



# American Recovery and Reinvestment Act of 2009



## ARKANSAS 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: \_\_\_\_\_

First Name	MI	Last Name	SSN
Street Address	Apt. Number	City	Zip Code
County	Date of Birth		
Postal Address (if different)	City	Zip Code	County
Home Phone	Alt. Phone	Email Address (if any)	
Race: <input type="checkbox"/> White <input type="checkbox"/> Latino <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Islander		Income Source(s): <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment	
Individual w/ Disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship: <input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirem't/Pension	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Legal Permanent Resident (Date) _____	<input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF	
Gross Monthly Income*: \$ _____			
Directions to House: _____			

OTHER HOUSEHOLD MEMBERS					
Name (First, Last)	Relationship to Applicant	Birth Date MM/DD/YY	Sex M/F	Race (Optional)	Gross Monthly Income
				<input type="checkbox"/> White <input type="checkbox"/> Latino <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Islander	\$ _____ Check all that apply. Documentation is required. <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirem't/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF
				<input type="checkbox"/> White <input type="checkbox"/> Latino <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Islander	\$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirem't/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF
				<input type="checkbox"/> White <input type="checkbox"/> Latino <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Islander	\$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirem't/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF
				<input type="checkbox"/> White <input type="checkbox"/> Latino <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Islander	\$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirem't/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF
				<input type="checkbox"/> White <input type="checkbox"/> Latino <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Islander	\$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirem't/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF
				<input type="checkbox"/> White <input type="checkbox"/> Latino <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Islander	\$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirem't/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF

HOMEOWNER INFORMATION	
Home Ownership: <input type="checkbox"/> Own or Pay Mortgage (YR Built _____ )	Landlord Name: _____
<input type="checkbox"/> Lease to Purchase (YR Built _____ )	Address: _____
<input type="checkbox"/> Rent (Provide landlord information)	City, State, Zip Code: _____

**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

Residence Type:  Single house  Apartment  Duplex or similar unit  Mobile home

Heating Source/Type:  Gas/Natural Gas  Electricity/Central heat  Wood Stove or Fireplace  Coal  
 Gas/LP Propane or Butane  Electricity/Space heaters  Oil  No heat

Air Conditioning:  Window Unit  Central Air  No air conditioning

Insulation:  Attic  Wall  Floor

Window Type:  Single pane  Double pane  Storm windows

**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 and/or American Recovery and Reinvestment Act (ARRA) via TV and print news media, newsletters, brochures, Web sites, 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 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 \_\_\_\_\_

INCOME VERIFICATION – AT INTAKE*		INCOME VERIFICATION – AT WEATHERIZATION*	
Annual Gross Income: _____	Date Verified _____	Annual Gross Income: _____	Date Verified _____
Priority Points: _____	Date Verified _____	Priority Points: _____	Date Verified _____
Federal Poverty Level: <input type="checkbox"/> ≤100% <input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150% <input type="checkbox"/> 151-200% <input type="checkbox"/> ≥200%		Federal Poverty Level: <input type="checkbox"/> ≤100% <input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150% <input type="checkbox"/> 151-200% <input type="checkbox"/> ≥200%	

\* Attach documentation of income.



**ARRA**  
**Application for Services**  
**Community Action Program for Central Arkansas**



Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone-Home: (     ) \_\_\_\_\_ Alternate or Work: (     ) \_\_\_\_\_

Education Level of Applicant     0 – 8 Non-Graduate                       9 – 12 Non-Graduate  
 High School Graduate/GED     12 + some Post Secondary                       2 or 4 Years College Graduate

Family Type:     Single Parent/Female     Single Parent/Male                       2 – Parent Home                       Single Person  
                          2 – Adult/No-Children Home     Other

Family Size:     1     2     3     4     5     6     7     8 or more

Housing:         Own                       Rent                       Homeless                       Other

Does anyone in the household receive income from:  
(CHECK ALL THAT APPLIES)

- |   |   |  |  |
|---|---|--|--|
| 1. <input type="checkbox"/> No Income       | 5. <input type="checkbox"/> TEA/TANF    | 9. <input type="checkbox"/> Medicaid/Medicare      | 13. <input type="checkbox"/> Employment + other source |
| 2. <input type="checkbox"/> Social Security | 6. <input type="checkbox"/> Food Stamps | 10. <input type="checkbox"/> Unemployment Benefits | 14. <input type="checkbox"/> Child Support             |
| 3. <input type="checkbox"/> SSI Benefits    | 7. <input type="checkbox"/> WIC         | 11. <input type="checkbox"/> Pension/Retirement    | 15. <input type="checkbox"/> Other                     |
| 4. <input type="checkbox"/> VA Benefits     | 8. <input type="checkbox"/> ARKIDS      | 12. <input type="checkbox"/> Employment Only       |  |

Name of Household Members	Gender	Race	Social Security Numbers For EACH Person in the Home	Date of Birth	Education Level	Amount of Income Per Month	Disability	Veteran Y/N	Health Insurance Y/N
Applicant:									

(For additional members list them on the back of this form)

**TOTAL INCOME** \_\_\_\_\_

16. Does the family wish to enroll their preschool age children for developmental (social-emotional, cognitive, physical) reasons or school readiness?     Yes     No     N/A  
If yes, ages of children: \_\_\_\_\_

17. Were you referred from another agency?  Yes     No If yes, specify name of agency \_\_\_\_\_

