



Quad Area



Weatherization Assistance Program

IT'S FREE !!!!

Please check boxes below to ensure all information is submitted!

All documents "MUST" be returned with the Weatherization Application.

Please allow at least 30 Days for any response by mail

- 1.) Completed application with ALL required signatures
- 2.) Copy of picture IDs for ALL household members 18 & older
- 3.) Copy of Social Security cards for ALL household members
- 4.) Copy of current of Gas, Electric, propane bills (Current Monthly Bill)
- 5.) Copy of Social Security Payment/Retirement(Current Award Letter)
- 6.) Proof of income- last four consecutive check stub copies
for ALL household members 18 & over
- 7.) Zero-Income Form- complete attached form
for ALL unemployed household members 18 & over
- 8.) Lessor / Owner Agreement *Proof of Home Ownership

Family size	Max Monthly income
1	\$2,146.00
2	\$2,903.00
3	\$3,660.00
4	\$4,416.00
5	\$5,173.00
6	\$5,930.00
7	\$6,686.00

Pass it on - Tell a Friend about Free Weatherization!!!

Mail Application to:

**Quad Area CAA Weatherization
45300 North Baptist Rd.
Hammond LA 70401
225-209-0724 / 225-209-0780
www.quadarea.org**

NOTE: Failure to provide ALL documents will result in termination of your application



Louisiana Housing Corporation



**45300 N. Baptist Rd.
Hammond, LA 70401
Ph. (225) 209-0724 or (225) 209-0780**

**Weatherization Assistance Program (WAP)
Application for Assistance**

To be completed by the Contractor:	Eligibility		Date entered into HES	
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1. Application Information:

Date: _____ **Parish:** _____

Contractor: Quad Area CAA. Inc.

Applicant: _____

Street Address: _____

Mailing Address: _____

Phone: _____ **Alternate Phone:** _____

Email: _____

2. Fuel Usage Information:

Utility Name	Account #	Name On Bill	Energy Cost	Utility Allowance

3. Fuel Type for Heating: Circle One: Electric Natural Gas Propane Other: _____

4. Household Information:

Name	SSN	Disabled	Race	Sex	Date of Birth	Age

LHC WAP: Application for Assistance

5. Family Income Information:

Name	Income Type	Employer Name	Monthly Income	Frequency
Total Family Income				

6. Do any household members have pre-existing or potential health conditions to take into consideration for weatherization of the residence? Circle Yes or No

Please contact the person listed below with any potential health condition issues:

Name: _____ Phone: _____ Email: _____

7. Type of home: (Circle One)

- Single Family House – Owner Occupied
- Single Family House – Renter Occupied – Owner Contact: _____
- Mobile Home – Owner Occupied
- Mobile Home – Renter Occupied – Owner Contact: _____
- Duplex – Owner Occupied
- Duplex – Renter Occupied – Owner Contact: _____
- Apartment (2-4 units per building) – Renter Occupied – Owner Contact: _____
- Apartment (5 or more units per building) – Renter Occupied
- Other _____

8. What year was the home built? _____

9. Has the home received any weatherization services in the past? Circle Yes or No

If so, when? _____

Who performed the past services? (Circle One)

- The contractor listed above
- Louisiana Housing Corporation (LHC)
- U.S. Department of Housing and Urban Development (HUD)
- U.S. Department of Department of Agriculture (USDA) – Rural Development (RD)
- City or Parish Government
- Utility Company (i.e. Entergy, Cleco, Atmos, etc.) _____
- Private funds
- Other _____

LHC WAP: Application for Assistance

AUTHORIZATION TO RELEASE INFORMATION:

I understand that the personal information furnished by me to process my WAP application for assistance is confidential information. I understand that providing authorization to release information is not required for me to obtain services under the Weatherization Assistance Program (WAP) and is strictly voluntary.

I authorize Louisiana Housing Corporation to release or disclose all or parts of the information in my client file to outside sources for the purposes of statistical research only.

Yes No

Applicant Signature

Date

APPLICANT ASSURES THAT:

- I have furnished true and correct information regarding household income and agree to promptly report any changes in the household income or number of individuals living at the listed address.
- I grant the Agency and the Louisiana Housing Corporation full permission to verify any and all information with both public and private sources or any entity, which may have furnished me, services.
- I understand that if I receive services for which I am ineligible because of false information, I may be required to repay the Louisiana Housing Corporation.
- I understand that I have a right to request a fair hearing from the Louisiana Housing Corporation if I feel that the decision regarding services requested is unfair or that my civil rights have been violated. The contractor staff person completing this application has read these assurances to me; I fully understand this agreement and have been given an opportunity to ask questions.
- I understand that by signing this document that I attest to the truth of all information provided (either verbally or in writing) to the Louisiana Housing Corporation and the Contractor named in item # 1 of this form. I understand that failure to provide complete, accurate information may result in me having to repay cost associated with the weatherization work. I further,
 - Give permission for the agency to weatherize my home.
 - Certify that I live at the listed address and am responsible for payment of utility bills at that address.
 - Authorize utility supplier(s) to furnish billing records before and after WAP services are applied to my home.
 - Give permission for the agency to complete a final inspection for quality control after WAP services.
 - Release the Louisiana Housing Corporation and the Contractor named in item # 1 of this form, from all liability while weatherizing my home.
 - Grant permission for photographs and information to be used to document and publicize weatherization.
 - Certify that property is not scheduled for acquisition or clearance under a government program.

Right to an Appeal and Fair Hearing: If you believe that you have been treated unfairly or a mistake has been made about your eligibility for services; you have the right to request a fair hearing. This means that you will be given an appeal hearing by the Louisiana Housing Corporation at which time you will be able to present your side for review by persons who will assure that you are treated fairly. Your right to request a fair hearing applies to any of the following.

1. Any decision made by the contractor concerning eligibility redetermination for services or the amount, continuation, termination, or reduction of services.
2. Failure by the contractor to act with reasonable promptness on a request for services.

Before you request a fair hearing, you or your representative may discuss your concerns with a worker or supervisor of the contractor agency for an explanation of the reason for the agency's action. If you are still dissatisfied, you may request a fair hearing within 30 days after the agency's decision by competing and signing below and mailing this form to the Louisiana Housing Corporation, 11637 Industriplex Blvd., Baton Rouge, LA 70809. You will be notified of the date and place of the fair hearing at which time you can represent yourself or authorize someone else such as legal counsel, relative or friend. I wish to request a fair hearing because.

Civil Rights:

If you believe you have been discriminated against because of race, color, religion, sex, age, familial status, national origin, and/or disability status, you may file a complaint either through the contractor agency or directly to the Louisiana Housing Corporation, 11637 Industriplex Blvd., Baton Rouge, LA 70809 (225) 763-8700; or to the Office of the Governor, Louisiana Commission on Human Rights, P.O. Box 94094, Baton Rouge, LA 70804.

Applicant's Signature

Date

Worker's Signature *

Date

***In signing this form, the worker certifies that the above stated assurances, authorizations, right to appeal and fair hearing statement and Civil Rights statement have been read, explained, and a copy given to the applicant.**



ZERO INCOME STATEMENT FORM

Date: _____

I, (Full Name) _____, (SSN) _____

do hereby certify that I am unemployed and have no income for the following reason: (check appropriate reason(s))

- Laid off. Enter month and year of last date worked _____
- The job I had was seasonal and has ended
- I am unable to find employment
- I have been or am, (circle one) **sick / injured** and unable to return to work .
- I expect to return to work by (month/year) _____
- I have small children and no one to care for them except me
- My only source of income is from _____
- I am no longer eligible for Unemployment Benefits
- I receive assistance from the La. Dept. of Social Services (circle all that apply) Food Stamps, TANF funds, OTHER: _____
- Other (please use the space below to write any conditions that are not covered above)

I understand that if I knowingly give **incomplete, inaccurate, or incorrect** information I am subject to criminal prosecution under Title 18 of the U.S. Code.

Signature: _____
Customer Signature

Agency Representative

**CERTIFICATION FORM FOR COMMUNITY SERVICES BLOCK GRANT
FOR PROGRAM PARTICIPANTS**

**FEDERAL LAW PROHIBITS DISCRIMINATION BECAUSE OF RACE,
COLOR, NATIONAL ORIGIN, OR HANDICAP**

Title VI of the Civil Rights Act of 1964, enacted by the Congress, prohibits discrimination on the grounds of race, color, or national origin: Section 504 of the Rehabilitation Act of 1973, as amended. Prohibits discrimination on the basis of handicap. Persons should not be excluded from participation in, denied the benefits of, or subjected to discrimination under or activity receiving federal financial assistance. This includes, but is not limited to, such facilities, hospitals, mental health centers, nursing homes and any other long or short term care facilities, and social service providers. Any person who believes he or she has been discriminated against should immediately contact either of the following:

**Department of Health and Human Resources Bureau of Civil Rights
Tic Too Building, 200 Riverside Mall
Baton Rouge, La. 70802**

**Department of DHHS-Health and Social Services
1200 Main Tower-Suite 1900
Regional Office for Civil Rights
Dallas, Tx. 75202**

I certify that I have been advised of my rights under Title VI of the Civil Rights Act of 1964, and 45 CFR 80 & 84 Nondiscrimination on the basis of Handicap, and understand these rights as they have been explained to me. Additionally, I have been provided a copy of the notice that includes information on where to file a CSBG discrimination complaint and/or grievance procedure.

This certification is to be signed, dated, and a copy given to the participant, and original placed in program file to be maintained along with application for assistance.

WEATHERIZATION

Program(s) (CSBG Funded Indirectly or Directly)

Program Participant Name (Print)

Program Participant Name Signature

Date

Questions and inquiries should be directed to
Debbie P. Butler, EO Officer, Quad Area Community Action Agency
Post Office Box 227



Lessor / Owner Agreement

Contractor: _____

I am the lessor/owner of the dwelling unit located at _____

for which the lessee/applicant, _____

has applied to receive Weatherization Assistance Program services through the above named Contractor agency.

I give my permission for the above contractor to install weatherization measures to the dwelling unity in accordance with the Department of Energy and State of Louisiana regulations.

I agree to release the above contractor of all liability while weatherizing the dwelling unit described above.

I confirm that the lessee/applicant (or a person in his/her household) is responsible for the payment of all cost associated with the utilities at the above address.

The lessee/applicant authorizes any utility vendor(s) to make the billing records available to the contractor or its designee, prior to and subsequent to the installation of weatherization measures, for the purpose of evaluating the effectiveness of the energy savings measures of the weatherization assistance services. The vendor(s) is (are):

Vendor # 1. _____ Acct. # _____

Vendor # 2. _____ Acct. # _____

I, and the lessee/applicant, grant permission for photographs and non-confidential information concerning the above unit to be used to document and/or publicized the weatherization assistance program.

I, and the lessee/applicant acknowledge that the current monthly rent is \$ _____. For one year, I will not evict the tenant unless the tenant is in violation of a valid lease agreement clause. In the event of a rent increase and/or unlawful eviction. I will reimburse the contractor the total cost of the weatherization work done on the unit.

This agreement becomes effective on the date when the weatherization assistance work has passed a satisfactory post inspection by the contractors' inspector, and is acceptable to and approved by the lessee/applicant as verified by their dated signature. It expires on the date the first rent payment is due after the 365 days have passed following the acceptance and approval date of the work performed.

Signature of Lessee/Applicant

Date

Signature of Lessor/Owner

Date

Signature of Contractor Representative

Date

This form must be attached to the application.