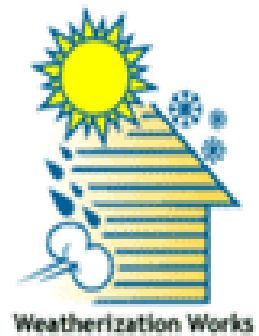




WEATHERIZATION ASSISTANCE  
PROGRAM

"WAP"

233 Legend Drive, Suite 103  
P.O. Box 310  
Lebanon, Tenn. 37088-0310  
(615) 742-1113 Or (615) 742-1137  
Fax # (615) 742-3911  
WAP Program Director: Debbie  
Houser ext. 17



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1. If you live in rental property, then your landlord needs to complete and sign the ownership/rental forms.
  2. If you are the owner (or buying) your home then you need to sign the Owner form
  3. Complete all information on all forms. PLEASE PRINT CLEARLY!!!
  4. Make sure to sign on all forms by the "X".
  5. Include all person's living in home. List names, social numbers, birthdates. Send income proof.
  6. Send in directions on how to get to your home for the survey.
  7. Send in proof of Everyone's income. Copies only.
  8. Do you have Dog's \_\_\_\_\_ Do they bite \_\_\_\_\_.
  9. When is the best time to contact you? Certain day of week? Certain Time ?
  10. Make sure to list your mailing address if different (P.O. Box)
  11. Do you receive Food Stamps (Send proof of this also).
  12. Please attach a copy of your Tax Receipt, Deed, Trailer Title, Bill of Sale, (To show ownership).
  13. Attach a copy of your highest Utility Bill.

PLEASE MAKE SURE YOU ANSWER ALL QUESTIONS AND SIGN BY X's ON ALL FORMS.

This program is funded under an agreement with the Tennessee Department of Human Services

Tennessee Department of Human Services  
**APPLICATION FOR WEATHERIZATION ASSISTANCE, FY \_\_\_\_\_**

LOCAL AGENCY: Mid-Cumberland Community Action Agency

JOB NUMBER \_\_\_\_\_

**HOUSEHOLD INFORMATION:**

NAME VARIFICATION TYPE	SSN	BIRTH DATE	RELATION TO HEAD	INCOME INFORMATION	MONTHLY	ANNUAL
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**LANDLORD INFORMATION:**

\_\_\_\_\_  
 (Name) \_\_\_\_\_  
 \_\_\_\_\_  
 (City, State, Zip) \_\_\_\_\_

\_\_\_\_\_  
 (Address) \_\_\_\_\_  
 \_\_\_\_\_  
 (Phone Numbers) \_\_\_\_\_

I, \_\_\_\_\_, CERTIFY TO THE BEST OF MY KNOWLEDGE THAT ALL OF THE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT. I ALSO AUTHORIZE THE VARIFICATION OF ANY AND ALL INFORMATION FOR THE PURPOSES OF ELIGIBILITY DETERMINATION AND ASSISTANCE. I UNDERSTAND THAT ANYONE WHO FRAUDULENTLY COVERS UP A MATERIAL FACT OR WHO KNOWINGLY GIVES FALSE INFORMATION REQUIRED IS LIABLE UPON CONVICTION TO A FINE OF \$10,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS, OR BOTH. I UNDERSTAND THAT I MAY FILE A GRIEVANCE (WITHIN 30 DAYS OF THE EVENT FILED AGAINST) BY CONTACTING THE WEATHERIZATION DIRECTOR AT P.O. BOX 310 LEBANON, TN. 37088. THE DIRECTOR WILL THEN HELP ME FILE THE GRIEVANCE WITHIN 15 DAYS OF BEING CONTACTED. I ALSO CERTIFY THAT I HAVE BEEN INFORMED OF THE APPEAL PROCESS UNDER PROVISIONS OF THE WEATHERIZATION ASSISTANCE PROGRAM AND THAT I SHALL BE NOTIFIED IN WRITING BY THE AGENCY OF MY ELIGIBILITY STATUS.

\_\_\_\_\_  
 (APPLICANT SIGNATURE) \_\_\_\_\_  
 (APPLICANT HOME PHONE #) \_\_\_\_\_

\_\_\_\_\_  
 (DATE) \_\_\_\_\_

\_\_\_\_\_  
 (AREA CODE) \_\_\_\_\_

APPLICANT INFORMATION: \_\_\_\_\_  
 CLIENTS SOCIAL SECURITY # \_\_\_\_\_  
 \_\_\_\_\_  
 (WORK/CELL PHONE #) \_\_\_\_\_

\_\_\_\_\_  
 FIRST NAME \_\_\_\_\_ (M) \_\_\_\_\_  
 \_\_\_\_\_  
 LAST NAME \_\_\_\_\_

\_\_\_\_\_  
 1<sup>ST</sup> ADDRESS LINE \_\_\_\_\_  
 \_\_\_\_\_  
 2<sup>ND</sup> ADDRESS LINE \_\_\_\_\_

\_\_\_\_\_  
 CITY NAME \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 \_\_\_\_\_  
 PRIOR WAP DONE YEAR (IF ANY) \_\_\_\_\_

_____ Total # In Household	_____ Total AFDC Recipients	_____ Total on SSI Recipients	_____ Liheap Recipient (Year)	_____ Total Elderly In Household	_____ Total Handicapped In Household
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RACE CODES: _____	HEATING SOURCE CODES: _____	HOUSING CODES: _____	_____	_____
1. WHITE	1.ELECTRICITY    7. L.P.GAS	1. OWN	SEX	TOTAL FOOD
2. BLACK	2. NATURAL GAS    8. OTHER	2. RENT	M/F	STAMP RECIPIENTS
3. HISPANIC	3. FUEL OIL	3. MOBILE HOME – OWN		
4. AMERICAN INDIAN	4. KEROSENE	4. MOBILE HOME – RENT		
5. ASIAN	5. WOOD			
6. OTHER	6. COAL			

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**FOR AGENCY USE ONLY**

Are there any known plans for government acquisition or clearance of dwelling unit: Yes\_\_\_\_ No \_\_\_\_\_  
 (If "Yes", the Department of Human Services is to be notified before any action is taken on the application.)

Total Annual Household Income Determined: \$\_\_\_\_\_ Children Under 18 Years Old: \_\_\_\_\_

Categorically Eligible: Yes \_\_\_\_ No \_\_\_\_

Application Status: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Priority Points \_\_\_\_\_

\_\_\_\_\_  
 Signature of Agency Official

\_\_\_\_\_  
 Date