



**Community Action of Etowah County, Inc.**

624 Broad Street, P.O. BOX 188, Gadsden, AL, 35902-188

Phone: 256-546-9271, Fax: 256-546-1272

**Weatherization Assistance Program**

**Application Packet  
This Program is FREE**

Dear Applicant,

*The Weatherization Assistance Program (WAP) is designed to lower your energy bill by tightening up your home to prevent outside air infiltration. This, however, is NOT a home repair program.*

*This application packet has information about the program, forms that you have to fill out, and a list of documents that we will need copies of when you return your application. You should return the application and copies of all documents as soon as possible so that we can determine your eligibility and your need for the program.*

*When we receive these completed forms and required documents, you will be awarded certain "priority points" established by the United States Department of Energy and the State of Alabama. Once it is time to review your application based on the "priority points" that you receive, you will be contacted by a representative of our agency to schedule a time to come to your home to determine which energy saving measures need to be performed on your home.*

*Please do not alter your regular, daily activities while waiting on your "priority points" category to come up for review. Our waiting list is long and other applicants for this program may have more "priority points" than you.*

*Our Agency is a private, non-profit organization. Our Weatherization Assistance Program is NOT an Entitlement Program. We reserve the right to reject your application.*

\*\*\*\*\*

**YOUR APPLICATION FOR THE WEATHERIZATION ASSISTANCE PROGRAM CANNOT BE PROCESSED WITHOUT COPIES OF THE FOLLOWING DOCUMENTS.**

**PLEASE BRING COPIES OF:**

- 1. Picture I.D of head of household.** (Drivers License, etc.)
- 2. Proof of income for ALL household members.**
- 3. Proof of home ownership** (tax papers, copy of deed, mortgage statement, etc.)
- 4. LIHEAP Application** (if we have ever assisted you with your utility bills)
- 5. Social Security Cards for ALL household members.**
- 6. Your most recent gas and electric bills.**

**ALL FORMS MUST BE FILLED OUT COMPLETELY  
KEEP THIS PAGE FOR YOUR INFORMATION**

**Website:**communityaction-etowah.org

**Facebook:**Community Action of Etowah County

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## Weatherization Assistance Program

### What is Weatherization?

The Department of Energy's Weatherization Assistance Program (WAP) is the nation's core program for delivering energy efficiency services to low-income households. The program's goal is to reduce energy costs to low-income persons by improving the energy efficiency of their homes while ensuring their health and safety. Nationwide, weatherization benefits low-income households and communities and generates an average energy cost savings of \$300 per home each year. Our professionally trained assessors perform on-site home energy audits using state of the art equipment to identify outside drafts and inspect heating and cooling systems for efficiency. Certified Contractors install insulation, seal off air leaks, provide caulking, etc., and make **minor** home repairs to ensure safety. Once installed, the energy saving measures help to reduce heating and cooling costs for years to come.

### Do I qualify for Services?

- Do I have to own my home to qualify for service?

You don't have to own your home to qualify. You may qualify whether you own or rent, live in a single family home, multifamily housing complex or in a mobile home.

- Do I have to be a certain age or meet an income guideline to qualify?

While preference is given to applicants over 60, applicants with disabilities and, in some cases, with children receive additional "priority points." If you receive Supplemental Security Income (SSI) and/or Aide to Families with Department Children (AFDC), you are automatically eligible. You may also be eligible for assistance if your income meets the following federally established guidelines.

Household Size	Monthly Income
1	\$2,250.00
2	\$3,052.00
3	\$3,838.00
4	\$4,625.00
Each additional member add	\$787.00

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**Weatherization Assistance Program**

**THINGS WE CANNOT DO UNDER OUR WEATHERIZATION ASSISTANCE PROGRAM**

1. **Roofs (Can patch only)**
2. **Storm Doors**
3. **Under Skirting of homes/mobile homes**
4. **Bathroom floors (patch only)**
5. **Painting (we can paint only what we install)**
6. **Ceilings (only 25% of the home)**
7. **Repairs, such as windows and door replacement, are limited due to the use of lead based paint in homes built before 1978. Storm windows and door weatherstripping are used to solve this problem.**
8. **If a home has mold, we cannot weatherize it until the homeowner has alleviated the mold problem.**
9. **Renters- We can weatherize rental property only if the landlord agrees to pay in advance 25% of the materials and labor that goes into the job. (Money to be placed on escrow until the job is completed and inspected).**
10. **Homes with major health and safety issues, such as:**
  - \*gas leaks**
  - \*sewage leaks**
  - \*plumbing leaks**



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Weatherization Assistance Program

Date \_\_\_\_\_ Phone \_\_\_\_\_

HEAD OF HOUSEHOLD NAME \_\_\_\_\_

APPLICANT OWNS HOME? \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

ALL HOUSEHOLD MEMBERS

Name \_\_\_\_\_ Disabled? \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Age \_\_\_\_\_ SSN# \_\_\_\_\_ Education Level \_\_\_\_\_ Income Source? \_\_\_\_\_

Income Amount? \_\_\_\_\_ Health Insurance? \_\_\_\_\_

Name \_\_\_\_\_ Disabled? \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Age \_\_\_\_\_ SSN# \_\_\_\_\_ Education Level \_\_\_\_\_ Income Source? \_\_\_\_\_

Income Amount? \_\_\_\_\_ Health Insurance? \_\_\_\_\_

Name \_\_\_\_\_ Disabled? \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Age \_\_\_\_\_ SSN# \_\_\_\_\_ Education Level \_\_\_\_\_ Income Source? \_\_\_\_\_

Income Amount? \_\_\_\_\_ Health Insurance? \_\_\_\_\_

Name \_\_\_\_\_ Disabled? \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Age \_\_\_\_\_ SSN# \_\_\_\_\_ Education Level \_\_\_\_\_ Income Source? \_\_\_\_\_

Income Amount? \_\_\_\_\_ Health Insurance? \_\_\_\_\_

Name \_\_\_\_\_ Disabled? \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Age \_\_\_\_\_ SSN# \_\_\_\_\_ Education Level \_\_\_\_\_ Income Source? \_\_\_\_\_

Income Amount? \_\_\_\_\_ Health Insurance? \_\_\_\_\_

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**Weatherization Assistance Program**

**FAMILY TYPE**

- 2 Adults/No Children
- 2 Adults/Children
- Single Parent/Female
- Single Parent/Male
- Single
- Other

**LIVING QUARTERS**

- Own/Buying
- Renting
- Public Housing
- Subsidized Housing
- Mobile Home
- Homeless
- Other \_\_\_\_\_

**Monthly Expenses**

Housing: \$ _____	Food: \$ _____	Other: _____
Gas: \$ _____	Cable: \$ _____	_____:\$ _____
Power: \$ _____	Water: \$ _____	_____:\$ _____
Phone: \$ _____	Medical: \$ _____	_____:\$ _____

Food Stamps: \$ \_\_\_\_\_ per month

**HOW DO YOU PRIMARILY HEAT YOUR HOME**

- Natural Gas
- LP Gas
- Wood
- Other \_\_\_\_\_
- Electricity
- Coal
- Oil/Kerosene

Heating Vendor and Acct. #: \_\_\_\_\_

**HOW DO YOU PRIMARILY COOL YOUR HOME**

- Electricity
- Window AC Unit
- Fans
- Other \_\_\_\_\_

Cooling Vendor and Acct. #: \_\_\_\_\_

Structure of your home: \_\_\_\_\_ (ex: Wood, Brick, Masonry, Mobile, Etc.)

Type of dwelling: \_\_\_\_\_ (ex. Apartment, Single-Family, Duplex, Etc.)

**SIGNATURES**

The below certifies that the information provided to Community Action of Etowah County, Inc. is true and accurate and that any changes to the above documents will be reported to Community Action of Etowah County, Inc. The applicant understands that any of the above not reported correctly will disqualify him/her from the program and can be subject and liable for any expense to the agency on this application for assistance.

X \_\_\_\_\_  
*Applicant's Signature* \_\_\_\_\_  
*Date*

X \_\_\_\_\_  
*Applicant's Signature* \_\_\_\_\_  
*Date*

**COMMUNITY ACTION OF ETOWAH COUNTY, INC.  
APPLICATION FOR WEATHERIZATION ASSISTANCE**

Has the dwelling of the applicant ever received any weatherization assistance from a previous federally funded weatherization program?      \_\_\_\_\_ YES                              \_\_\_\_\_ NO

If the answer is yes, give the date originally weatherized: \_\_\_\_\_

(Date) \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

RACE: \_\_\_\_\_ WHITE    \_\_\_\_\_ BLACK    \_\_\_\_\_ AMERICAN-INDIAN    \_\_\_\_\_ HISPANIC  
\_\_\_\_\_ ASIAN OR PACIFIC ISLANDER    \_\_\_\_\_ OTHER: \_\_\_\_\_

PHONE # \_\_\_\_\_ SEX: \_\_\_\_\_ MALE    \_\_\_\_\_ FEMALE    AGE: \_\_\_\_\_

IS RESIDENCE: 1 \_\_\_\_\_ OWNED BY HOUSEHOLD MEMBER    2 \_\_\_\_\_ RENTED WITH FUEL INCLUDED IN RENT  
3 \_\_\_\_\_ RENTED BUT HOUSEHOLD PAYS FOR FUEL

# OF PERSONS 18 YEARS OF AGE OR YOUNGER IN HOUSEHOLD \_\_\_\_\_

# OF PERSONS 19 YEARS OF AGE OR OLDER IN HOUSEHOLD \_\_\_\_\_

# OF MIGRANTS AND SEASONAL FARM WORKERS \_\_\_\_\_

TYPE OF STRUCTURE: 1 \_\_\_\_\_ WOOD FRAME    2 \_\_\_\_\_ BRICK    3 \_\_\_\_\_ MASONRY    4 \_\_\_\_\_ MOBILE HOME    5 \_\_\_\_\_ MULTI-UNIT

DOES THE GOVERNMENT PAY ANY OF YOUR RENT OR HOUSE PAYMENT? \_\_\_\_\_ YES    \_\_\_\_\_ NO

IS ANY MEMBER DISABLED? \_\_\_\_\_ YES    \_\_\_\_\_ NO    IS ANY MEMBER ELDERLY? \_\_\_\_\_ YES    \_\_\_\_\_ NO

WHICH FUEL IS USED MOST FOR HEATING (CHECK ONE): 1 \_\_\_\_\_ FUEL OIL    2 \_\_\_\_\_ KEROSENE    3 \_\_\_\_\_ LP GAS    4 \_\_\_\_\_ NATURAL GAS  
5 \_\_\_\_\_ ELECTRICITY    6 \_\_\_\_\_ WOOD/COAL    7 \_\_\_\_\_ OTHER

WHICH TYPE OF HEATING SOURCE IS USED? (CHECK ONE): 1 \_\_\_\_\_ SPACE HEATER    2 \_\_\_\_\_ HOT WATER    3 \_\_\_\_\_ STEAM  
4 \_\_\_\_\_ HOT AIR    5 \_\_\_\_\_ STOVE    6 \_\_\_\_\_ OTHER

YOU LIVE IN (CHECK ONE): 1 \_\_\_\_\_ CITY/TOWN    2 \_\_\_\_\_ SUBURB    3 \_\_\_\_\_ RURAL AREA

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**FOR OFFICE USE ONLY:**

**THIS APPLICATION HAS BEEN RANKED AND HAS RECEIVED \_\_\_\_\_ POINTS**

**DATE \_\_\_\_\_ INITIALS \_\_\_\_\_**

**COMMUNITY ACTION OF ETOWAH COUNTY, INC.  
APPLICATION FOR WEATHERIZATION ASSISTANCE**

**INCOME VERIFICATION**

(To be completed by outreach worker or person ranking application)

**SOURCE OF INCOME(Entire Household)**

Employment\_\_\_\_\_

Social Security\_\_\_\_\_

SSI\_\_\_\_\_

TANF\_\_\_\_\_

Unemployment Comp.\_\_\_\_\_

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

**VERIFICATION (Check appropriate line)**

**Verification of income may consist of but is not limited to:**

- 1\_\_\_\_ Payroll, check stub, or check;
- 2\_\_\_\_ Records kept by self-employed;
- 3\_\_\_\_ Written statement of employer;
- 4\_\_\_\_ Written statement or a reference from a source in a position to know the circumstance of the household;
- 5\_\_\_\_ Documents from the Department of Pensions and Security or other social agencies

**STATEMENT OF AFFIRMATION**

I certify that the information I have provided is true and correct to the best of my knowledge. I hereby give my consent for the local Weatherization Assistance Program (WAP) Agency to verify the information I have given. I also understand that I am subject to any applicable Federal or State laws concerning fraud or knowingly provide false or incomplete information in order to obtain assistance.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*WAP Employee or Outreach Worker*

\_\_\_\_\_  
*Date*

## Utility Consumption Survey Approval Form

I, \_\_\_\_\_ give the \_\_\_\_\_

(Client Name)

(Utility Company)

permission to release my utility bills to Community Action Agency of Northeast Alabama

(Agency)

For the purpose of tracking the effectiveness of the Weatherization Assistance Program sponsored by the Department of Energy (DOE) and the Energy Division of the Alabama Department of Economic and Community Affairs (ADECA). This waiver provides access to all billing information, including both consumption and expenditure data.

Utility 1:

My account number is: \_\_\_\_\_

Account Number

Utility 2:

My account number is: \_\_\_\_\_

Account Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date