



SOUTHWEST HRA

WEATHERIZATION ASSISTANCE PROGRAM

INSTRUCTION SHEET



PLEASE COMPLETE THE ENCLOSED WEATHERIZATION APPLICATION IN THE FOLLOWING MANNER:

- "PART 1" APPLICANT INFORMATION: PLEASE ANSWER ALL QUESTIONS CONCERNING THIS PART OF APPLICATION.
- "RACE" THIS INFORMATION IS FOR DATA COLLECTION PURPOSES ONLY)
(SWHRA WILL ENSURE THAT NO PERSON ON THE BASIS OF HANDICAP, RACE, COLOR, RELIGION, AGE OR NATIONAL ORIGIN WILL BE EXCLUDED FROM PARTICIPATION IN, OR BE DENIED BENEFITS OF, OR BE OTHERWISE SUBJECTED TO DISCRIMINATION IN THE OPERATION OF THE WEATHERIZATION PROGRAM)
- "PART 2" HOUSING INFORMATION: PLEASE CHECK ALL APPROPRIATE ANSWERS
- "PART 3 A" CATEGORICAL ELIGIBILITY: PLEASE CHECK ALL APPROPRIATE ANSWERS IF YOU HAVE A HANDICAPPED OR DISABLED PERSON IN YOUR HOUSEHOLD, PLEASE STATE CONDITION (THIS IS SELF DECLARED)
- "PART 3 B" INCOME ELIGIBILITY: PLEASE LIST ALL HOUSEHOLD MEMBERS (NAMES, SOCIAL SECURITY NUMBER, DATE OF BIRTH, RELATION TO HOUSEHOLD, AND INCOME)
- "PART 3 C" LIHEAP INFORMATION: DID YOU APPLY FOR LIHEAP ASSISTANCE, YEAR _____
- "PART 4" APPLICANT CERTIFICATION STATEMENT: APPLICANT MUST SIGN AND DATE

FORMS THAT MUST BE INCLUDED WITH APPLICATION

- 1 === VERIFICATION OF ALL HOUSEHOLD INCOME (ALL DOCUMENTS OF INDIVIDUAL INCOME MUST IDENTIFY THE APPLICANT, OR APPLICANT'S HOUSEHOLD BY EITHER NAME, OR SOCIAL SECURITY NUMBER.)
- 2 === A HOME OWNER OR RENTAL AGREEMENT FORM (IF RENTAL - HOMEOWNER MUST SIGN)
- 3 === DIRECTIONS SHEET/MEDICAL INFORMATION FORM: - PLEASE TRY TO GIVE ACCURATE DIRECTIONS TO YOUR HOME
- 4 === FUEL RELEASE FORM - INFORMATION USED TO PROVIDE DATA TO PROGRAM
- 5 === VERIFICATION OF OWNERSHIP OF YOUR HOME (EXAMPLE COPY OF TAX CARD OR COPY OF DEED) (IF YOU RENT, WE STILL HAVE TO HAVE A COPY OF TAX CARD)
- 6 === A CURRENT (WITHIN PAST 12 MONTHS) COPY OF YOUR UTILITY BILL (ELECTRIC/GAS, ETC)

*****PLEASE DO NOT SEND THE APPLICATION TO THE CENTRAL OFFICE UNTIL ALL INFORMATION IS COMPLETED*****

**SOUTHWEST HUMAN RESOURCE AGENCY
APPLICATION FOR WEATHERIZATION ASSISTANCE**

PART 1 - Applicant Information (Please Print)

Applicant Name: _____ Telephone Number: _____ County: _____
 Address: _____ City: _____ Zip: _____
 Mailing Address: (if different) _____ City: _____ Zip: _____

Is your house HUD or Section Funded? _____ What year was your home built? _____
Has your home ever been weatherized by SWHRA? _____ If Yes, what year? _____

PART 2 - Housing Information (Please check as appropriate):

Type of Structure: Single Family _____ Owner Occupied _____ Rental _____ Public Housing _____ Private Multi-Unit _____ One Story _____
 Two Story _____ Three Story _____ Split Level _____ Mobile Home _____
 Exterior Type: Wood/Masonite _____ Aluminum/Steel/Vinyl _____ Stucco _____
 Brick/Stone _____ none _____ or Other _____
 Primary Heating Source: Electric _____ Nat. Gas _____ LP Gas _____ Wood _____ Kerosene _____
 Square Feet: _____

If you rent your dwelling unit, please provide the following landlord information:

Landlord Name: _____ Telephone Number: _____
 Landlord Address: _____
 City _____ State _____ Zip _____

PART 3 A - Categorical Eligibility

- Does any member of your household receive Supplemental Security Income (SSI) or cash assistance under the Families First Program?
 Yes _____ No _____. If "yes", please attach any documentation of this income, and sign and date.
- Adult Protective Service Referral? Yes _____ No _____
- Household with high energy burden? Yes _____ No _____
- Do you receive regular financial assistance for a disability? Yes _____ No _____
- Do you have a permanent disability? Yes _____ No _____
- If you claim handicapped status, describe your handicapping condition in your own words.
 (Formal verification not required) _____

PART 3 B - Income Eligibility

Income documentation **MUST** be attached for all household income. Please complete information for all household members:

| Name List Applicant First | Sex | Race | Relation | Marital | Disabled | Social Security # | D.O.B. | Med Ins | Education | INCOME | AMOUNT |
|------------------------------|-----|------|----------|---------|----------|----------------------|--------|---------|-----------|--------|--------|
| | | | HH | | Y or N | | | Y or N | | Y or N | |
| | | | | | Y or N | | | Y or N | | Y or N | |
| | | | | | Y or N | | | Y or N | | Y or N | |
| | | | | | Y or N | | | Y or N | | Y or N | |
| | | | | | Y or N | | | Y or N | | Y or N | |
| | | | | | Y or N | | | Y or N | | Y or N | |

PART 3 C - Liheap information - Did you apply for LIHEAP Assistance _____, If Yes, what year _____

PART 4 - Applicant Certification Statement

I certify that all of the information provided in this application for weatherization assistance is true and correct. I further certify that my home has not been weatherized by SWHRA since 1993. I understand that any one who fraudulently covers up a material fact or who knowingly gives false information for the receipt of weatherization assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge that I have been informed of my appeal rights. I understand that I will be notified in writing of my eligibility status.

 Applicant Signature Date
Pursuant to federal law (5 United States Code 552(b)(6) and 10 Code of Federal Regulations 600.153(f)), identifying information provided by you for determination of your eligibility for Weatherization Assistance and for the provision of services from the program will be considered confidential and, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for purposes directly related to the administration of the Weatherization Program.

FOR AGENCY USE ONLY

Are there any known plans for the government acquisition or clearance of dwelling unit: Yes _____ No _____ (If "yes", the TDHS is to be notified before any action is taken on the application.)

Total Annual Household Income Determined: \$ _____ Categorically Eligibility: Yes _____ No _____

Application Status: Approved _____ Denied _____ Priority Points: _____

 Signature of Intake Worker Date Signature of Determining Official Date

**SOUTHWEST HUMAN RESOURCE AGENCY
WEATHERIZATION ASSISTANCE PROGRAM AGREEMENT FOR
PROVISION OF SERVICES TO RENTAL UNITS**

This Agreement is entered into this _____ day of _____, 20____, by and between _____, hereinafter referred to as the Owner (or authorized agent), and SOUTHWEST HUMAN RESOURCE AGENCY, hereinafter referred to as the Agency.

This Agreement is for the provision of work under the Weatherization Assistance Program (WAP) for the property leased to _____ (WAP Applicant's Name) at the following address:

_____, City _____, State ____, Zip _____,
and is subject to the following conditions:

1. The benefits of the weatherization assistance provided shall accrue primarily to the low income lessee;
2. The rent for the property identified above shall not be raised for a period of one year from the completion date of the weatherization work, unless the increase is demonstrably related to matters other than the weatherization work performed;
3. The Owner (or authorized agent) agrees that the lessee of the property identified above will not be evicted without legal cause (non-payment of rent, etc.) for a period of one year from the date of the completion of the weatherization work;
4. If a complaint regarding a rent increase or eviction action is received by the Agency from the lessee of the property identified above, the owner (or authorized agent) agrees to immediately provide the Agency, upon request, written information that the terms of this Agreement have not been violated.
5. No undue or excessive enhancement shall occur to the value of the property identified above;
6. There is no known plan for government acquisition or clearance of the property identified above within 12 months of its weatherization under the WAP;
7. Permission is granted for the Agency to conduct or to make arrangements for the following activities:
 - a. Survey and Inspection of building inside and outside;
 - b. Installation of weatherization materials as authorized;
 - c. Supervision of installation;
 - d. On-site inspection of all completed work; and
 - e. Such other particulars as may be attached to this agreement;
 - f. The terms of this Agreement shall be binding on the parties hereto, their heirs, executors, administrators, representatives, successors and assigns; and
 - g. If this Agreement is not adhered to by the Owner (or authorized agent), the cost of the weatherization improvements shall be reimbursed by the Owner to the Agency.

In witness whereof, the parties have set their signatures herein:

Owner/Authorized Agent:

Address: _____

(Signature)

(Date)

SOUTHWEST HRA
1527 WHITE AVENUE
HENDERSON, TN 38340

(Authorized Signature)

(Date)

**SOUTHWEST HUMAN RESOURCE AGENCY
WEATHERIZATION ASSISTANCE PROGRAM
RELEASE OF INFORMATION*
AND
HOMEOWNER/AUTHORIZED AGENT
CERTIFICATION FORM****

SOUTHWEST HUMAN RESOURCE AGENCY
(AGENCY NAME)

I, _____, hereby authorize the
(Applicant's Name)
above named agency to take the following actions:

1. To share information contained in my Weatherization Assistance Program application with other agencies and/or programs from which I seek additional services; and
2. (If property owner) To allow work on the dwelling unit listed on my application in accordance with the following provisions:
 - a. Allow survey and inspection of dwelling unit inside and outside;
 - b. Allow installation of weatherization materials as authorized;
 - c. Allow supervision of installation;
 - d. Allow follow-up inspection of work; and
 - e. Such other particulars as may be attached to this agreement.

Signature _____ Date _____
Applicant or Authorized Agent

***Note:** If an applicant or local contracting agency does not want information regarding an application to be shared with other agencies or programs, then draw a line through the first statement before the client's signature is made.

****Note:** If an applicant rents and consents to the release of information, then draw lines through the second statement before the client's signature is made.

Southwest Human Resource Agency
1527 White Avenue – P.O. Box 264
Henderson, Tenn. 38340

Fuel Release Form

I, _____, hereby authorize the release of all
Applicant Signature
information pertaining to my fuel bills, both past and future to the Southwest Human
Resource Agency, or its designee.

Electric Supplier: _____

Name on Account: _____

Account #: _____

Natural Gas/L P Gas Supplier: _____
(Please Circle Supplier)

Name on Account: _____

Account #: _____

Kerosense/Fuel Oil/Wood/Coal Supplier: _____
(Please Circle Supplier)

Name on Account: _____

Account #: _____

I understand that this information will be used only to provide data for the **Low Income Weatherization Assistance Program (WAP) and the Low Home Energy Assistance Program (LIHEAP)** and the information obtained through this release shall not be made public in such a manner that the dwelling or occupants may be identified.

Applicant Signature

Date

Agency Staff

Date