

The following documents are required to complete your application:

- ❖ Valid picture ID of all household members 18 or older
- ❖ Social security cards for all household members
- ❖ Proof of Income (all household members 18 or over)
 - Current years SSI/SSA statement
 - Weekly pay – last 4 consecutive check stubs
 - Bi-weekly/monthly pay – last 2 consecutive check stubs
 - Or completed income verification form (included) from employer
 - Zero Income Form – applicable to 18 or older with no income
- ❖ Date of birth for all household members
- ❖ Most recent months utility bill (Gas/Electric/Propane/Butane)
- ❖ Proof of property ownership/statement of permission from owner

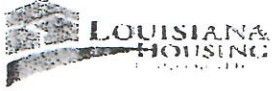
All documentation must be received before this application is processed. The application is valid for one year, after which all information must be updated.

Mail your completed application and supporting documents to:

CONCORDIA CDC
107 E. E. WALLACE BLVD.
FERRIDAY, LA 71334

Or you may fax your information to 318-757-3962 Attn: Kelly or email it to kcurry.lcaa@gmail.com

If you have any questions, or concerns regarding your application; please contact Kelly Curry at 318-757-9214



Louisiana Housing Corporation
 Weatherization Assistance Program
 Application for Weatherization Assistance

1. Application Information:

Date		Contractor		Parish	
Applicant		Phone		Second Phone	
Address					
Eligible		Dwelling Unit Type		WAP Rank	
Occupants	Disable	Children 0-2	Children 3-5	Children 6-17	

2. Fuel Usage Information:

Utility Name	Account #	Name On Bill	Energy Cost	Utility Allowance

3. Household Information:

Name	SSN	Disable	Race	Sex	Birthdate	Age

4. Family Income Information:

Name	Income Type	Employer Name	Monthly Income
Total Family Income			

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 completing 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.

This form should ONLY be completed when/if you DO NOT have the correct check stubs



VERIFICATION OF EMPLOYMENT

To Employer	
Name	
Address	
Contact	
Phone	
Email:	

From Agency	
Name	
Address	
Contact	
Phone	
Email:	

Applicant Name	
Social Security	

I hereby authorize release of my employment information to the above listed Agency. Please complete the following page in its entirety.

Applicant Signature

Date

If you DO NOT have the correct check stubs your EMPLOYER may fill this form out for you

THE FOLLOWING SECTION TO BE COMPLETED OR VERIFIED BY EMPLOYER:

Employment Detail: Please provide the following information.

Employee Name:	Job Title:
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Employment Status: Complete the line that is applicable.

Is Employee Active:	Date of Employment:
Was Employee Terminated:	Date of Termination:

Frequency of Pay: Place an "X" in the space that is applicable.

Hourly	Weekly	Bi-Weekly	Bi-Monthly	Monthly	Annually	Other
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Pay Information: Please provide current (active employees), future (new hires), or past information (recently terminated) for employee.

Last (4) Pay Periods	# of Hours Worked	Hourly Pay Rate	# of Overtime Hrs.	Gross Pay	Date of Check	Year to Date Earnings	Is Overtime Regularly earned?

Are you aware of any other compensation this person may be receiving at this job that is not listed above? If yes, explain. _____

I certify that, to the best of my knowledge and belief, the information provided on this form is true and accurate.

Employer's Signature

Employer's Printed Name

Employer's Phone Number

Fax Number



Lessor / Owner Agreement

Contractor: _____

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.



CLIENT CONTACT LOG

CUSTOMER: _____
ADDRESS: _____

PHONE: _____
CITY/ZIP: _____

DATE	TIME	COMMENTS/ISSUES	REFERRED TO	RESOLUTION NOTES

If there is a customer complaint, please complete the Client Complaint and Resolution Form.Rev: 12/17



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