



DeSoto Parish Police Jury  
 Office of Community Services  
**Weatherization Assistance Program**  
 404 Polk Street Suite B Mansfield LA 71052  
 318.872.0880



**These documents must be returned with the Weatherization Application.**

- Proof of home ownership (send one of the following):
  - ◆ Current property tax bill
  - ◆ Current mortgage statement
  - ◆ Recorded mortgage

If you cannot provide proof of ownership, let us know your specific situation, and we can help you find what documents you need to provide.

- Copy of a current (not expired) driver's license or state ID for all household members age 18 or over
- Four consecutive copies of check stubs for employed household members
- Current proof of income from Social Security, Unemployment, Retirement, Disability, etc.
- Copies of Social Security cards for all household members
- Current full-page copies of gas, electric, propane bill (do not send cut off notices)
- A signed **Authorization to Release of Information/Right To Appeal/Civil Rights Form**
- A **Zero Income Form, Income Supplemental Sheet and Statement of Contributions** must be completed if the household does not have any income, if any household member age 18 or over does not receive income, or if someone helps you pay your bills.
- A **Lessor/Owner Agreement Form** must be completed if you live in a rental home. The owner of the home must prove ownership by providing one of the three documents listed above.

**PROGRAM DESCRIPTION:** The Weatherization Assistance Program installs energy efficiency measures in the homes of qualifying homeowners free of charge. **THIS PROGRAM DOES NOT REPAIR OR REMODEL HOMES.** We serve the following parishes: Bienville, Bossier, Claiborne, DeSoto, Morehouse, Natchitoches, Red River, Sabine, Union and Webster.

**MISSION:** To reduce energy costs to low-income families by improving the energy efficiency of their homes while ensuring their health and safety. Priority is given to homes with elderly (60 years plus), disabled, and families with children.

**ELIGIBILITY REQUIREMENTS:** Both household income and dwelling must meet guidelines. Dwelling must pass an energy audit inspection.

<b>2018-2019 Income Guidelines</b>	
<b>Number of People in Household</b>	<b>Household Monthly Income Limits</b> (Amount before deductions)
1	\$2023
2	\$2743
3	\$3463
4	\$4183
5	\$4903
6	\$5623
7	\$6510
8	\$7063
9	\$7783
10	\$8503

*Federal regulations prevent discrimination of any kind in service delivery*

# This form must be completed

## Louisiana Housing Corporation Weatherization Assistance Program Application for Weatherization Assistance

Date:	Contractor: <b>DPPJ/OCS</b>	Parish:
Name of Applicant:	Phone Number:	
Street Address:	City:	Zip Code:
Mailing Address (if different):	City:	Zip Code:
Dwelling Unit is: <input type="checkbox"/> Owner Occupied/House <input type="checkbox"/> Owner Occupied/Mobile Home <input type="checkbox"/> Renter Occupied/House <input type="checkbox"/> Renter Occupied/Mobile Home <input type="checkbox"/> Apartment Family Type is: <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two Parent <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Other	Which fuel source do you use to HEAT your home: <input type="checkbox"/> Natural gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Other _____ How do you HEAT your home? <input type="checkbox"/> Central unit <input type="checkbox"/> Space heaters <input type="checkbox"/> Electric heaters  Which fuel source do you use to COOL your home: <input type="checkbox"/> Natural gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Other _____ How do you COOL your home? <input type="checkbox"/> Central unit <input type="checkbox"/> Window units	

### Household Information & Income (Record information on each household member)

Household Members	Applicant	Person #1	Person #2	Person #3	Person #4	Person #5
Name						
Date of Birth						
Social Security Number						
Sex: Male/Female						
Race: White, Black, Asian, Hispanic, Native American, Other						
Marital Status: Never married, Married, Separated, Divorced, Widowed						
Disabled? Yes or No						
Veteran? Yes or No						
Highest grade level completed						
Health Insurance: None, Medicare, Medicaid, Private Insurance						
Position in Household: head of household, spouse, child, grandchild, not related, other						
Source of Income (Social Security, SSI, retirement, etc.) or Employer Name						
Monthly Income Amount						
How often is income received? Weekly, every other week, monthly, twice a month						

<b>Total Monthly Household Income \$</b> _____	<b>Total Household Members</b> _____
------------------------------------------------	--------------------------------------

# This form must be completed Sign and date twice

## AUTHORIZATION TO RELEASE INFORMATION:

I understand that the personal information furnished by me to process my WAP application for assistance is confidential information. I understand that providing authorization to release information is not required for me to obtain services under the Weatherization Assistance Program (WAP) and is strictly voluntary.

I authorize Louisiana Housing Corporation to release or disclose all or parts of the information in my client file to outside sources for the purposes of statistical research only.

Yes

No

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## APPLICANT ASSURES THAT:

- I have furnished true and correct information regarding household income and agree to promptly report any changes in the household income or number of individuals living at the listed address.
- I grant the Agency and the Louisiana Housing Corporation full permission to verify any and all information with both public and private sources or any entity, which may have furnished me, services.
- I understand that if I receive services for which I am ineligible because of false information, I may be required to repay the Louisiana Housing Corporation.
- I understand that I have a right to request a fair hearing from the Louisiana Housing Corporation if I feel that the decision regarding services requested is unfair or that my civil rights have been violated. The contractor staff person completing this application has read these assurances to me; I fully understand this agreement and have been given an opportunity to ask questions.
- I understand that by signing this document that I attest to the truth of all information provided (either verbally or in writing) to the Louisiana Housing Corporation and the Contractor named in item # 2 of this form. I understand that failure to provide complete, accurate information may result in me having to repay cost associated with the weatherization work. I further,
  - Give permission for the agency to weatherize my home.
  - Certify that I live at the listed address and am responsible for payment of utility bills at that address.
  - Authorize utility supplier(s) to furnish billing records before and after WAP services are applied to my home.
  - Release the Louisiana Housing Corporation and the Contractor named in item # 2 of this form, from all liability while weatherizing my home and grant permission for photographs and information to be used to document and publicize weatherization.
  - Certify that property is not scheduled for acquisition or clearance under a government program.

**Right to an Appeal and Fair Hearing:** If you believe that you have been treated unfairly or a mistake has been made about your eligibility for services; you have the right to request a fair hearing. This means that you will be given an appeal hearing by the Louisiana Housing Corporation at which time you will be able to present your side for review by persons who will assure that you are treated fairly. Your right to request a fair hearing applies to any of the following.

1. Any decision made by the contractor concerning eligibility redetermination for services or the amount, continuation, termination, or reduction of services.
2. Failure by the contractor to act with reasonable promptness on a request for services.

Before you request a fair hearing, you or your representative may discuss your concerns with a worker or supervisor of the contractor agency for an explanation of the reason for the agency's action. If you are still dissatisfied, you may request a fair hearing within 30 days after the agency's decision by competing and signing below and mailing this form to the Louisiana Housing Corporation, 2415 Quail Drive, Baton Rouge, LA 70808. You will be notified of the date and place of the fair hearing at which time you can represent your self or authorize someone else such as legal counsel, relative or friend. I wish to request a fair hearing because.

### Civil Right:

If you believe you have been discriminated against because of race, color, religion, sex, age, national origin, and/or handicapped condition, you may file a complaint either through the contractor agency or directly to the Louisiana Housing Corporation, 2415 Quail Drive, Baton Rouge, LA 70808 (225) 754-1441; or to the Bureau of Civil Rights, 546 Main Street, Baton Rouge, LA 70802, or to the EEO Commission, New Orleans District Office, 701 Loyola New Orleans, LA 70113.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker's Signature \*

\_\_\_\_\_  
Date

**\*In signing this form, the worker certifies that the above stated assurances, authorizations, right to appeal and fair hearing statement and Civil Rights statement have been read, explained, and a copy given to the applicant.**



If you are 18 or older and have no income, you must complete this form. If it does not apply to you, throw it away.

ZERO INCOME STATEMENT FORM

Date: \_\_\_\_\_

I, (Full Name) \_\_\_\_\_, (SSN) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

do hereby certify that I am unemployed and have no income for the following reason: (check appropriate reason(s))

\_\_\_ Laid off. Enter month and year of last date worked \_\_\_\_\_

\_\_\_ The job I had was seasonal and has ended

\_\_\_ I am unable to find employment

\_\_\_ I have been or am, (circle one) sick / injured and unable to return to work.

\_\_\_ I expect to return to work by (month/year) \_\_\_\_\_

\_\_\_ I have small children and no one to care for them except me

\_\_\_ My only source of income is from \_\_\_\_\_

\_\_\_ I am no longer eligible for Unemployment Benefits

\_\_\_ I receive assistance from the La. Dept. of Social Services (circle all that apply) Food Stamps,

TANF funds, OTHER: \_\_\_\_\_

\_\_\_ Other (please use the space below to write any conditions that are not covered above)

-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if I knowingly give incomplete, inaccurate, or incorrect information I am subject to criminal prosecution under Title 18 of the U.S. Code.

Signature: \_\_\_\_\_

Customer Signature

\_\_\_\_\_

Agency Representative



If you are 18 or older and have no income, you must complete this form. If it does not apply to you, throw it away.

**ZERO INCOME SUPPLEMENTAL SHEET**

APPLICANT NAME: \_\_\_\_\_

**MONTHLY EXPENSES**

**MONTHLY INCOME**

**SECTION 1: HOUSEHOLD MONTHLY EXPENSES**

**SECTION 3: MONTHLY INCOME**

1. RENT/MORTGAGE	
2. FOOD PURCHASES	
3. AVG. ELECTRIC BILL	
4. AVG. GAS BILL	
5. AVG. WATER BILL	
6. SEWER/GARBAGE	
7. HOME TELEPHONE	
8. CELL PHONE	
9. CABLE/SATELLITE	
10. CLOTHING EXP	
11. SCHOOL EXP	
12. MEDICAL EXP (NOT MEDICINE)	
13. PRESCRIPTION EXP	
13A. TOTAL #1-13	

19. SELF EMPLOYMENT	
20. WAGES	
21. SSA	
22. SSI	
23. VETERANS PENSION	
24. UNEMPLOYMENT	
25. WORKMAN'S COMP	
26. RENTAL INCOME	
27. ALIMONY	
28. TANF CASH ASSISTANCE	
29. CONTRIBUTIONS	
29A. FAMILY	
29B. FRIENDS	
30. OTHER	
30A. TOTAL #19-30	

**SECTION 2: VEHICLE MONTHLY EXPENSES**

**SECTION 4: EXEMPT INCOME**

14. CAR NOTE	
15. AUTO INS	
16. AVG. FUEL COST	
16a. TOTAL #14-16	
ADD: 13A	
PLUS: 16A	
OTHER (IF ANY)	
17. TOTAL EXP	

31. FOOD STAMPS	
32. AFDC	
33. CHILD SUPPORT	
34. OTHER INCOME	
34A. TOTAL EXEMPT	

**SECTION 5: EXPENSES VS. INCOME**

ENTER TOTAL EXPENSES	
SUBTRACT (30A)	
SUBTRACT (34A)	
35. HOUSEHOLD REVENUE:	

**INSTRUCTIONS:**

1. ENTER EXPENSES AMOUNT REPORTED BY APPLICANT IN SECTION 1 AND 2.
2. ENTER INCOME AMOUNTS IN SECTION 3 AND 4.
3. TRANSFER EXPENSES AND INCOME TOTALS TO SECTION 5.
4. IF THE AMOUNT IN LINE 35 IS GREATER THAN ZERO, IT MUST BE INCLUDED AS INCOME AND THE APPLICANT SHALL PROVIDE A WRITTEN EXPLANATION OF THE INCOME SOURCE.

DATE: \_\_\_\_\_ I CERTIFY TO THE BEST OF MY KNOWLEDGE INFORMATION PRESENTED ABOVE IS ACCURATE.

APPLICANT'S SIGNATURE: \_\_\_\_\_



If you are 18 or older and have no income, and someone pays your bills, they must complete this form. If it does not apply to you, throw it away.

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

**STATEMENT OF CONTRIBUTIONS**

Date: \_\_\_\_\_

I, (name of person making contribution) \_\_\_\_\_

do, hereby declare that I assist (enter the name of the person being assisted) \_\_\_\_\_

with monthly household expenses. Our relationship is (check the appropriate box)

I am a relative  I am a friend  other: \_\_\_\_\_

The amount of my monthly contribution is \$ \_\_\_\_\_

Or

I assist with the following:

- \_\_\_\_\_ A. Rent.....Amount: \_\_\_\_\_
- \_\_\_\_\_ B. Food..... \_\_\_\_\_
- \_\_\_\_\_ C. Utility Bills..... \_\_\_\_\_
- \_\_\_\_\_ D. Transportation ..... \_\_\_\_\_
- \_\_\_\_\_ E. Medical Expenses ..... \_\_\_\_\_

TOTAL: \_\_\_\_\_

**I understand that if I knowingly give incomplete , inaccurate , or incorrect information, regarding my assistance with the person named above, I am subject to criminal prosecution under Title 18 of the U.S. Code.**

Contributor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_)- \_\_\_\_\_

Signature of Contributor: \_\_\_\_\_

If this form does not apply to you, throw it away



If you live in a rental property, this form must be completed, and the owner must show proof of ownership (current mortgage statement, current property tax bill or recorded mortgage.)

**Lessor / Owner Agreement**

Contractor: DeSoto Parish Police Jury / Office of Community Services

I am the lessor/owner of the dwelling unit located at \_\_\_\_\_

for which the lessee/applicant, \_\_\_\_\_

has applied to receive Weatherization Assistance Program services through the above named Contractor agency.

I give my permission for the above contractor to install weatherization measures to the dwelling unit in accordance with the Department of Energy and State of Louisiana regulations.

I agree to release the above contractor of all liability while weatherizing the dwelling unit described above.

I confirm that the lessee/applicant (or a person in his/her household) is responsible for the payment of all cost associated with the utilities at the above address.

The lessee/applicant authorizes any utility vendor(s) to make the billing records available to the contractor or its designee, prior to and subsequent to the installation of weatherization measures, for the purpose of evaluating the effectiveness of the energy savings measures of the weatherization assistance services. The vendor(s) is (are):

Vendor # 1. \_\_\_\_\_ Acct. # \_\_\_\_\_

Vendor # 2. \_\_\_\_\_ Acct. # \_\_\_\_\_

I, and the lessee/applicant, grant permission for photographs and non-confidential information concerning the above unit to be used to document and/or publicized the weatherization assistance program.

I, and the lessee/applicant acknowledge that the current monthly rent is \$ \_\_\_\_\_. For one year, I will not evict the tenant unless the tenant is in violation of a valid lease agreement clause. In the event of a rent increase and/or unlawful eviction. I will reimburse the contractor the total cost of the weatherization work done on the unit.

This agreement becomes effective on the date when the weatherization assistance work has passed a satisfactory post inspection by the contractors' inspector, and is acceptable to and approved by the lessee/applicant as verified by their dated signature. It expires on the date the first rent payment is due after the 365 days have passed following the acceptance and approval date of the work performed.

\_\_\_\_\_  
Signature of Lessee/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Lessor/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Contractor Representative

\_\_\_\_\_  
Date

**This form must be attached to the application.**