

Brazos Valley Community Action Program

Weatherization

Phone: (979) 595-2800 x 8008 Fax: (979) 595-2851

Mailing address:
PO Drawer 4128, Bryan TX 77805

Dear Applicant:

The Weatherization Assistance Program is available to provide energy saving measures such as insulation, weather-stripping, servicing/repair of heating/cooling units, etc. The program's goal is to lower the heating and cooling cost of the home. There are limited funds available for each house that qualifies. Please note that the program is NOT a rehabilitation program.

Eligibility for the program is first determined by the household's income. Poverty Income Guidelines are established by Congress and monitored by the Texas Department of Housing and Community Affairs. Once an application has been determined income eligible, it is placed on a Waiting List. The Weatherization Staff will contact you at a later date to make an appointment to assess the home. The next step of eligibility depends upon the condition of the home and whether or not it will benefit from the measures that the program is allowed to perform.

Please call, if you have questions.

Sincerely,

Weatherization Staff

=====
Your application **cannot** be processed without the following information and will be denied:

Documentation of income for the past 30 days from application date for the entire household. All members of household 18 years and old must provide some form of income documentation. Documentation may include: check stubs from employment, current benefit letter from Social Security or Pension, and in some cases a **Notarized statement** may be required.

Application must be signed.

Other information that would be *helpful*, but are not required, copies of an electric/gas bill and one photo of the front of the home.

Rebecca.Fortin@bvcog.org

WEATHERIZATION ASSISTANCE PROGRAM - APPLICATION FOR WEATHERIZATION SERVICE
PROGRAMA DE CLIMATIZACION DEL HOGAR SOLICITUD PARA SERVICIOS

A. Basic Information (Información basico)

| | | | | | |
|--|---|--------------------------|--------------------------|---|--|
| Name of Applicant or Head of Household Nombre del Solicitante o Responsable de la Casa | | | | Home Telephone Teléfono de la Casa | |
| Mailing Address Dirección Postal | Street/P.O. Box, City Calle o Apdo/Postal, Ciudad | County Condado | Zip | Work Telephone Teléfono del trabajo | |
| Residence Address - If Different Dirección de Residencia - Si es diferente del postal | | | County Condado | Zip | |
| Has this residence ever received services from the Weatherization Program? <input type="checkbox"/> Yes/Si <input type="checkbox"/> No ¿Esta residencia ha recibido servicios del programa de climatización? | | | | | |
| If "Yes," when?/ Si marca "Si," ¿Cuándo? | | | | | |

B. Give the following information about each household member, including yourself:

(Escriba los nombres de todos las personas que viven en esta casa, incluyendose a usted:)

| Name Nombre | Date of Birth Fecha de Nacimiento | Sex Sexo | Race* Raza* | U. S. Citizen Ciudadano De Los E. U. A. | | Disabled Incapacitado | | Social Security Number** Numero de Seguro Social** |
|----------------|--------------------------------------|-------------|----------------|---|----|--------------------------|----|---|
| | | | | Yes/Si | No | Yes/Si | No | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

List additional members on back or separate page

Si necesita mas espacio, escriba al reverso de esta pagina o en otro papel.

***This information is voluntary and is requested to ensure benefits are provided without regard to race, color or national origin. It will not affect your eligibility or benefit level.**
 *Esta información es voluntaria y se solicita solo con el fin de asegurar que los beneficios se puedan ofrecer sin discriminación de raza, color , u origen nacional. Esta información no afectara su elegibilidad ni la cantidad de su beneficio.
****Although law does not require this information, it is necessary for correct computer processing.**
 **Aunque la ley no requiere esta información, es necesario para procesar correctamente su solicitud por medios computarizados.

C. Give the following information about household members who work:

Escriba los nombres de todos las personas viviendo en esta casa que trabajan:

| Name of Persons Working Nombre de las Personas que Trabajan | Employer's Name, Address, and Telephone Number Nombre, Dirección, y Teléfono de sus Patrones | Total Monthly Income Sueldo Total Mensual |
|---|--|---|
| | | |
| | | |
| | | |
| | | |

D. If any household members receive any of the following types of unearned income or benefits, check the type of benefit received. Where the space is provided, enter the case or account number and the amount received.

Indique en lo siguiente, los ingresos o beneficios que usted u otros miembros de su casa reciban. Incluya el numero de identificación de su casa o cuenta de ayuda y la cantidad de ayuda.

DO NOT INCLUDE FOOD STAMPS AS INCOME / NO INCLUYE “ESTAMPILLAS PARA COMIDA” (FOOD STAMPS) COMO INGRESO

| Type of Assistance / Tipo de Asistencia | Case Number Numero Del Caso | Monthly Amount Cantidad Mensual |
|---|--------------------------------|------------------------------------|
| AFDC / Asistencia AFDC | | |
| SSI / Ingreso de Seguridad Suplemental | | |
| Social Security / Seguro Social | | |
| Veteran’s Benefits / Beneficios de Veteranos | | |
| Retirement Benefits / Beneficios de Retiro | | |
| Military Allotments / Reparto de Sueldo Militar | | |
| HUD Utility Supplement / Suplemento para las Utilidades de HUD | | |
| Child Support / Sostenimiento para Niños | | |
| Unemployment Compensation / Compensación de Desempleo | | |
| Workman’s Compensation / Compensación de Trabajadores | | |
| Contributions / Regalos | | |
| Other (specify) : Otro (especifique): | | |
| <input type="checkbox"/> Please check here if you are employed as a migrant or seasonal farmworker. (Favor de marcar si usted está empleado como migrante o trabajador temporal de agricola.) | | |

E. Information about the structure

Pertenencia el edeficio

| | |
|--|---|
| What year was your home built?/¿En que año fue la casa construido? | |
| <input type="checkbox"/> Do you own or ¿Es dueño o | <input type="checkbox"/> Rent your residence? Se renta su residencia? |
| Type of housing: Tipo de casa: <ul style="list-style-type: none"> <input type="checkbox"/> Single Family Hogar separado <input type="checkbox"/> Mobile Home Casa Movil <input type="checkbox"/> Multi-Family Casa pegada con paredes común <input type="checkbox"/> Shelter Asilo | |

| | | | |
|---|--|--|---|
| Type of energy used to heat household (check one): Tipo de energia utilizada para calentar su hogar (marque una): | | | |
| <input type="checkbox"/> Natural gas Gas natural | <input type="checkbox"/> Electricity Electricidad | <input type="checkbox"/> Bottled gas Gas embotellado | <input type="checkbox"/> Other (specify): Otra (especifique): |
| Type of air conditioning used (check one): Tipo de aire acondicionado utilizado (marque uno): | | | |
| <input type="checkbox"/> None Ninguno | <input type="checkbox"/> Central Unit Unidad central | <input type="checkbox"/> Window Unit Unidad de ventana | <input type="checkbox"/> Evaporative Cooler Enfriador evaporativo |

WAP APPLICANT'S AUTHORIZATION, UNDERSTANDING AND AGREEMENT

My answers to all of the previous questions and to the statements I have made are true and correct to the best of my knowledge. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I also agree to provide the Texas Department of Housing and Community Affairs and its contracting agencies with any information necessary to verify my eligibility.

If I am eligible for weatherization services. I give my permission to allow work on the residence listed on this form. I will cooperate fully with state and federal personnel to obtain information from any source to verify statements I made. I will cooperate fully with state or federal personnel in a quality control review.

I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

PENALTIES FOR FRAUD!

Whoever obtains or attempts to obtain weatherization services for which he is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

AUTORIZACION, ACUERDO, Y ENTENDIMIENTO DEL SOLICITANTE

Mis respuestas a todas las preguntas anteriores y las declaraciones que he hecho son verdaderas y correctas segun mi leal saber, entender y creencia. Autorizo al "Texas Department of Housing and Community Affairs" y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar o solicitar información necesaria para la determinación de elegibilidad. Acepto responsabilidad de dar al Departamento cualquier información que se necesite para verificar mi elegibilidad.

Si califico para servicios de Climatización del Hogar, doy permiso para que se hagan reparaciones a la residencia identificada en esta solicitud. Cooperaré plenamente con personas del gobierno estatal o federal para obtener cualquier información necesario para verificar las declaraciones que he hecho, cual en lo mismo se incluyen estudios tocante la calidad del trabajo.

Me han avisado y entiendo que esta solicitud será considerada sin distinción de raza, color, religión, credo, origen nacional, sexo, ni creencia politica.

¡CASTIGO POR FRAUDE!

Si alguna persona recibe servicios de Climatización del Hogar por medio de declaraciones falsas of intenta defraudar por medio de estas declaraciones, se considerará culpable de una ofensa criminal y al ser convicta puede ser multada o encarcelada.

BEFORE YOU SIGN BE SURE EACH ANSWER IS COMPLETE AND ACCURATE. ASEGURESE, ANTES DE FIRMAR, QUE TODAS SUS REPUESTAS ESTEN COMPLETAS Y CORRECTAS.

Signature - Applicant
Firma del Solicitante

Date
Fecha

Signature - Spouse
Firma de Esposa (o)

Date
Fecha

Signature - individual making application on applicants behalf or caseworker who assisted in completion of application
Firma del Solicitante - firma de la persona que hizo la solicitud de parte del solicitante, o trabajador social que ayudo hacer la solicitud

Date
Fecha

Signature - Witness (if applicant signed with "x")
Firma - Del Testigo (Si se firma con "x")

Date
Fecha

HOME INFORMATION SURVEY

1. Type of dwelling: _____ Built in year _____

| | | | |
|-------------|------------------|-------------|-------------|
| Mobile Home | Wood Frame House | Brick House | Other _____ |
|-------------|------------------|-------------|-------------|

| | | YES | NO |
|----|--|-----|----|
| 2. | Is the roof leaking? In how many rooms? _____ | | |
| 3. | Are there holes in walls or ceilings? | | |
| 4. | Are there holes in the floors? | | |
| 5. | Does home have a good foundation? | | |
| 6. | How many windows in home? _____ Are they Metal or Wood? _____ | | |
| 7. | Do windows need to be replaced? | | |
| 8. | How many outside doors in home? _____ | | |
| 9. | Do doors need to be replaced? | | |

10. How do you heat your home?

| | | | | | |
|-------------------|-------------------|------------|--------------|-------------|------------|
| Space Heater(s) | Central Unit | Cook Stove | Wall Furnace | Wood Heater | Other/None |
| Gas Electric | Gas Electric | | | | |

11. How do you cool your home?

| | | | | |
|--------------|-------------|---------|------|-------|
| Central Unit | Window Unit | Box Fan | None | Other |
|--------------|-------------|---------|------|-------|

12. Electric company is _____

Account number _____

Natural Gas OR Propane company is _____

Account number _____

13. How many pets are kept indoors: _____

14. What does your home need to be more energy efficient?

—
On the back of this page, draw a map or write directions to where your home is located. Please be as specific as possible, providing street names, county road numbers, landmarks, etc.

WEATHERIZATION ASSISTANCE PROGRAM FOR LOW INCOME PERSONS
COMPREHENSIVE ENERGY ASSISTANCE PROGRAM

CUSTOMER BILLING/CONSUMPTION RELEASE FORM

Agency: - Brazos Valley Community Action Programs

Name: _____
Last First MI

Address: _____
Street

City Zip Code

Telephone: _____
Day Evening

Electric Utility Co: _____

Account Number: _____

Gas Utility Company: _____

Account Number: _____

Other: _____

Account Number: _____

I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumption histories, both past and future, to the extent the information is used only to determine program eligibility and to provide data.

Signature Date

FOR AGENCY USE ONLY:

Subgrantee must record Weatherization Completion Date in box before mailing to TDHCA.

Weatherization Completion Date