



ARKANSAS

ENERGY & ENVIRONMENT



ARKANSAS ENERGY OFFICE 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: _____

APPLICANT INFORMATION

First Name	Middle Name	Last Name	SSN		
			/ /		
Street Address	Apt. #	City	Zip Code	County	Date of Birth
Mailing Address (if different)		City	Zip Code	County	
Primary Phone	Secondary Phone	Email Address (if any)			
Do you currently receive:	<input type="checkbox"/> LIHEAP	<input type="checkbox"/> SSI	<input type="checkbox"/> TANF	<input type="checkbox"/> HUD	
FOR STATISTICAL PURPOSES ONLY					
RACE: <input type="checkbox"/> American Indian or Alaska Native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black or African American (3) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (4) <input type="checkbox"/> White (5) <input type="checkbox"/> Multi-race (6) <input type="checkbox"/> Other (7) <input type="checkbox"/> Unknown/Not Reported (8)					
ETHNICITY: <input type="checkbox"/> Hispanic, Latino, or Spanish Origins (1) <input type="checkbox"/> Not Hispanic, Latino, or Spanish Origins (2) <input type="checkbox"/> Unknown/Not Reported (3)					
GENDER: <input type="checkbox"/> Male (1) <input type="checkbox"/> Female (2) <input type="checkbox"/> Other (3) <input type="checkbox"/> Unknown/Not Reported (4)					
CITIZENSHIP: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal permanent resident, as of ____/____/____					

INCOME: *ATTACH DOCUMENTATION OF INCOME*

Gross Monthly Income: \$ _____ **Income:** ☐ Salary/Wages ☐ Retirement/Pension ☐ Social Security
☐ Unemployment ☐ Self Employment ☐ Other _____

Do you receive disability benefits? ☐ Yes ☐ No If yes, source? _____

OTHER HOUSEHOLD MEMBERS

Name (First, Last)	Relationship to Applicant	Birth Date MM/DD/YY	Gender (See Above-- Enter number)	Race (See Above-- Enter number)	Ethnicity (See Above-- Enter Number)	*Attach documentation of income for each household member*
						Income Source (s): \$ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:						Income Source (s): \$ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
						Income Source (s): \$ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:						Income Source (s): \$ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
						Income Source (s): \$ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:						Income Source (s): \$ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
						Income Source (s): \$ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:						Income Source (s): \$ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
						Income Source (s): \$ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:						Income Source (s): \$ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No

HOME INFORMATION

Has this home been weatherized in the past with Federal Funds? ☐ Yes ☐ No

If yes, when (Year)? _____ Year Home Built _____

Home Ownership:	<input type="checkbox"/> Own or Pay Mortgage	Landlord Name: _____
	<input type="checkbox"/> Lease to Purchase	Address: _____
	<input type="checkbox"/> Rent (Provide landlord information)	City, State, Zip Code: _____

How long have you lived at this address? _____

Directions to Address: _____

Residence Type:	<input type="checkbox"/> Single House	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Duplex/Triplex/Quadplex	<input type="checkbox"/> Apartment
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"/> Propane	<input type="checkbox"/> Electricity	<input type="checkbox"/> Wood <input type="checkbox"/> Other: _____
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 Heating Equipment	
Is Heating Working:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is AC Working?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Air Conditioning:	<input type="checkbox"/> Window Unit	<input type="checkbox"/> Central Air	<input type="checkbox"/> No Air Conditioning	
Existing 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	

UTILITIES

Electric Company Name: _____ Account Number: _____ Name on Account: _____

Gas Company Name: _____ Account Number: _____ Name on Account: _____

Do you CURRENTLY receive help paying utility bills? ☐ Yes ☐ No

Would you like information about applying for assistance paying utility bills? ☐ Yes ☐ No

HEALTH RISK

Do any household members have health risks, such as respiratory problems or oxygen for breathing, that prohibit the disturbance of air in the home? _____ If yes, please provide additional information: _____

RELEASE

I, _____ (Print Name), release _____ (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 via TV and print news media, newsletters, brochures, Websites, etc. ☐ Yes ☐ No

I further grant permission for the Arkansas Weatherization Assistance Program, grantees and successors, to obtain and review utility billing records for my 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 all information provided on this application is true and correct under penalty of perjury.

Applicant Signature _____ **Date** _____