

## WAP Application

The information shown below must be submitted with your application. **Failure to submit all information and completed application will result in your application being put to the side and not process. I will not mail the application back to you if it is incomplete.** Call 337-828-5703 and ask for the Weatherization Department if you have any questions about the application.

- X   Household Members
- X   Current Utility Bills
- X   Last 4 Check Stubs for everyone working in household
- X   Current Proof of Income (Social Security, SSI, VA, Other)
- X   Current ID/Driver's License
- X   Social Security Card for everyone in household
- X   Current Telephone Numbers (2)
- X   Do you live in a House or Mobile Home

Return to:

St. Mary CAA  
Weatherization Department  
1407 Barrow Street  
Franklin, LA 70538

Louisiana Housing Finance Agency

Weatherization Assistance Program

Application for Weatherization Assistance

1. Applicant Information:

<b>Date</b>				<b>Parish</b>	
<b>Applicant</b>		<b>Phone</b>		<b>Second Phone</b>	
<b>Address</b>					
		<b>Dwelling Unit Type</b>	<b>House or Mobile</b>		
<b>Occupants</b>		<b>Disable</b>	<b>Children 0-2</b>	<b>Children 3-5</b>	<b>Children 6-17</b>

2. Fuel Usage Information

<b>Utility Name</b>	<b>Account #</b>	<b>Name on Bill</b>

3. Household Information

<b>Name</b>	<b>SSN</b>	<b>Disable</b>	<b>Race</b>	<b>Sex</b>	<b>Birthday</b>	<b>Age</b>

4. Family Income Information

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

**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 Finance Agency 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 Finance Agency 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 Finance Agency.
- \* I understand that I have a right to request a fair hearing from the Louisiana Housing Finance Agency 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 Finance Agency and the Contractor named in item # 2 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 Finance Agency and the Contractor named in item # 2 of this form, from all liability while weatherizing my home and 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 Finance Agency 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 completing and signing below and mailing this form to the Louisiana Housing Finance Agency, 2415 Quail Drive, Baton Rouge, LA 70808. 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 Right:**

If you believe you have been discriminated against because of race, color, religion, sex, age, national origin, and/or handicapped condition, you may file a complaint either through the contractor agency or directly to the Louisiana Housing Finance Agency, 2415 Quail Drive, Baton Rouge, LA 70808 or to the Bureau of Civil Rights, 546 Main Street, Baton Rouge, LA 70802, or to the EEO Commission, New Orleans District Office, 701 Loyola

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

\_\_\_\_\_  
ate

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

\_\_\_\_\_  
ate

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 and explained to the applicant.

**Lessor / Owner Agreement**

Contractor: ST Mary Community Action

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**

\_\_\_\_\_  
**Signature of Lessor/Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature of Contractor Representative

\_\_\_\_\_  
Date



AUTHORIZATION FOR THE RELEASE OF INFORMATION

DATE: \_\_\_\_\_

NAME/ADDRESS OF AGENCY: St Mary Community Action  
1407 Barrow Street,  
Franklin, LA, 70538

AUTHORIZATION:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for our participation under any of the following program:

AGENCY NAME: St Mary Community Action

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing program. The inquiries may be made about the following:

Credit History	Mortgage Payment
Employment, Income, Pensions	Utilities
Welfare Assistance	Federal or State Taxes
Child Support	Life Insurance
Social Security	Hazard Insurance
Bank Deposits and Assets	Flood Insurance

I authorize the release of information from the following organization(s):

Banks/Other Financial Institutions  
Credit Bureaus  
Employers (Past and Present)

Providers of:	Alimony	State Employment Agencies
	Child Support	State Welfare Agencies
	Handicapped Assistance	U.S. Social Security Administration
	Pensions/Annuities	U.S. Dept. of Veteran Affairs
	Schools/Colleges	Utilities Companies

I agree that photocopies of this authorization may be used for the purposes stated above.

**SIGNATURE**

Original is retained by the requesting organization.

