## Weatherization Assistance Program

# Application for Weatherization Assistance

## 1. Applicant Information:

Date				Contractor			Parish		
Applicant	Pho			Phone			Second Phone		
Address									
Eligible				Dwelling			WAP R	lank	
				Unit Type					
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	Birthday	Age
·						· .
				100		

## 4. Family Income Information

Name	Income Type	Employer Name	Monthly Income
	e /		
		,	·
Total Family Income			

outsia						se all or parts	of the	intormation	in my	CHELL		
	e sources to	r tne purpos	es of statistical	research only.								
	Yes	No	•	i 1								
	<u>-</u>	النجسا	Applicant Signa	ture	•	Date	•					
APPL	ICANT AS	SURES THA	AT:	American and a second s	, .							
*	I have furn	ished true ar	d correct infor	nation regardin	g household in	come and agree	to promp	ly report any	,			
	changes in	the househo	ld income or nu	mber of individ	luals living at t	he listed address	s.					
. *						ermission to ver		nd all inform	ation			
*						urnished me, ser se of false inforr		nav be regni	red to			
0.0			using Finance A		iorigiore occau		mation, 17		rea to		٠.	
*	I understan	d that I have	a right to reque	est a fair hearing		isiana Housing F						
						this have been vi						
•			application has ask questions.	read these assur	rances to me; I	fully understand	d this agre	ement and h	ave been	ı		
*				ent that I attest	to the truth of	all information	provided (	either verbal	lly or in		•	
	writing) to	the Louisian	a Housing Fina	nce Agency and	i the Contracto	r named in item	#2 of thi	s form. I und	lerstand		:	
	that failure	to provide co	omplete, accura	te information i	may result in m	ne having to repa	ay cost ass	ociated with	the			
*		ion work. I f	urmer, agency to weat	herize my home	•	w						
*.	Certify that	I live at the	listed address a	nd am responsi	o. ble for paymen	t of utility bills a	at that add	Iress.				
. *	Authorize u	tility supplie	r(s) to furnish l	oilling records b	efore and after	WAP services	are applie	d to my hom	e.			
*	Release the	Louisiana H	ousing Finance	Agency and the	e Contractor na	amed in item # 2	of this fo	rm, from all	liability			
	publicize we			permission for	photographs at	nd information to	o be used	to document	and			
				r acquisition or	clearance und	er a government	nroorem					
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