

WEATHERIZATION Specific Information

Head of Household Name: _____

Housing Type: Own Rent Square Footage: _____ Year Home Built: _____

Roof Condition: Poor Fair Good Evidence of MOLD or MOISTURE YES NO

If OWNER of home, please provide the following information:	If RENTING, please provide the following information:
Name(s) on Deed: _____	Landlord Name: _____
Deed Book: _____ Page: _____	Landlord Address: _____
Title # if Mobile Home: _____	Landlord Phone: _____

TYPE OF HOME STRUCTURE (Circle one in each column)		
Foundation Type	Building Exterior	Single or Multi-Family Building Type
Crawl Space Slab Basement Mobile Home Skirting Other: _____	Brick Exterior Vinyl Siding Exterior Wood Exterior Concrete Exterior Other: _____	Owner Occupied – Site Built Renter Occupied – Site Built Mobile Home – Owner Occupied Mobile Home – Renter Occupied Multi-Family- # of Units _____

Source(s) of Energy: Wood Electric Fuel Oil Coal Kerosene Natural Gas L.P. Gas

Utility or Energy company to receive payment:	Additional Utility or Energy company:
Utility Company Name:	Utility Company Name:
Utility Company Address:	Utility Company Address:
Phone:	Phone:
Account #:	Account #:

Please attach annual energy usage documentation.

I certify that the above account(s) in the name of _____ (Last four digits of SSN) _____, Relationship _____ is for the use of my household and I am responsible for its payments.

Is this account in your landlord's name? Yes No

Applicant Certification

I certify that all of the information provided in this application is true and correct. I understand that anyone 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 I have been informed of the appeal rights. I attest under penalty of perjury that all persons applying for or receiving aid are either a United States citizen or qualified alien as defined by 8 USC § 1641(b), or eligible immigrants. I understand that I will be notified in writing of my eligibility status. Pursuant to federal law (5 United States Code 552(b)(c) and 10 Code of Federal Regulations 600.153(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, 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 _____ or 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 race, color, national origin, sex, age, disability, ancestry, status as a veteran, or any other characteristics protected by Federal, State, or Local Laws will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of the LIHEAP program.