



WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

Enclosed is your Weatherization Program application. The federal guidelines require verification of all income claimed for anyone living in the household whose age 18 and over. The following checklist states everything needed for an application to be complete:

- Proof of your household’s gross income for the past thirty days from the date you sign the application, including all sources of income.
 - Pay stubs, social security and/or retirement/pension benefit verification letters, etc.
 - If proof of income cannot be provided fill the “Declaration of Income Statement Form”.

Family Size	2017 LIHEAP Annual Income	Monthly Income
1	\$18,090	\$1,507
2	\$24,360	\$2,030
3	\$30,630	\$2,552
4	\$36,900	\$3,075
5	\$43,170	\$3,597

- Proof of U.S. Citizenship or Natural Residency
 - Birth Certificate and Photo ID or Passport
 - Qualified Alien Status documentation (Permanent Resident I-155 Card or other immigration documentation proving legal status to receive federal benefits).
 - Please Note: This requirement is for the applicant only.
- Copy of your electric and/or gas utility bills
 - Please make sure that your account number is visible.
 - We cannot accept disconnection notices
- The consumption release section must be completed with the account holder’s name and signature.

RETURN COMPLETED APPLICATIONS TO:

AACOG WEATHERIZATION DEPARTMENT
 8700 TESORO, SUITE 160
 SAN ANTONIO, TX 78217-6228
 PHONE: (210) 362-5282 FAX: (210) 225-5937 EMAIL: WAP@AACOG.COM



APLICACIÓN DEL PROGRAMA DE ASISTENCIA A LA WEATHERIZATION

Adjunto está su aplicación del Programa de Climatización. Las pautas federales requieren la verificación de todos los ingresos reclamados por cualquier persona que viva en el hogar cuya edad de 18 años y más. El seguimiento lista de comprobación indica todo lo necesario para que una aplicación sea completa:

- Prueba del ingreso bruto de su hogar durante los últimos treinta días a partir de la fecha en que usted firma la solicitud, incluyendo todas las fuentes de ingreso.
 - Talones de pago, cartas de verificación de la seguridad social y / o de jubilación / pensión, etc.
 - Si no puede presentarse comprobante de ingresos, llene la "Declaración de Declaración de Ingresos".

Tamaño de la familia	2017 LIHEAP Ingresos Anuales	Ingreso mensual
1	\$18,090	\$1,507
2	\$24,360	\$2,030
3	\$30,630	\$2,552
4	\$36,900	\$3,075
5	\$43,170	\$3,597

- Prueba de Ciudadanía de los Estados Unidos o Residencia Natural
 - Certificado de nacimiento e identificación con foto o pasaporte
 - Documentación sobre la condición de extranjero calificado (tarjeta de residente permanente I-155 u otra documentación de inmigración que demuestre su estatus legal para recibir beneficios federales).
 - Nota: Este requisito es solo para el solicitante.
- Copia de sus facturas de electricidad y / o gasolina
 - Asegúrese de que su número de cuenta es visible.
 - No podemos aceptar avisos de desconexión
- La sección de liberación de consumo debe completarse con el nombre y la firma del titular de la cuenta.

DEVUELVA LAS SOLICITUDES COMPLETADAS A:

AACOG WEATHERIZATION DEPARTMENT
 8700 TESORO, SUITE 160
 SAN ANTONIO, TX 78217-6228
 PHONE: (210) 362-5282 FAX: (210) 225-5937 EMAIL: WAP@AACOG.COM



Weatherization Assistance Program Application
 8700 Tesoro Drive, Suite 160
 San Antonio, TX 78217
 Phone: (210) 362-5282 Fax: (210) 225-5937 Email: wap@aacog.com



Applicant Information

Full Name:		
Physical Address:		
Mailing Address:		
City:	Zip Code:	County:
Home Phone:	Mobile Phone:	Work Phone:
Email Address:		

Secondary Contact (not living in the household)

Full Name:		Relationship:
Home Phone:	Mobile Phone:	Work Phone:
Email Address:		

Household Information

Is there a household member with military service or surviving spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your home been assisted with weatherization measures? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes; date
Year Built: _____	<input type="checkbox"/> Site Built	<input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home
Are you a: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter		If Renter; Landlord Name
Landlord Address		
Home Phone:	Mobile Phone:	Work Phone:
Email Address:		

Building/Energy Information:

What type of energy is used to heat the home?	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Bottled Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other
What type of heating unit is used in the home?	<input type="checkbox"/> Central <input type="checkbox"/> Unvented Space Heater <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Electric Heat Pump <input type="checkbox"/> None
How many cooling units?	<input type="checkbox"/> Window Units ___ <input type="checkbox"/> Evaporative Cooler ___ <input type="checkbox"/> Central ___ <input type="checkbox"/> None
Existing Water Heater? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Other <input type="checkbox"/> Leaking
Stove Type? <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric	Does the home have insulation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attic <input type="checkbox"/> Wall
Does the home need repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Roof Leaks <input type="checkbox"/> Foundation Issues <input type="checkbox"/> Water Stains <input type="checkbox"/> Broken Windows

Household Members and all Sources of Income

Full Name	Relationship	Monthly Gross Income	U.S. Citizen	Birth date	Gender	Ethnicity	Disabled	Social Security #
	Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PW PI
 UB SAV
 CON ELI

Referral: City of Boerne Utilities

Previous WAP _____
 Intake: _____
 Date: _____

12 Month Customer Billing Consumption Release Form

Agency: Alamo Area Council of Governments

Account Holder:

Address:

City:

Zip Code:

Phone:

Electric Company:

Account #:

Gas Company:

Account #:

I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumption histories, both past and future, to extend the information is used only to determine program eligibility and to provide data.

Signature (name as it appears on utility bill)

Date:

Print Name (name as it appears on utility bill)

Verification

APPLICANTS AUTHORIZATION, UNDERSTANDING AGREEMENT

My answers to all the previous questions, the statements I have made and the information I have provided are true and correct to the best of my knowledge. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I will also provide with any information necessary to verify my eligibility.

If I am eligible for weatherization services, I give permission to allow work on the residence listed on this form, I will cooperate fully with AACOG, State and Federal personnel making myself available all phases of the Program (assessment, installation, City inspection, final inspection and quality control review) Failure to do so could result in forfeiture of the (1) year warranty on the measures installed.

I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

PENALTIES FOR FRAUD!

I am aware that I am subject to prosecution for providing false or fraudulent information or for omitting information that may affect my eligibility for benefits. Whoever obtains or attempts to obtain services for which he/she is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

AUTORIZACIÓN, ACUERDO, Y ENTENDIMIENTO DEL SOLICITANTE

Mis respuestas a todas las preguntas anteriores y las declaraciones que he hecho son verdaderas y correctas según mi leal saber, entender y creencia. Autorizo al "Texas Department of Housing and Community Affairs" y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar o solicitar información necesaria para la determinación de elegibilidad. Acepto responsabilidad de dar al Departamento cualquier información que se necesite para verificar mi elegibilidad. De ser elegible para recibir los servicios de Climatización del Hogar, doy permiso para que se hagan reparaciones a la residencia identificada en esta solicitud. Cooperare plenamente con personas de AACOG, el Gobierno Estatal y Federal estando disponible durante todas las fases del servicio (evaluación inicial, instalación, Inspección de la Ciudad e Inspección final), cual en lo mismo se incluyen estudios tocantes la calidad del trabajo. De no cumplir con esta condición invalidará la garantía de un (1) año por los servicios recibidos.

Me han avisado y entiendo que esta solicitud será considerada sin distinción de raza, color, religión, credo, origen nacional, sexo o creencia política.

Applicant Signature:
Firma del Solicitante:

Date:
Fecha:

Signature of Individual completing application on applicants behalf:
Firma del Individuo completando la solicitud en nombre del solicitante:

Date:
Fecha:

**DECLARATION OF INCOME STATEMENT
(DECLARACION DE INGRESOS)**

Applicant Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
Address (Dirección)	City (Ciudad)	Zip Code (Código Postal)

State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 días antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
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Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)

My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):*

I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveida de los ingresos es verdadera y correcta según mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido información falsa ó fraudulenta.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)