

Send Weatherization Applications to:

BRAD Weatherization

1403 Hospital Dr

Pocahontas, AR 72455

Energy Burden Determination

To be considered for approval of the Arkansas Weatherization Assistance Program (AWAP) **YOU** must provide a copy of your last 12 months utility bills.

Utilities include: **electricity, natural gas, LP gas, & wood.**

- **Electric** – Documented 12 month cost.
- **LP Gas** – Documented 12 month usage and cost.
- **Wood** – Dated receipts (or cost estimate) for 12 month usage.
- **Natural Gas** – Documented 12 month usage and cost.

Note: Your Energy Burden is determined by calculation between your income and utilities. All documents are required for approval of AWAP.

BRAD has the right to verify all documentation presented for AWAP approval.

Johnie Dean
Weatherization Director
Black River Area Development, Corp.
1403 Hospital Drive
Pocahontas, AR 72455
Office: (870) 892-4547 ext. 254
Fax: (870) 892-0707
Email: Jdean@bradcorp.org



Dear Weatherization Applicant:

Federal regulations require that we have copies of income documentation in each weatherization client's file. We must have this documentation before we can process any application for weatherization. If you are now applying for weatherization, we must have this information before we can continue processing your application.

Please send **ANY** of the following types of income documentation that apply to you:

1. Copy of a letter from Social Security showing amounts of Social Security and/or SSI.
2. Copy of a monthly check from Social Security and/or SSI.
3. Copy of a payroll check(s) showing amount and time period covered.
4. Statement from employer showing amount of earnings.
5. Copy of previous year income tax return **if you are self-employed.**
6. Any other documentation of income.
7. **If you have no income, please contact our Weatherization office at (870) 892-4547 for additional instructions.**

WE CAN NOT ACCEPT BANK STATEMENTS OR DHS PRINTOUTS

Please note that income verification must include the **Total Household Income**; therefore, we must have copies of income from everyone in the household who has any income.

We appreciate your cooperation in sending in this information. If you have any questions, please contact Johnie Dean, Weatherization Director at toll free 1-800-879-4047.

Sincerely,

Johnie Dean
Weatherization Director
Black River Area Development, Corp.
1403 Hospital Drive
Pocahontas, AR 72455
Office: (870) 892-4547 ext. 254
Fax: (870) 892-0707
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***Flip Page Over
for Utility Bill
Requirements***



ARKANSAS ENERGY OFFICE WEATHERIZATION ASSISTANCE PROGRAM Referral Application (OOI)

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: (870)-892-4547 ext. 265 or 254

Has this dwelling been weatherized in the past with Federal Funds from the Department of Energy? _____ If yes, when?

First Name	MI	Last Name			SSN
					/ /
Street Address	Apt. Number	City	Zip Code	County	Date of Birth
Postal Address (if different)		City	Zip Code	County	
Home Phone	Alt. Phone	Email Address (if any)			

How long have you lived at this residence?

Race (Optional): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Islander <input type="checkbox"/> Am. Indian <input type="checkbox"/> Other	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Permanent Resident (As of date) _____	Do you receive Federal or State disability benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gross Mo. Income*: \$ _____ Income Source(s): <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF
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Directions to House: _____

OTHER HOUSEHOLD MEMBERS

Name (First, Last)	Relationship to Applicant	Birth Date MM/DD/YY	Sex M/F	Race (Optional):	Gross Monthly Income
SSN: _____				<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Isl. <input type="checkbox"/> Other _____	Check all that apply. Documentation is required. <input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF
SSN: _____				<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Isl. <input type="checkbox"/> Other _____	<input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF
SSN: _____				<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Isl. <input type="checkbox"/> Other _____	<input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF
SSN: _____				<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Isl. <input type="checkbox"/> Other _____	<input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF
SSN: _____				<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Isl. <input type="checkbox"/> Other _____	<input type="checkbox"/> Salary/Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF

HOMEOWNER INFORMATION

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

Utilities: Electric Co.: _____ Acct. No. _____ Name on Account _____
 Gas Co.: _____ Acct. No. _____ Name on Account _____

Do you CURRENTLY receive help paying your gas, light, heat, air or other utility bills? Yes No

Residence Type: Single house Mobile Home Duplex or similar unit Apartment

Exterior Type: Veneer/ Masonry or Stucco Wood/Masonite Siding Brick/Stone Vinyl/Metal

Primary Heating Fuel: Natural Gas Other Gas Electricity Wood Fuel Oil Kerosene Other

Primary Heating Equipment: Central Heat Space Heater Heat Pump Fireplace Wood Stove Other No Heating Equipment Heat Not Working

Air Conditioning: Window Unit Central Air No Air Conditioning

Insulation: Attic Wall Floor

Window Type: Single pane Double pane Storm windows

HEALTH RISK

Are there any health risk that prohibits the disturbance of air in the home (respiratory problems, oxygen for breathing)? _____ If yes, please provide additional information: _____

(Please provide doctors letter or signed statement from a family member)

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 the applicant 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 further grant permission for the Arkansas Weatherization Assistance Program, grantees and successors, to sell my carbon credits. I understand these credits will be used for further unit production for the AWAP. Yes No

I certify that I have been informed of the above agreements and fully understand each provision, and that all information provided on this application is true and correct.

Applicant Signature _____ Date _____

FOR OFFICIAL USE ONLY:

Application Received: _____ Reweatherization Verification: _____
 Application Approved: _____
 Client Database Job #: _____

ELIGIBILITY VERIFICATION – AT INTAKE*		ELIGIBILITY VERIFICATION – AT WEATHERIZATION*	
Elderly _____	Federal Poverty Level <input type="checkbox"/> ≤50% <input type="checkbox"/> 51-75%	Elderly _____	Federal Poverty Level <input type="checkbox"/> ≤50% <input type="checkbox"/> 51-75%
Disabled _____	<input type="checkbox"/> 76-100% <input type="checkbox"/> 101-125%	Disabled _____	<input type="checkbox"/> 76-100% <input type="checkbox"/> 101-125%
Children _____	<input type="checkbox"/> 126-150% <input type="checkbox"/> 151-175%	Children _____	<input type="checkbox"/> 126-150% <input type="checkbox"/> 151-175%
	<input type="checkbox"/> 176-200% <input type="checkbox"/> ≥201%		<input type="checkbox"/> 176-200% <input type="checkbox"/> ≥201%
High Energy Burden _____	Annual Gross Income	High Energy Burden _____	Annual Gross Income
High Energy User _____	Number in Household:	High Energy User _____	Number in Household:
Priority Points TOTAL: _____	Income Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Priority Points TOTAL: _____	Income Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Title IV/XVI of Social Security Act? <input type="checkbox"/> Yes <input type="checkbox"/> No		Title IV/XVI of Social Security Act? <input type="checkbox"/> Yes <input type="checkbox"/> No