

**Instructions for Filling out the Weatherization Application,
Homeowners Form and Fuel Release Form**

Print this complete file and carefully follow the instructions below.
When finished mail your signed application and all required copies to:
ETHRA WAP, 9111 Cross Park Drive, D-100, Knoxville, TN 37923

APPLICATION

1. Must have Name, Street Address, P.O. Box Number (if you have one), City, State, and Zip Code.
2. Need Phone Number including Area Code.
3. Check the Race that applies to you.
4. If you receive food stamps, We Do NOT Need the Amount.
5. Housing Information: Need to describe the Type of Home you have, House or Mobile Home, and the Exterior as in Wood or Brick, etc.
6. If you Rent your Home we must have: the Name, Address and Phone Number of your Landlord.
7. Part 3A Only fill out the Last Line if you have a Disability.
8. Must have the Name, Social Security Number (only Last Four Digits), Birth Date, Relationship to Applicant, and Monthly Income of All Members in the Household.
9. Sign and Date at the Applicant Signature Line.

HOMEOWNER FORM

After reading form, Sign and Date on the Applicant Line.

FUEL RELEASE FORM

After reading form, Sign and Date on the Applicant's Signature Line. (We will fill out the electric Supplier from your Electric Bill)

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

1. Proof of All Income from ALL Members of the Home.
2. If you Own a House - Send Property Tax Receipt or Copy of Deed
If you Own a Mobile Home - we MUST have a copy of the Title or Bill of Sale
If you Rent - A Form will be sent to you for your Landlord to Sign
3. Include a HIGH Electric Bill AND
4. Include a bill from Natural Gas, Propane Gas, Kerosene, Wood, Coal and Fuel Oil IF you use any of them.

**APPLICATION FOR WEATHERIZATION ASSISTANCE
EAST TENNESSEE HUMAN RESOURCE AGENCY**

Part 1: Application Information (Please Print)

Applicant Name: _____ Telephone Number: _____

Applicant Address: _____

City State Zip

Race (Check One): American Indian or Alaskan Native ___; Asian or Pacific Islander ___;
Black (Non-Hispanic ___; Hispanic ___; or Caucasian ___. (This information is for data collection purposes only).

Number of children five (5) years or younger at the time of application: _____. Receives Food Stamps: Yes ___ No ___

Part 2: Housing Information (Please check as appropriate) Square Feet _____

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 ___ Other ___

Own or Rent: _____ Heat Source _____ Previous WAP Assistance _____ Served by LIHEAP _____ (year)

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

Landlord Name: _____ Telephone Number: _____

Landlord Address: _____
City State Zip

Part 3A: 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, sign and date the statement in Part 4. You do not have to complete Part 3B.
- 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 disability in your own words. (Formal verification not required). _____

Part 3B: Income Eligibility

If no member of your household receives income from the SSI or Families First Programs, please complete this part for all household members then sign and date the statement in Part 4.

Name	Last 4 digits SS#	Birthdate	Relationship to Applicant	Monthly Income	Proof Attached
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

I certify that all of the information provided in this application for weatherization assistance is true and correct. I understand that anyone 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 _____

*Services may not be delayed or denied due to a client's inability or refusal to provide a Social Security Number.

FOR AGENCY USE ONLY:

Are there any known plans for the government acquisition or clearance of dwelling unit: Yes ___ No ___
(If "Yes", the Department of Human Services 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 _____

**WEATHERIZATION ASSISTANCE PROGRAM
RELEASE OF INFORMATION***
And
**HOMEOWNER/AUTHORIZED AGENT
CERTIFICATION FORM****

EAST TENNESSEE 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.

FUEL RELEASE FORM

I, _____ hereby authorize the
release of all information pertaining to my fuel bills, both past
and future to the following agency:

East Tennessee Human Resource Agency
9111 Cross Park Drive, Suite D-100
Knoxville, Tennessee 37923

Electric Supplier: _____

Address: _____

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

Applicant's Signature

Date

Agency Staff Signature

Date