



## Community Action Program for Central Arkansas

(CAPCA)

707 Robins St., Suite 118

Conway, AR 72034

Phone: 501-329-0977 or 501-329-3891

Fax: 501-712-4039

[www.capcainc.org](http://www.capcainc.org)



### ITEMS NEEDED AND GUIDANCE ON HOW TO APPLY FOR WEATHERIZATION ASSISTANCE

NEED PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS 18 AND OLDER

All income is calculated by the gross amount (before any deductions)

#### HOUSEHOLD INCOME CATEGORIES:

- A. If an adult household member is claiming zero income they must provide two (2) corroborating statements from individuals who are not relatives and who do **not** reside in the home who can attest that the individual is in fact unemployed and does not have any income as defined in Category E. The statement must have the signee's printed name, the date, their relationship to the individual and be signed and notarized. They must obtain a Claims History Statement from Workforce Services indicating they are not receiving benefits.
- B. If a household member is receiving unemployment compensation, they must obtain a Wage Earnings Statement from Workforce Services that indicates the amount of benefits received.
- C. If a household member has worked the previous month they must provide all checks stubs received in that month. (We will be looking for check date not the pay period ending date.)
- D. **All** household members must provide a Social Security Benefit Statement Letter if receiving SSI/SS/VA benefits. If a parent receives these benefits for a child, this is considered income for the parent. The income statement letter **MUST** be for the current year.
- E. If a household member receives any of the following listed incomes they must provide the corresponding documentation for these incomes:
  - Self-employment: Copy of previous year Income Tax Return.
  - Regular payments including but not limited to:
    - Employee pensions from private, government, military, railroad retirement
    - Workers' compensation, alimony/spousal support, Strike benefits from union funds
    - Annuity payments; such as net royalties, dividends, interest, net rental income
    - Periodic receipts from estates or trusts
    - Military family allotments
    - Gambling and/or lottery winnings





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- If a household member is reporting a **disabled individual**, proof of the disability must be provided to receive a priority point for a disabled person in the household. The disabled person must be a recipient of Rehabilitation Services, receive Social Security Disability, Veterans Disability, services under the Developmental Disabilities Act.
- Clients are required to submit a copy of all of their **utility bills** for the previous 12 months so we can calculate the energy burden on your family.
- Applicants who rent must have a completed **Lessor Agreement**. Landlords are encouraged to contribute to the cost of the Weatherization of the residence but are not required to do so.

ALL APPLICATIONS AND SUPPORTING DOCUMENTS MUST BE LEGIBLE AND COMPLETE, INCLUDING SOCIAL SECURITY NUMBERS AND PHONE NUMBERS.

Potential Weatherization Clients should be advised that Weatherization Services are provided in accordance to the Department of Energy's point system guidelines. Once your application has been approved you will be notified and be placed on a waiting list. It is the applicant's responsibility to notify CAPCA of any contact information changes as soon as they occur, as not to delay the Weatherization process. Applicants are encouraged to provide two (2) contact numbers so they can be reached easily. Every attempt will be made to contact the applicant to schedule an initial audit on their home a week in advance of the audit date. **Approval of an application is not a guarantee the home will qualify for Weatherization services.**

### **Incomplete applications cannot be processed and will delay the Weatherization Process**

Family Size	2019 Household Income
1	\$24,980
2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860

**Each additional member add: \$8,840**

For assistance or guidance in completing your application please contact our Weatherization office at 501-329-3891 ext. 2123





# 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:

Has this dwelling been weatherized in the past with Federal Funds from the Department of Energy? \_\_\_\_\_ If yes, when?

First Name		MI	Last Name		SSN
Street Address		Apt. Number	City	Zip Code	County
Postal Address (if different)		City		Zip Code	County
Home Phone	Alt. Phone		Email Address (if any)		

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:

### 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

**Home Ownership:**
 Own or Pay Mortgage (YR Built \_\_\_\_\_)  
 Lease to Purchase (YR Built \_\_\_\_\_)  
 Rent (Provide landlord information)

Landlord Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 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  Mobile Home  Duplex or similar unit  Apartment

**Exterior Type:**  Veneer/ Masonry or Stucco  Wood/Masonite Siding  Brick/Stone  Vinyl/Metal

**Primary Heating Fuel:**  Natural Gas  Other Gas  Electricity  Wood  Fuel Oil  Kerosene  Other

**Primary Heating Equipment:**  Central Heat  Space Heater  Heat Pump  Fireplace  Wood Stove  Other  No Heating Equipment  Heat Not Working

**Air Conditioning:**  Window Unit  Central Air  No Air Conditioning

**Insulation:**  Attic  Wall  Floor

**Window Type:**  Single pane  Double pane  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:

**Application Received:** \_\_\_\_\_ **Rewetherization Verification:** \_\_\_\_\_  
**Application Approved:** \_\_\_\_\_  
**Client Database Job #:** \_\_\_\_\_

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