

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)

Year Home Built: _____ (Must be built before 1997)

If YES

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

- Empire Electric
- Entergy
- Oklahoma Gas & Electric
- Southwestern Electric Power Company

If primary heating source is gas, it must be one of the following:

- Arkansas Oklahoma Gas
- CenterPoint Energy
- Source Gas

If YES

Complete the Pre-Audit (Self-Assessment). Does your home meet three of the following criteria?

- Attic Insulation less than or equal to R-30
- No wall insulation
- No floor insulation
- Single pane windows with no storm windows
- Heating system less than 70% efficient or non-working unit
- Cooling system with SEER of 8 or less or non-working unit
- Air infiltration of greater than 2,200 CFM at 50 pa in a household of 5 or less
- or -
- 2,700 CFM at 50 pa in a household of more than 5

If YES

You may qualify for the utility-supported Arkansas Weatherization Program. Complete the application. If qualified, each utility will pay up to maximum pay of \$1058. All electric is up to maximum pay of \$2116. Gas utilities require gas as primary heat source.

You may qualify for WAP if your household income is 200% or less of the Federal Poverty Guideline. Waiting list may exist.

Is your household income below 200% of the Federal Poverty Guideline (effective 2/21/12)?

Size of Family Unit	200%
1	\$22,340
2	\$30,260
3	\$38,180
4	\$46,100
5	\$54,020
6	\$61,940
7	\$69,860
8	\$77,780

If YES

You may qualify for the Federally-funded Weatherization Assistance Program. See attached List of Agencies you may apply to.
ATTACHMENT 1

If YES

Do you rent your home?
Complete the section attached (Basic, 3 year agreement and a minimum \$500 contribution from the owner)
ATTACHMENT 2 (lessor agreement)



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 2012 Program Year*
1	\$22,340
2	\$30,260
3	\$38,180
4	\$46,100
5	\$54,020
6	\$61,940
7	\$69,860
8	\$77,780

**Income ranges are updated annually. For family units with more than 8 members, add \$3,960 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 501-776-8446
 or 501-776-9612



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 501-776-8446 or 776-9612.



ARKANSAS DEPARTMENT OF HUMAN SERVICES

ARKANSAS WEATHERIZATION ASSISTANCE PROGRAM



Lessor Agreement

To prevent undue excessive enhancements to rental units resulting from the provision of weatherization services, property owners must sign a contract to participate in the weatherization assistance program and contribute funds toward the total cost of weatherizing each eligible unit. The minimum contribution varies based on the size of the dwelling, resources of the owner, and energy retrofit needs of the unit as determined by a U.S. Department of Energy-approved energy audit.

CONTRACT TO PARTICIPATE IN WEATHERIZATION ASSISTANCE PROGRAM FOR RENTAL HOUSING UNITS

This contract is entered into by and between the **Property Owner** and **Agency** named below.

Property Owner:

Name

Address

Telephone Number

Agency:

Legal Name

Address

Telephone Number

Concerning the real property located at:

Address

City, State, Zip Code

Occupied by **(Tenants):**

Name(s)

Name(s)

Name(s)

Name(s)

Name(s)

Name(s)

The parties listed above mutually agree that:

1. This agreement will be in effect for a period of three (3) years after the date of completion of any work undertaken pursuant to this agreement.
2. Owner engages Agency for the purpose of securing the benefits of weatherization of the above described property, and gives permission for all work, including delivery of materials, as described in the attached Weatherization Work Form. All materials and work shall be subject to federal and state program regulations and limitations as promulgated in the federal register and found in the Code of Federal Regulations, and as promulgated and on file with the Arkansas Secretary of State.

3. All materials and work will conform to all local building and zoning codes, to United States Department of Energy (DOE) and Arkansas Weatherization Assistance Program (WAP) guidelines.
4. The work completed shall begin within sixty (60) days and be completed within one hundred twenty (120) days of the date of this agreement.
5. (a) **Agency** shall contribute money, materials and labor as follows to complete weatherization:

1) The sum of \$ _____ dollars;

2) Materials: _____

3) Labor: _____

(b) **Owner** shall contribute money, materials and labor as follows to complete weatherization:

1) The sum of \$ _____ dollars;

2) Materials: _____

3) Labor: _____

Owner must pay Owner's portion of the cost before materials are ordered and weatherization work begins.

6. Owner agrees to rent on the dwelling unit(s) covered by this agreement for a period of one (1) year from the date work is completed.
7. Owner agrees not to evict Tenant(s) named in this agreement for a period of three (3) years from the date work is completed so long as Tenant(s) complies with all ongoing obligations and responsibilities owed to Owner.
8. In the event a new Tenant(s) is required for the dwelling unit(s) named in this agreement before the three (3) years reference in item 7 above, Owner agrees to rent the dwelling to a Weatherization-eligible household with gross monthly income equal to or less than 200 percent of the current federal poverty guidelines (attach current guidelines).
9. Owner represents that the premises are not presently being offered for sale. Owner agrees to give Agency thirty (30) days written notice of intent to sell before the property is offered for sale, and ten (10) days notice prior to any conveyance of title. Owner agrees that Agency will receive the buyer's written agreement to assume Owner's obligations under this agreement at least ten (10) days prior to conveyance.
10. Agency and Owner agree that Tenant(s), present and future, are the intended beneficiaries of the Weatherization Assistance Program and that Tenant (s) may enforce this agreement. Owner agrees to provide a copy of this agreement to any and all future Tenants while this agreement is in effect.
11. Owner shall receive any interest accruing from any escrow account funded wholly by Owner for purposes directly and exclusively related to this agreement.
12. In the event of the Owner defaults on or materially breaches any term of this agreement, the Owner shall be liable for liquidated damages, immediately due and payable to Agency, to be computed as follows: one thirty-sixth (1/36) of the total cost of weatherization not borne by the owner shall be deducted for each full month between the date of completion of weatherization work and the date of the Owner's default or breach. The remainder shall be paid as liquidated damages.

- 13. Owner must register any complaints or concerns regarding materials or quality of work with Agency within ten (10) days of notification by Agency that work has been completed.
- 14. Any disputes arising between Owner and Tenant regarding Owner's approval of completed work shall be referred to Agency. If Tenant or Owner is not satisfied with Agency's decision, the dispute shall be referred to the Department of Human Services, Office of Community Services, which shall make a decision and shall furnish a written decision to all parties, along with a written explanation of the parties' appeal rights. Any other disputes arising under this agreement shall be referred directly to the Department of Human Services, which shall make a decision and shall furnish a written decision to all parties along with a written explanation of the parties' appeal rights.
- 15. The parties represent and agree not to discriminate either individually or in concert on any basis, including race, color, religion, sex, national origin, disability, or age.
- 16. Terms of this contract shall be binding on the parties, their heirs, executors, administrators, representatives, successors, and assigns. The contract can be amended only by written agreement of all parties. The contract cannot be amended after weatherization work has begun.

Please print your name, sign and date below to signify your agreement with all terms and conditions contained herein.

Owner Name

Signature

Date

Agency Representative Name

Signature

Date

**EXHIBIT A:
Eligible Dwelling Units and Rents**

The dwelling units to be weatherized by the Agency under the attached Contract are as follows:

Address: _____

Unit Number or Description: _____

Monthly Rent: _____ Date Rent Verified: _____

Address: _____

Unit Number or Description: _____

Monthly Rent: _____ Date Rent Verified: _____

Address: _____

Unit Number or Description: _____

Monthly Rent: _____ Date Rent Verified: _____

Address: _____

Unit Number or Description: _____

Monthly Rent: _____ Date Rent Verified: _____

Address: _____

Unit Number or Description: _____

Monthly Rent: _____ Date Rent Verified: _____

Address: _____

Unit Number or Description: _____

Monthly Rent: _____ Date Rent Verified: _____

EXHIBIT B:
Agency's Scope of Work

The Agency's *Building Check and Job Order Sheet* (WAP 16) may be attached as Exhibit B providing it clearly outlines that work and only that work to be performed by the Agency under the Weatherization Assistance Program.

Initials: _____
Owner

Agency

**EXHIBIT D:
Tenant Rights**

Tenant (Print Name): _____

Residing At: _____

Owned by (Print **Owner's** Name): _____

Understand that the **Contract** between **Owner** and **Agency** stipulates that:

1. Rent on the above referenced premises shall not be raised for a period of 12 months following the completion of weatherization work.
2. I shall not have the lease terminated on my tenancy without legal cause for a period of three years following completion date of weatherization work.
3. **Owner** shall not sell premises unless the **Buyer** agrees to assume all obligations contained in the above-referenced **Contract** with the **Agency**.

Tenant Signature

Agency Signature

Original document stays with the **Agency**.
One copy goes to the **Owner**.
One copy goes to the **Tenant**.



321 Edison

Post Office Box 580

Benton, AR 72018

(501) 776-8446 Fax (501) 326-6335

Property Owner:

Name
Address
City, State Zip

Concerning the real property located at:

Address
City, State, Zip Code

Occupied by Tenant(s):

Dear Property Owner:

Enclosed, please find a Lessor Agreement. The tenant who resides at the property owned by you has applied for weatherization o that residence by Central Arkansas Development Council's (CADC) Weatherization Assistance Program.

In order for CADC to weatherize the home, state regulations require our Agency to collect a fee of \$500.00 (five hundred) before conducting an energy audit of this residence.

A detailed energy audit will be conducted by one of our auditors to gather specific information of the home. Following is a list of measures that may be recommended by a computerized energy audit. The computerized energy audit will only recommend those measures that re cost effective. Those recommended measures are the only items allowable for weatherization installation.

- Attic, Wall, or Floor Insulation
AC or Heat System Tune-up or Replacement
Storm Window
Double-pane vinyl window
Exterior Door
Refrigerator Replacement
Compact fluorescent Bulbs
General air sealing such as caulking, glazing, weatherstripping etc.
Note: Any excessive enhancements owned by the landlord such as refrigerator, air conditioner, heat system or water heater that are recommended for replacement will require a 25% contribution of the total cost of the item(s) from the landlord.

Please indicate below by checking the appropriate box as to whether you will or will not allow the residence to be weatherized. If you mark "yes" you are stating that you are willing to pay the \$500 in advance of audit and services. Please check the property to be sure the residence is eligible. If problems are found, (such as structural or mechanical problems, rotted or termite infested walls and floors, wiring problems, moisture problems, health and safety issues for the client or the workers, sewage or other sanitary problems, poor condition of lead paint, hoarding or excessive clutter, etc.) the recommended measures will not be installed. If an historic area, recommended measures may be limited. Do not sign the lessor agreement yet.

Please mark your choice and return in the enclosed self-addressed envelope.

[] YES, I am willing to allow weatherization of my property listed above and agree to pay the fee of \$500.

[] NO, I would NOT like to participate in the Weatherization Assistance Program at this time.

Landlord Signature: Date:

If you require additional information, please contact our Weatherization Office at (501) 776-8446.



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: 501-776-8446.

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)	

*Provide current verification of income. Income will be re-evaluated 30 days prior to assistance.
*Provide copy of ELECTRIC and GAS bill

Race (Optional):	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian	<input type="checkbox"/> Asian <input type="checkbox"/> Pac. Islander <input type="checkbox"/> Other	Citizenship:	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Permanent Resident (As of date) _____	Individual w/ Disabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gross Mo. Income*:	\$ _____
Income Source(s):										
		<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						

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	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
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"/> Retirem't/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"/> Retirem't/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"/> Retirem't/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"/> Retirem't/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"/> 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 _____) <input type="checkbox"/> Lease to Purchase (YR Built _____) <input type="checkbox"/> Rent (Provide landlord information)	Landlord Name: _____ Address: _____ City, State, Zip Code: _____
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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:	<input type="checkbox"/> Single house	<input type="checkbox"/> Apartment	<input type="checkbox"/> Duplex or similar unit	<input type="checkbox"/> Mobile home				
Exterior Type:	<input type="checkbox"/> Veneer/ Masonry or Stucco	<input type="checkbox"/> Wood/Masonite Siding	<input type="checkbox"/> Brick/Stone	<input type="checkbox"/> Vinyl/Metal				
Primary Heating Fuel:	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Other Gas	<input type="checkbox"/> Electricity	<input type="checkbox"/> Wood	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Other	<input type="checkbox"/> No Heat
Primary Heating Equipment:	<input type="checkbox"/> Central Heat	<input type="checkbox"/> Space Heater	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Other	<input type="checkbox"/> No Heat	
Air Conditioning:	<input type="checkbox"/> Window Unit	<input type="checkbox"/> Central Air	<input type="checkbox"/> No Air Conditioning					
Insulation:	<input type="checkbox"/> Attic	<input type="checkbox"/> Wall	<input type="checkbox"/> Floor					
Window Type:	<input type="checkbox"/> Single pane	<input type="checkbox"/> Double pane	<input type="checkbox"/> Storm windows					

RELEASE

I, _____ (Print Name), release Central Arkansas Development Council (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** _____

FOR OFFICIAL USE ONLY:			
Application Received: _____	Funding Source: <input type="checkbox"/> AWP	<input type="checkbox"/> Reg. DOE	<input type="checkbox"/> ARRA
Application Approved: _____	<input type="checkbox"/> Co-op	<input type="checkbox"/> Other	
Client Database Job #: _____			
ELIGIBILITY VERIFICATION – AT INTAKE*		ELIGIBILITY VERIFICATION – AT WEATHERIZATION*	
Priority Points TOTAL: _____	Federal Poverty Level	Priority Points TOTAL: _____	Federal Poverty Level
Age/HH size _____	<input type="checkbox"/> ≤75% <input type="checkbox"/> 76-100%	Age/HH size _____	<input type="checkbox"/> ≤75% <input type="checkbox"/> 76-100%
Income _____	<input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150%	Income _____	<input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150%
SSI/AFDC (if minus points for income) _____	<input type="checkbox"/> ≥150%	SSI/AFDC _____	<input type="checkbox"/> ≥150%
Fuel Type _____	Annual Gross Income	Fuel Type _____	Annual Gross Income
Disabled _____	_____	Disabled _____	_____
Children _____	Verification Date	Children _____	Verification Date
Housing Condition _____	_____	Housing Condition _____	_____
Energy Burden _____		Energy Burden _____	
		Waiting Time _____	