

Weatherization Assistance Program

Application for Weatherization Assistance

1. Applicant 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	Birthday	Age

4. Family Income Information

Name	Income Type	Employer Name	Monthly Income
Total Family Income			

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 Finance Agency 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 Finance Agency 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 Finance Agency.
- * I understand that I have a right to request a fair hearing from the Louisiana Housing Finance Agency 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 Finance Agency 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 Finance Agency 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 Finance Agency 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 Finance Agency, 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 Finance Agency, 2415 Quail Drive, Baton Rouge, LA 70808 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

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 and explained to the applicant.