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Enclosed is your Weatherization Program application. It is important that you complete all sections that pertain to your household.

Our federal guidelines require that we have verification of all income claimed for anyone living in the household who is age 18 and over. The following checklist states what is needed for an application to be complete:

_____1. Provide proof of your household's gross income for the past thirty days from the date you sign the application. If an individual 18 and over in the household does not receive any income, the 'Declaration of Income Statement' (stating why they do not receive income) must be completed, signed, and dated.

_____2. Complete the Social Security Administration Consent for Release of Information form to be used only if an individual does not have their 2011 Social Security award letter that verifies their Social Security, SSI, or monthly disability benefits.

_____3. Complete all parts of the enclosed application, including signature and date on page 3.

_____4. Complete the Home Information Survey.

_____5. Sign and date the Weatherization Utility Release Form.

_____6. Provide previously paid utility bills for electric and/or gas.

_____7. Mail the complete application to: AACOG Housing Department
8700 Tesoro Dr., Suite 700
San Antonio, Texas 78217-6228

Upon receipt of the requested information, your application will be formally reviewed to determine eligibility. You will be notified of such determination by mail.

If you have questions, please call us at (210) 362-5282 or 1(800) 749-2010.

Incomplete applications will delay processing.

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

Weatherization Works

A.

Name of Applicant or Head of Household Nombre del Solicitante O Responsable de la Casa				**Contact Number** Teléfono de Contacto
Mailing Address Dirección postal	**Street/P.O. Box, City**	**County**	**Zip**	**Alternate Contact Number** Contacto Alterno
Residence Address - If Different Dirección de Residencia - Si es diferente de la postal		**County** Condado	**Zip** Codigo Postal	**Email Address** Correo Electrónico
Has this residence ever received services from the Weatherization program? Esta residencia ha recibido servicios del programa de climatización?				☐**Yes**/Si ☐ **No**
If "Yes", when ?/ Si marca "Si", Cuando?		_______________		

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

Escriba los nombres de todos las personas que viven en esta casa, incluyéndose a usted.

B.

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

List additional members on back or separate page.
Si necesita más 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 afectará su elegibilidad ni 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.

Give the following information about each household member, including yourself.
Escriba los nombres de todas las personas que viven en esta casa, incluyéndose a usted.

C.

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

For Office Use Only:

Waiting List_____ Referral: AACOG Webpage Previous WAP_____
Intake_____
Date_____

rev. 01/2010

D. If any household members receive 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 DE COMIDA COMO INGRESOS.

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):		

Please check here if you are employed as a migrant worker or seasonal farmworker.
Favor de marcar si usted esta empleado como migrante o trabajador temporal agrícola? ☐

E. What year was your home built? / En que año fue la casa construida? _____

Do You
Es

☐ **Own your residence?**
Dueno de su residencia?
If owned go to #1
Si es dueño dirígese al #1

☐ **Rent your residence?**
Renta su residencia?
If rented, go to #2
Si renta, dirígese a #2

1 Type of Housing owned:
Tipo de casa propias:

☐ **Private house**
Hogar

☐ **Mobile Home**
Casa Movil

2 Type of Housing Rented:
Tipo de casas rentadas:

MUST HAVE OWNER'S APPROVAL!
TIENE QUE SER APROVADO POR EL DUENO!

☐ **Private Home**
Hogar Privado

☐ **Apartment**
Apartamento

☐ **Mobile Home**
Casa Movil

☐ **Rented Room**
Cuarto Rentado

☐ **Low rent federally subsidized Housing**
Residencia con subsidio federal para la renta

☐ **Type (Section 8, etc)**
Tipo Sección 8, etc)

Type of energy used to heat household (Check all that apply).
Tipo de energía utilizada para calentar su hogar (marque los que aplican).

☐ **Natural Gas**
Gas Natural

☐ **Electricity**
Electricidad

☐ **Bottled Gas**
Gas embotellado

☐ **Other (Specify):**
Otra (especifique): _____

Type of air conditioning used (Check all that apply).
Tipo de aire acondicionado utilizado (marque los que aplican).

☐ **None**
Ninguno

☐ **Central Unit**
Unidad Central

☐ **Window Unit**
Unidad de ventana

☐ **Evaporative Cooler**
Enfriador evaporativo

WAP APPLICANT'S AUTHORIZATION, UNDERSTANDING AND AGREEMENT

My answers to all 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 determintion. I will also 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 weaterization services, I give permission to allow work on the residence listed on this form. I will cooperate fully with the state and federal personnel to obtain information from any source to verify statements I made. I will cooperate fully with state of 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 imprisosoned.

AUTORIZACIÓN, ACUERDO, Y ENTENDIMIENTO DEL SOLICITANTE

Mis respuestas a todas las preguntas anteriores y las declaraciones que he hecho son verdaderas y correctas según 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 de Hogar, doy permiso para que se hagan reparaciones a la residencia identificada en esta solicitud. Cooperare plenamente con personas del gobierno estatal o federal para obtener cualquier información necesario para verificar as declaraciones que ha 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, creencia política.

CASTIGO POR FRAUDE!

Si alguna persona recibe servicios de Climatización del Hogar por medio de declaraciones falsas o intenta defraudar por medio de estas declaraciones, se considerara 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

ASEGÚRESE, ANTES DE FIRMAR, QUE TODAS SUS RESPUESTAS ESTÉN 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 de la persona que hizo la solicitued de parte del solicitante, o trabajador social que ayudo hacer la solicitud.	**Date**
Signature-Witness (If signed with "X") Firma - del Testigo (Si se firma con "X")	**Date** Fecha

Client Name: _____ Phone Number: _____

Weatherization Program Home Information Survey

What type of house do you live in?

- ☐ Wood Frame House
- ☐ Brick House
- ☐ Mobile Home
- ☐ Apartment

Was your home built before 1978

- ☐ Yes
- ☐ No
- ☐ If yes, what year _____

Has your home been weatherized before?

- ☐ Yes
- ☐ No
- ☐ If yes, was it before 1993

Energy Consumption

What type of energy does your home use?

- ☐ Electric
- ☐ Gas
- ☐ Both Electric & Gas

What do you use to heat your home?

- ☐ Central Heating
- ☐ Space Heaters How Many? _____
- ☐ Wood Stoves How Many? _____

What do you use to cool your home?

- ☐ Window Units How Many? _____
- ☐ Central Air
- ☐ Evaporative Cooler How Many? _____

What type of energy does your stove use?

- ☐ Electric
- ☐ Gas

What type of energy does your water heater

- ☐ Electric
- ☐ Gas

What type of energy does your furnace use?

- ☐ Electric
- ☐ Gas

Ceiling, Walls, Foundation & Doors

Does your roof leak?

- ☐ Yes
- ☐ No

Do your ceilings have large holes or cracks?

- ☐ Yes
- ☐ No

Do your ceilings have insulation?

- ☐ Yes
- ☐ No

Does you home have a good foundation?

- ☐ Yes
- ☐ No

Are there any holes in your floors?

- ☐ Yes
- ☐ No

Do your walls have large holes or cracks?

- ☐ Yes
- ☐ No

Do your walls have insulation?

- ☐ Yes
- ☐ No

What type of windows does your home have?

- ☐ Aluminum How Many? _____
- ☐ Wood How Many? _____

Are your windows in good condition?

- ☐ Yes
- ☐ No

Are your exterior doors in good condition?

- ☐ Yes How many? _____
- ☐ No How many? _____

In your opinion what does your home need the most?

_____

_____

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WEATHERIZATION ASSISTANCE PROGRAM FOR LOW INCOME PERSONS
COMPREHENSIVE ENERGY ASSISTANCE PROGRAM

CUSTOMER BILLING/CONSUMPTION RELEASE FORM

Agency : ALAMO AREA COUNCIL OF GOVERNMENTS

Name : _____
Last First MI

Address : _____
Number Street Apt./Lot #

_____
City Zip Code

Telephone: _____
Day Evening

Electric Company: _____

Account Number: _____

ESI ID # _____

Natural Gas Company _____

Account Number: _____

Propane Company _____

Account Number: _____

☐ **Please provide a copy of the above client's electric or gas bill.**

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 Please Print Date
(name as it appears on utility bill)

Social Security Administration

Form Approved
OMB No. 0960-0566

Consent for Release of Information

SSA will not honor this form unless all required fields have been completed (*signifies required field).

TO: Social Security Administration

*Name _____ *Date of Birth _____ *Social Security Number _____

I authorize the Social Security Administration to release information or records about me to:

*NAME	*ADDRESS
Alamo Area Council of Governments Attn: Weatherization Department	8700 Tesoro Drive, Suite 700 San Antonio, Texas 78217 (210) 362-5200

*I want this information released because:

There may be a charge for releasing information.

I am applying for the Weatherization Assistance Program and these forms are needed to determine my income eligibility for this program.

*Please release the following information selected from the list below:

You must check at least one box. Also, SSA will not disclose records unless applicable date ranges are included.

- [X] Social Security Number
- [X] Current monthly Social Security benefit amount
- [X] Current monthly Supplemental Security Income payment amount
- [X] My benefit/payment amounts from January 2011 to Present
- [ ] My Medicare entitlement from _____ to _____
- [ ] Medical records from my claims folder(s) from _____ to _____
  If you want SSA to release a minor's medical records, do not use this form but instead contact your local SSA office.
- [ ] Complete medical records from my claims folder(s)
- [ ] Other record(s) from my file (e.g. applications, questionnaires, consultative examination reports, determinations, etc.) _____

I am the individual to whom the requested information/record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury in accordance with 28 C.F.R. § 16.41(d)(2004) that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to $5,000. I also understand that any applicable fees must be paid by me.

*Signature: _____ *Date: _____

Relationship (if not the individual): _____ *Daytime Phone: _____

DECLARATION OF INCOME STATEMENT
(DECLARACION DE INGRESOS)

I, _____, do hereby declare on _____ 20_____ that:
(Yo) (Applicant's Name/Nombre del Solicitante) (declaro que)

- ❑ I have no documented proof of income due to the following situation _____
_____
_____.
(No tengo prueba para documentar mis ingresos por medio da tal rezones)

- ❑ I am applying for assistance from _____
(Yo deseo aplicar para asistencia con _____)

My household consists of _____ number of persons and the following household members, 18 years and older, have earned the following gross income during the **30 day period** prior to the date of application for assistance:

(En mi hogar radican (Cuantas?) personas, y los siguientes miembros que tienen 18 anos de edad o mas que han ganado dinero durante los pasados 30 días antes de aplicar para asistencia. Indique el nombre y los ingresos ganados de cada miembro.)

Name: _____ Gross Amount Earned: _____
Name: _____ Gross Amount Earned: _____
Name: _____ Gross Amount Earned: _____

- ❑ My **household's gross income**, for all household members 18 years and older, for the **30 day period** prior to the date of application for assistance is $ _____.
(El total de los ingresos de mi hogar, para los miembros que tienen 18 anos de edad o mas que han ganado dinero durante los pasados 30 días antes de aplicar por asistencia es (cuanto?).)
- ❑ and my **household's gross annualized income** based on the **30 day period** prior to the date of application for assistance is $ _____.
(y el ingreso anual de mi hogar ha sido calculado para el ano, según los pasados 30 días, antes de aplicar para asistencia, llegan a (cuantos dólares?).)

I certify that the above information for the income of all household members 18 years of age and older is true and correct to the best of my knowledge and belief. (Yo certifico que la información proveída de los ingresos de los miembros de mi hogar que tienen 18 anos o mas es verdadera y correcta según mi saber y creencia.)

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. (Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa o fraudulenta.)

_____ _____
Applicant Signature/Firma del Solicitante Date/Fecha

_____
Street Address/Dirección City/Ciudad County/Condado Zip/Codigo Postal

_____ _____
AACOG Housing Intake Assistant Date/Fecha

_____ _____
AACOG Weatherization Assistance Program Manager Date/ Fecha

_____ _____
Notary Public Signature Date/Fecha