



# Application for Housing Rehabilitation Programs COMMUNITY SERVICE PROGRAMS OF WEST ALABAMA, INC.

## APPLICANT INFORMATION

First Name	MI	Last Name	Date of Birth	Social Security Number
Physical Address			Mailing Address (if different from Physical Address)	
City	Zip	County	Email Address	
Home Phone	Cell Phone	Work Phone	Alternate Contact Person - Name and Phone Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Race <input type="checkbox"/> Asian <input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian (India) <input type="checkbox"/> Unknown		Ethnicity <input type="checkbox"/> Hispanic or Latin or Spanish <input type="checkbox"/> Not Hispanic or Latin or Spanish Origin	

## DWELLING INFORMATION

Structure ☐ Wood frame ☐ Brick ☐ Block ☐ Mobile home # of Stories ☐ 1 ☐ 1.5 ☐ 2 ☐ 3 Located in ☐ City ☐ Rural

Year home was built \_\_\_\_\_ or approximate age \_\_\_\_\_ Smokers in household? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_

Have house been Weatherized previously? ☐ Yes ☐ No Year? \_\_\_\_\_ If yes, has house damaged by fire, flood, wind since? ☐ Yes ☐ No

Is house heated with unvented gas space heaters? ☐ Yes ☐ No # \_\_\_\_\_ Does the government pay any of house payment? ☐ Yes ☐ No

Primary heat ☐ Electric ☐ Kerosene ☐ LP Gas (Propane) ☐ Natural Gas ☐ Wood ☐ Other \_\_\_\_\_

Power Co Name \_\_\_\_\_ Amount of Average Bill \_\_\_\_\_ Account # \_\_\_\_\_

Gas Co Name \_\_\_\_\_ Amount of Average Bill \_\_\_\_\_ Account # \_\_\_\_\_

## HOUSEHOLD DEMOGRAPHICS

Include ALL household members below, even those with no income. List the source and amount of income for each member. Check all appropriate boxes for each member. More than one box may be checked in each category. Attach a sheet of paper if more space is needed.

### Applicant Information

<b>Marital Status</b> <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed		<b>Characteristics</b> <input type="checkbox"/> Head of Household (HOH) <input type="checkbox"/> HOH's Spouse <input type="checkbox"/> Applicant <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Disabled <input type="checkbox"/> No health insurance <input type="checkbox"/> Non custodial parent <input type="checkbox"/> Veteran <input type="checkbox"/> Wx - high energy burden	<b>Family Type</b> <input type="checkbox"/> Foster parent (w/foster children) <input type="checkbox"/> Grandparents (raising grandchildren) <input type="checkbox"/> Married (w/children) <input type="checkbox"/> Married (no children) <input type="checkbox"/> Married or 2 adults (no children) <input type="checkbox"/> Multiple (3+) Adults (no children) <input type="checkbox"/> Multiple Adults (w/ children) <input type="checkbox"/> Single parent <input type="checkbox"/> Single person	<b>Education</b> <input type="checkbox"/> Master's degree <input type="checkbox"/> College degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Some college <input type="checkbox"/> Training Certificate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Grade ____ <input type="checkbox"/> Preschool
<b>Monthly Income</b> <input type="checkbox"/> Alimony _____ <input type="checkbox"/> Social security _____ <input type="checkbox"/> Child support _____ <input type="checkbox"/> SSI _____ <input type="checkbox"/> Earnings _____ <input type="checkbox"/> TANF _____ <input type="checkbox"/> Educational assist _____ <input type="checkbox"/> Unemployment _____ <input type="checkbox"/> Miscellaneous _____ <input type="checkbox"/> Veteran benefit _____ <input type="checkbox"/> Pension/retirement _____ <input type="checkbox"/> Workers comp _____				

First Name	Last Name	Date of Birth	Social Security #	<input type="checkbox"/> Female <input type="checkbox"/> Asian <input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Native Amer <input type="checkbox"/> Pac Islander <input type="checkbox"/> Male <input type="checkbox"/> Black/Afr Amer <input type="checkbox"/> Cau/White <input type="checkbox"/> Asian(India) <input type="checkbox"/> Unknown	
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<b>Relation</b> <input type="checkbox"/> Aunt <input type="checkbox"/> Brother <input type="checkbox"/> Brother in law	<input type="checkbox"/> Cousin <input type="checkbox"/> Daughter <input type="checkbox"/> Daughter in law	<input type="checkbox"/> Father <input type="checkbox"/> Father in law <input type="checkbox"/> Foster child	<input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Mother	<input type="checkbox"/> Mother in law <input type="checkbox"/> Nephew <input type="checkbox"/> Niece	<input type="checkbox"/> Partner <input type="checkbox"/> Roommate <input type="checkbox"/> Sister <input type="checkbox"/> Sister inlaw <input type="checkbox"/> Son <input type="checkbox"/> Son/law <input type="checkbox"/> Step daughter <input type="checkbox"/> Step son <input type="checkbox"/> Uncle

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<input type="checkbox"/> Brother in law	<input type="checkbox"/> Daughter in law	<input type="checkbox"/> Foster child						

#### YOU MUST INCLUDE WITH THIS APPLICATION

**Picture ID** for Head of Household and Social Security Cards for all Household members      **Proof of Ownership** Property Record Card from the Tax Assessor's Appraisal Department or proof of homeownership and proof of age of house

**Proof of Income** for all Household members      **Utility Bills** Electricity/Gas (account numbers for each)

I hereby make application for Weatherization services. I understand that the services are provided free of charge and eligibility is based on the total yearly annualized income of all family members of the household. I certify that all the information provided is true and accurate to the best of my knowledge and CSP and/or designated agent may verify the information if deemed necessary.

I hereby authorize the family independence agency and/or social security administration to release information relative to assistance payments received.

I hereby grant permission for CSP or its subcontractors to enter my home for the purpose of Weatherization in accordance with state and federal policies. CSP has my permission to provide state or federal representatives with my name, address and phone number. I understand that the state or federal authorities may wish to contact me directly about the quality and type of services I received.

#### Photograph Release

I hereby authorize CSP and its staff to photograph me, my household members and my house. I acknowledge that these photographs belong to CSP and that CSP intends to use these photographs for the purpose of education and the promotion.

I consent to my name, in conjunction with the photographs, being published, exhibited, reproduced, copied and used by CSP. This includes the incorporation of these photographs or replicas in any material, including websites, distributed by Community Service Programs of West Alabama, Inc.

#### Utility Survey

I hereby authorize all utility companies to provide copies of bills or other information on consumption for a minimum period of 12 months prior and 12 months following weatherization services have been completed.

#### Housing Rehabilitation Programs Guidelines

The guidelines of the Weatherization Assistance Programs administered by Community Service Programs of West Alabama, Inc. (CSP) are as follows:

1. Applicant must provide verification of income, account activity report for power bill, gas bill (if applicable) and verification that applicant owns or is buying his/her home.
2. If applicant rents the dwelling, the landlord is responsible for 50% of costs to weatherize that dwelling.
3. Applicant must qualify for the program according to the Weatherization Program income guidelines to receive services.
4. The Weatherization Program is a priority point based program. This means that the applicants with the highest point totals per cycle will receive Weatherization during a given cycle, as funds allow.
5. If an applicant's home is not chosen for Weatherization during the first cycle of eligibility, the application remains active if the applicant updates the application information yearly. (For the first year, additional points are assigned to the applicant for being on the waiting list.)
6. An assessment of applicant's home does not automatically mean that his/her home will receive Weatherization services. Provision of services will be determined by eligibility and availability of funding.

By signing below, I acknowledge that I understand the above guidelines regarding the Weatherization Assistance Program administered by Community Service Programs of West Alabama, Inc. I have read (or have had read to me) the guidelines and I agree to follow them in order to participate in the Weatherization Assistance Programs.

Signature

Date

*This Agency will not discriminate against any individual or group because of race, religion, sex, national origin, color, marital status, political beliefs or disability.*