



## Weatherization Assistance Program (WAP) Application for Assistance

**1. Application Information:**

**Date:** \_\_\_\_\_ **Parish:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Street Address/Mailing:** \_\_\_\_\_ **City/St/Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**To be completed by the Contractor:**

Eligible		Dwelling Unit Type		WAP Rank	
# of Occupants	# Disabled	# Children 0-2	# Children 3-5	# Children 6-17	

**2. Fuel Usage Information:**

Utility Name	Account #	Name On Bill	Energy Cost	Utility Allowance

**3. Fuel Type for Heating:** \_\_\_\_\_

**4. Household Information:**

Name	SSN	Disabled	Race	Sex	Date of Birth	Age

**LHC WAP: Application for Assistance**

**5. Family Income Information:**

Name	Income Type	Employer Name	Monthly Income	Frequency
<b>Total Family Income</b>				

**6. Do any household members have pre-existing or potential health conditions to take into consideration for weatherization of the residence? Circle Yes or No**

Please contact the person listed below with any potential health condition issues:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**7. Type of home: (Circle One)**

- Single Family House – Owner Occupied
- Single Family House – Renter Occupied – Owner Contact: \_\_\_\_\_
- Mobile Home – Owner Occupied
- Mobile Home – Renter Occupied – Owner Contact: \_\_\_\_\_
- Duplex – Owner Occupied
- Duplex – Renter Occupied – Owner Contact: \_\_\_\_\_
- Apartment (2-4 units per building) – Renter Occupied – Owner Contact: \_\_\_\_\_
- Apartment (5 or more units per building) – Renter Occupied
- Other \_\_\_\_\_

**8. What year was the home built? \_\_\_\_\_**

**9. Has the home received any weatherization services in the past? Circle Yes or No**

If so, when? \_\_\_\_\_

**Who performed the past services? (Circle One)**

- The contractor listed above
- Louisiana Housing Corporation (LHC)
- U.S. Department of Housing and Urban Development (HUD)
- U.S. Department of Department of Agriculture (USDA) – Rural Development (RD)
- City or Parish Government
- Utility Company (i.e. Entergy, Cleco, Atmos, etc.) \_\_\_\_\_
- Private funds
- Other \_\_\_\_\_

## LHC WAP: Application for Assistance

### AUTHORIZATION TO RELEASE INFORMATION:

I understand that the personal information furnished by me to process my WAP application for assistance is confidential information. I understand that providing authorization to release information is not required for me to obtain services under the Weatherization Assistance Program (WAP) and is strictly voluntary.

I authorize Louisiana Housing Corporation to release or disclose all or parts of the information in my client file to outside sources for the purposes of statistical research only.

Yes

No

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

\_\_\_\_\_  
Date

### APPLICANT ASSURES THAT:

- I have furnished true and correct information regarding household income and agree to promptly report any changes in the household income or number of individuals living at the listed address.
- I grant the Agency and the Louisiana Housing Corporation full permission to verify any and all information with both public and private sources or any entity, which may have furnished me, services.
- I understand that if I receive services for which I am ineligible because of false information, I may be required to repay the Louisiana Housing Corporation.
- I understand that I have a right to request a fair hearing from the Louisiana Housing Corporation if I feel that the decision regarding services requested is unfair or that my civil rights have been violated. The contractor staff person completing this application has read these assurances to me; I fully understand this agreement and have been given an opportunity to ask questions.
- I understand that by signing this document that I attest to the truth of all information provided (either verbally or in writing) to the Louisiana Housing Corporation and the Contractor named in item # 1 of this form. I understand that failure to provide complete, accurate information may result in me having to repay cost associated with the weatherization work. I further,
  - Give permission for the agency to weatherize my home.
  - Certify that I live at the listed address and am responsible for payment of utility bills at that address.
  - Authorize utility supplier(s) to furnish billing records before and after WAP services are applied to my home.
  - Release the Louisiana Housing Corporation and the Contractor named in item # 1 of this form, from all liability while weatherizing my home.
  - Grant permission for photographs and information to be used to document and publicize weatherization.
  - Certify that property is not scheduled for acquisition or clearance under a government program.

**Right to an Appeal and Fair Hearing:** If you believe that you have been treated unfairly or a mistake has been made about your eligibility for services; you have the right to request a fair hearing. This means that you will be given an appeal hearing by the Louisiana Housing Corporation at which time you will be able to present your side for review by persons who will assure that you are treated fairly. Your right to request a fair hearing applies to any of the following.

1. Any decision made by the contractor concerning eligibility redetermination for services or the amount, continuation, termination, or reduction of services.
2. Failure by the contractor to act with reasonable promptness on a request for services.

Before you request a fair hearing, you or your representative may discuss your concerns with a worker or supervisor of the contractor agency for an explanation of the reason for the agency's action. If you are still dissatisfied, you may request a fair hearing within 30 days after the agency's decision by competing and signing below and mailing this form to the Louisiana Housing Corporation, 11637 Industriplex Blvd., Baton Rouge, LA 70809. You will be notified of the date and place of the fair hearing at which time you can represent your self or authorize someone else such as legal counsel, relative or friend. I wish to request a fair hearing because.

### Civil Rights:

If you believe you have been discriminated against because of race, color, religion, sex, age, familial status, national origin, and/or disability status, you may file a complaint either through the contractor agency or directly to the Louisiana Housing Corporation, 11637 Industriplex Blvd., Baton Rouge, LA 70809 (225) 763-8700; or to the Office of the Governor, Louisiana Commission on Human Rights, P.O. Box 94094, Baton Rouge, LA 70804.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker's Signature \*

\_\_\_\_\_  
Date

\*In signing this form, the worker certifies that the above stated assurances, authorizations, right to appeal and fair hearing statement and Civil Rights statement have been read, explained, and a copy given to the applicant.

## Lessor / Owner Agreement

Contractor: \_\_\_\_\_

I am the lessor/owner of the dwelling unit located at \_\_\_\_\_

for which the lessee/applicant, \_\_\_\_\_

has applied to receive Weatherization Assistance Program services through the above named Contractor agency.

I give my permission for the above contractor to install weatherization measures to the dwelling unit in accordance with the Department of Energy and State of Louisiana regulations.

I agree to release the above contractor of all liability while weatherizing the dwelling unit described above.

I confirm that the lessee/applicant (or a person in his/her household) is responsible for the payment of all cost associated with the utilities at the above address.

The lessee/applicant authorizes any utility vendor(s) to make the billing records available to the contractor or its designee, prior to and subsequent to the installation of weatherization measures, for the purpose of evaluating the effectiveness of the energy savings measures of the weatherization assistance services. The vendor(s) is (are):

Vendor # 1. \_\_\_\_\_ Acct. # \_\_\_\_\_

Vendor # 2. \_\_\_\_\_ Acct. # \_\_\_\_\_

I, and the lessee/applicant, grant permission for photographs and non-confidential information concerning the above unit to be used to document and/or publicized the weatherization assistance program.

I, and the lessee/applicant acknowledge that the current monthly rent is \$ \_\_\_\_\_. For one year, I will not evict the tenant unless the tenant is in violation of a valid lease agreement clause. In the event of a rent increase and/or unlawful eviction, I will reimburse the contractor the total cost of the weatherization work done on the unit.

This agreement becomes effective on the date when the weatherization assistance work has passed a satisfactory post inspection by the contractors' inspector, and is acceptable to and approved by the lessee/applicant as verified by their dated signature. It expires on the date the first rent payment is due after the 365 days have passed following the acceptance and approval date of the work performed.

Signature of Lessee/Applicant	Date
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Signature of Lessor/Owner	Date
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Signature of Contractor Representative	Date
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**This form must be attached to the application.**