

Weatherization Eligibility Chart

Purpose: To help you determine if you qualify for one or more energy-efficiency assistance programs. (You may qualify for both programs).

Arkansas Weatherization Program
(Utility Funded)

Weatherization Assistance Program
(Federally Funded)

Do you own your home?

IF

Have you lived there for more than one year?

IF NO

Do you rent your home or have you owned your home for less than one year?

IF

Do you receive service from any of the following utility companies?

Arkansas Oklahoma Gas
Arkansas Western Gas
Centerpoint Energy
Empire Electric
Energy
Oklahoma Gas & Electric
Southwestern Electric Power Company

IF NO

Is your household income below 200% of the Federal Poverty Guideline (effective 4-1-09)?

IF

Complete the Energy-efficiency Self-Audit. Does your home meet the criteria?

IF

You may qualify for the Federally-funded Weatherization Assistance Program.

IF

You may qualify for the utility-supported Arkansas Weatherization program. Complete pages 1 & 2 of the application.

You must complete the entire application— pages 1, 2, & 3.



Put Weatherization to Work for You!

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. Professionally trained weatherization crews perform on-site home energy audits using state of the art equipment to identify outside drafts, inspect heating and cooling systems and perform health & safety checks. Weatherization crews install materials to make homes more energy efficient and make minor 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 own home to qualify for services?

You don't have to own your own home to qualify. You may qualify whether you own or rent, live in a single-family home 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 persons over 60, persons with disabilities and in some cases, children; if you receive Supplemental Security Income (SSI) and/or TEA you are automatically eligible. You may also be eligible for assistance if your income meets the following federally established income guidelines:

Family Size	Annual Income Range 2009 Program Year*
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020

**Income ranges are updated annually. For family units with more than 8 members, add \$7,480 for each additional family member.*

See reverse side for definition of income and program information.

How do I apply?

To apply for services or to get additional information on the Weatherization Assistance Program **contact:**

Central Arkansas Development Council
 Weatherization Assistance Program
 Post Office Box 580
 Benton, AR 72018
 Located at 722 Gaunt Street, Benton or call 501-778-1133



Weatherization Assistance Program

What it is: A local-state-federal program, it was initiated by the federal Department of Energy (DOE) in 1976 in response to the oil shortage, to help states and communities help those of low income have more energy-efficient, safe and healthy homes. It is the nation's largest residential energy-efficiency program

How it operates: In Arkansas, it is administered by the Department of Health and Human Services' Office of Community Services (OCS) and operated, primarily, by the private, nonprofit community action agencies. (Weatherization is one of scores of programs the community action agencies operate to help people of low income gain the basic necessities and strengthen economic self-sufficiency.)

What it does: It does computerized energy audits and uses advanced diagnostic technology to determine the energy-conservation needs of a home, providing, among other improvements, weatherstripping of doors and windows; caulking and sealing of cracks and holes; installation of compact fluorescent light bulbs, and smoke and carbon monoxide detectors. Each home differs in the energy conservation needs and recommendations.

Who it is for: The work is done free of charge for those who meet income and other guidelines – they must meet income eligibility guidelines.

How it is funded: DOE is the primary funder, for the nation. In Arkansas, OCS last year used \$2 million it received from DOE and supplemented it with \$1.8 million of the funds it gets from the federal Office of Community Services for the Low Income Home Energy Assistance Program (LIHEAP), improving 1,168 homes.

The program, since it was begun, has injected more than \$91 million into communities throughout the state to improve 61,000 homes, affecting the lives of hundreds of thousands of people, many of them elderly, disabled and children. (The program nationally, has improved the homes of 5.3 million individuals and families.)

The benefits: The program helps individuals and families have better lives and gain strength in their effort to advance. It makes their homes more secure from the weather, which helps them conserve energy and have more income for other basic necessities, including food, medicine, clothing, transportation – DOE estimates it reduces heating bills by 31 percent. It also contributes to the betterment of communities by creating jobs, generating the purchase of goods and services, strengthening housing stock, reducing homelessness, stabilizing neighborhoods and eliminating carbon emissions and the risk of fires.

Issues: There is limited federal funding for the work – although the program improves more than 1,000 homes a year in the state, the homes of an estimated 178,000 people are eligible for the service, according to poverty figures.

The program nationally received \$225 million in funds in the last year. Proposals for the next year range from \$233 million to \$237 million. According to a funding rule, if it is funded for more than \$233 million next year the 11 states in the South would receive a greater share of the national funds, enabling them to serve many more in need.

Definition of household income: Refers to total cash receipts before taxes from all sources. Money, wages and salaries before any deductions; regular payments from Social Security, retirement from all sources, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

Proof of income includes copies of payroll checks or check stubs, statement from employer, statement from Employment office, statement from Social Security Admin. or a statement from anyone who is assisting with monthly household bills or other support. If unemployed, a statement from Employment office with benefit amount or showing you do not have an open claim.

Renters: The landlord must complete a Lessor Agreement. Applicant must complete a Tenants right form. These forms may be requested from the agency.

WEATHERIZATION IS MAKING ARKANSAS A BETTER HOME FOR ALL



CENTRAL ARKANSAS DEVELOPMENT COUNCIL
P.O. Box 580, Benton, AR 72018
WEATHERIZATION ASSISTANCE PROGRAM

DATE: _____

Dear Weatherization Applicant:

Federal Regulations require that we have copies of income documentation in each weatherization client's file. We must have this documentation before we can process any application for weatherization. Please be sure to complete each section of the application that applies to your household. *Failure to complete the application or supply documentation of all household income will result in your application being delayed.*

Please send ANY of the following types of **Documentation of Income** that apply to you:

- Copy of a letter or copy of monthly check from Social Security showing amounts of Social Security and/or SSI.
- Copy of a Bank Statement showing amounts of Direct Deposit of Social Security and/or SSI.
- Copy of letter or check from Veterans Administration showing amount of VA benefits.
- Documentation from Department of Human Services of any TEA benefits received.
- Copy of a payroll checks for at least the most recent month showing amount and time period covered.
- Statement from employer showing amount of earnings.
- Copy of previous year income tax return, if you are self-employed.
- Copy of a bank statement showing any interest or dividend received.
- Any other documentation or proof of total household income.
- If you are unemployed, a printout from the Unemployment office showing amount of unemployment or showing no benefits received.
- If you receive assistance with expenses from family or friends, have them write a statement of expenses and the dollar amount they help with, they must sign the statement and provide a phone number and address of contact.

NOTE: Income verification must include the **Total Household Income**; therefore, we must have copies of income from everyone in the household who has any income.

We appreciate your cooperation in sending in this information. If you have any questions, contact the Weatherization Office at 501-778-1133.

2009 Poverty Guidelines

Yearly Income Limits

Source: Federal Register, vol. 74, No. 15

January 23, 2009 pp. 4199-4200

Income guidelines are effective April 1, 2009 for the DOE Weatherization Program

Persons in family	100% Poverty Guidelines	200% Poverty Guidelines
1	\$10,830	\$21,660
2	\$14,570	\$29,140
3	\$18,310	\$36,620
4	\$22,050	\$44,100
5	\$25,790	\$51,580
6	\$29,530	\$59,060
7	\$33,270	\$66,540
8	\$37,010	\$74,020
<i>At 200%, for families with more than 10 persons, add \$7,480 for each additional person.</i>		

2009 Poverty Guidelines

Monthly Income Limits

Source: Federal Register, vol. 74, No. 15

January 23, 2009 pp. 4199-4200

Persons in family	100% Poverty Guidelines	200% Poverty Guidelines
1	\$ 902.50	\$1,805.00
2	\$1,214.17	\$2,428.33
3	\$1,525.83	\$3,051.67
4	\$1,837.50	\$3,675.00
5	\$2,149.17	\$4,298.33
6	\$2,460.83	\$4,921.67
7	\$2,772.50	\$5,545.00
8	\$3,084.17	\$6,168.33
<i>At 200%, for families with more than 8 persons, add \$623.33 for each additional person.</i>		

Energy Efficiency Self-Audit

Please complete the information below to help determine the energy needs of your home.

Name: _____

Address: _____

Phone: _____

AWP Participating Utilities: (Check the utilities that serve your home)

- Entergy (No Primary Electric Heat)
- Entergy (Primary Electric Heat)
- SWEPCO (No Primary Electric Heat)
- SWEPCO (Primary Electric Heat)
- Oklahoma Gas & Electric (No Primary Electric Heat)
- Oklahoma Gas & Electric (Primary Electric Heat)
- Empire District Electric (No Primary Electric Heat)
- Empire District Electric (Primary Electric Heat)
- CenterPoint Energy
- Arkansas Western Gas
- Arkansas Oklahoma Gas

- House Built:**
- Prior to 1983
 - 1983 to 1996
 - 1997 and after

Criteria:

- Attic insulation**

R-Value: _____ **Type:** _____

If unknown, can you describe any of the following; depth, color, or type of existing insulation?

Color could be: Yellow Pink Gray White

Type could be: Fiberglass Cellulose Rockwool Other _____

Depth could be: non 1-4 inches 4-6 inches over 6 inches

- No wall insulation**
- No floor insulation**
- Single pane window; with no storms;**
- Heating system installation date:** _____
- Cooling system installation date:** _____

WEATHERIZATION ASSISTANCE APPLICATION

This space for agency use only:

Date Received: ___/___/___ Job No. _____ Age (oldest occupant): _____ WAP CO-OP

Date Approved: ___/___/___ Poverty Level: 0-75% 101-125% AWP Other

Priority Point Score: _____ Total Income: \$ _____ 76-100% Over 125% _____

Electric Supplier: _____ Gas Supplier: _____

Please complete all sections of the application that apply, failure to do so will result in the delay of approval. If you have any questions about the application and how to complete it, please call 501-778-1133. If applying for federal assistance, DOE Weatherization Assistance Program WAP, you must complete all information including income on page 3 and must supply verification of all household income. If you are applying for non-federal, Arkansas Weatherization Assistance AWP, utility assisted, you do not need to complete income information on page 3.

NAME, ADDRESS AND CONTACT INFORMATION:

Applicant Name:	Home Phone: ()	Cell Phone: ()
Household Street Address:	City:	Message or Work Phone: ()
Mailing Address (if different)	County:	Zip Code

MARITAL STATUS: Never Married Married Separated Divorced Widowed

Name on Deed of Home (if not renting) _____ **Is the Owner a Member of this Household** ____ Yes ____ No

DIRECTIONS TO HOUSE:

Directions: _____

ENERGY SUPPLIER INFORMATION

Electric Supplier:	Account Number:	Name on Acct:
Gas/Propane Supplier:	Account Number:	Name on Acct:

Ownership Name on deed: _____ How long have you owned this home? _____	<input type="checkbox"/> Own Home When was the home built? _____	<input type="checkbox"/> Buying Home When was the home built? _____	<input type="checkbox"/> Renting	Landlord Information (if renting): Name: _____ Mailing Address: _____ Phone: _____	
Residence Type	<input type="checkbox"/> Single House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Duplex	<input type="checkbox"/> Mobile Home	
Exterior Type	<input type="checkbox"/> Masonry/ Veneer/Stucco	<input type="checkbox"/> Wood Siding or Masonite Siding	<input type="checkbox"/> Brick or Stone	<input type="checkbox"/> Vinyl/Metal Siding	
Stories	<input type="checkbox"/> One Story	<input type="checkbox"/> Two Story	<input type="checkbox"/> Split Level		
Primary Heating Source What year was the heating system installed? _____	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> LP Propane/Butane	<input type="checkbox"/> Electricity	<input type="checkbox"/> Wood <input type="checkbox"/> Coal	<input type="checkbox"/> Oil <input type="checkbox"/> Other _____
Primary Heating Equipment	<input type="checkbox"/> Central Unit <input type="checkbox"/> Vented heater <input type="checkbox"/> Unvented heater	<input type="checkbox"/> Central Unit <input type="checkbox"/> Vented heater <input type="checkbox"/> Unvented heater	<input type="checkbox"/> Central unit <input type="checkbox"/> Portable space heater	<input type="checkbox"/> Fireplace <input type="checkbox"/> Wood burning stove	
Air Conditioning What year was the cooling system installed? _____	<input type="checkbox"/> Window Unit	<input type="checkbox"/> Central Air	<input type="checkbox"/> No Air Conditioning		
Insulation Which of the following does your home have?	<input type="checkbox"/> Attic Total inches _____ Type _____	<input type="checkbox"/> Wall	<input type="checkbox"/> Floor		
Window Type	<input type="checkbox"/> Single Pane	<input type="checkbox"/> Double Pane	<input type="checkbox"/> Storms		

I release Central Arkansas Development Council of all liability while weatherizing my home, and grant permission for photographs and information to be used to document Weatherization success stories via the news media. This includes permission to inspect utility billing records before and following Weatherization work performed for the sole purpose of obtaining data to evaluate the energy conserving effectiveness of the work done, and direct the utility and fuel companies involved to make records available to the above mentioned Weatherization Subgrantee. I understand that Social Security number will be used only for identification purposes and that general statistical information compiled with other households will be used to create a report for funding sources. **I certify that I have been informed of the above agreements and fully understand all provisions. I hereby verify that all information and verification of income provided is true and correct.**

Applicant Signature: _____

Date: _____

Complete this page only if applying for the federally funded DOE Weatherization Assistance Program - WAP

Has anyone in your household received assistance with gas or electric bills from the LIHEAP Program (Home Energy Assistance)? ____ If yes, date: _____

Household Members

Name of household member (<u>Begin with yourself</u>)		Relationship to Head of Household	Social Security Number	Date of Birth / /	Age	Race	Sex M/ F	Educ. Level years	Degree Y/N	Disabled Y/N	Veteran Y/N	Health Insurance Y/N	Full- time Student Y/N	Total Gross Monthly Income
First Name	Last Name													
1.														
2.														
3.														
4.														
5.														
6.														
7.														

List additional members and information on a separate sheet.

Number of Household Members Employed: _____ Name or person(s) employed: _____ Total Gross Monthly HH Income:\$ _____

You Must Provide Proof of All Household Income and the Source.

INCOME SOURCE: (Please check all that apply)

<input type="checkbox"/> Salary / Wages	<input type="checkbox"/> TEA/TANF	<input type="checkbox"/> Social Security	<input type="checkbox"/> Housing
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> SSI	<input type="checkbox"/> Retirement / Pension	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other Income
<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> No Income	<input type="checkbox"/> Child Support	
<input type="checkbox"/> Medical Aid	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Dividends / Interest	

Are any members of your HH legalized Aliens? Y / N If yes, Please list names & dates legalized: List add'l on separate sheet.

Name:	Date:	Name:	Date:
Name:	Date:	Name:	Date:

This Space for Agency Use Only	CRITERIA	POINTS
	Disabled	_____
	Children	_____
	Age	_____
	Income	_____
	Fuel Type	_____
	Housing Condition	_____
	Subtotal	_____
	Length of Time Waiting	_____
	Total Points	_____
Notes:		