THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPETE 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 older)
  - ✓ Current year SSI/SSA statement
  - ✓ Weekly pay - last 4 consecutive check stubs
  - ✓ Bi-Weekly/Monthly pay - last 4 consecutive check stubs
  - ✓ Or have your employer complete income verification form (included)
  - ✓ Zero Income Form - applicable to 18 or older with no income
- Current Gas/Electric/Propane/Butane bill
- Proof of property ownership/statement of permission from owner

ALL DOCUMENTATION MUST BE RECEIVED BEFORE 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:

LASALLE CAA/WAP
107 E.E. WALLACE BLVD
FERRIDAY, LA 71334

You may fax your information to (318) 757-3962

Attn: Erika Williams
Email: erikaw.lcaa@gmail.com

If you have any questions or concerns regarding your application, please contact:
Erika Williams
(318) 757-9213

Louisiana Housing Corporation

Weatherization Assistance Program (WAP)
Application for Assistance

1. **Application Information:**

Date: _____ **Parish:** _____

Contractor: _____

Applicant: _____

Street Address/Mailing: _____ City/St/Zip

Phone: _____ **Alternate Phone:** _____

Email: _____

To be completed by the Contractor:

Eligible				**Dwelling Unit Type**				**WAP Rank**			
# of Occupants		**# Disabled**		**# Children 0-2**		**# Children 3-5**		**# Children 6-17**			

2. **Fuel Usage Information:**

Utility Name	Account #	Name On Bill	Energy Cost	Utility Allowance

3. **Fuel Type for Heating:** _____

4. **Household Information:**

Name	SSN	Disabled	Race	Sex	Date of Birth	Age

5. **Family Income Information:**

Name	Income Type	Employer Name	Monthly Income	Frequency
Total Family Income				

6. **Do any household members have pre-existing or potential health conditions to take into consideration for weatherization of the residence?** Circle Yes or No

Please contact the person listed below with any potential health condition issues:

Name: _____ Phone: _____ Email: _____

7. **Type of home:** (Circle One)

- Single Family House – Owner Occupied
- Single Family House – Renter Occupied – Owner Contact: _____
- Mobile Home – Owner Occupied
- Mobile Home – Renter Occupied – Owner Contact: _____
- Duplex – Owner Occupied
- Duplex – Renter Occupied – Owner Contact: _____
- Apartment (2-4 units per building) – Renter Occupied – Owner Contact: _____
- Apartment (5 or more units per building) – Renter Occupied
- Other _____

8. **What year was the home built?** _____

9. **Has the home received any weatherization services in the past?** Circle Yes or No

If so, when? _____

Who performed the past services? (Circle One)

- The contractor listed above
- Louisiana Housing Corporation (LHC)
- U.S. Department of Housing and Urban Development (HUD)
- U.S. Department of Department of Agriculture (USDA) – Rural Development (RD)
- City or Parish Government
- Utility Company (i.e. Entergy, Cleco, Atmos, etc.) _____
- Private funds
- Other _____

LHC WAP: Application for Assistance

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 # 1 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 # 1 of this form, from all liability while weatherizing my home.
  - 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, 11637 Industriplex Blvd., Baton Rouge, LA 70809. 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 Rights:
If you believe you have been discriminated against because of race, color, religion, sex, age, familial status, national origin, and/or disability status, you may file a complaint either through the contractor agency or directly to the Louisiana Housing Corporation, 11637 Industriplex Blvd., Baton Rouge, LA 70809 (225) 763-8700; or to the Office of the Governor, Louisiana Commission on Human Rights, P.O. Box 94094, Baton Rouge, LA 70804.

_____ 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.**

Louisiana Housing Corporation

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 unity 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.

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Louisiana Housing Corporation

ZERO INCOME SUPPLEMENTAL SHEET

APPLICANT NAME: _____

MONTHLY EXPENSES

SECTION 1: HOUSEHOLD MONTHLY EXPENSES

RENT/MORTAGE	
FOOD PURCHASES	
AVG. ELECTRIC BILL	
AVG. GAS BILL	
AVG. WATER BILL	
SEWER/GARBAGE	
HOME TELEPHONE	
CELL PHONE	
CABLE/SATELLITE	
CLOTHING EXPENSES	
SCHOOL EXPENSES	
MEDICAL EXPENSES (NOT MEDICINE)	
PRESCRIPTION EXP	
TOTAL HOUSEHOLD	

SECTION 2: VEHICLE MONTHLY EXPENSES

CAR NOTE	
AUTO INSURANCE	
AVG. FUEL COST	
TOTAL VEHICLE	
TOTAL HOUSEHOLD EXP	
TOTAL VEHICLE EXPENSES	
OTHER (IF ANY)	
TOTAL EXPENSES	

MONTHLY INCOME

SECTION 3: MONTHLY INCOME

SELF EMPLOYMENT	
WAGES	
SSA	
SSI	
VETERANS PENSION	
UNEMPLOYMENT	
WORKMAN'S COMP	
RENTAL INCOME	
ALIMONY	
TANF CASH ASSISTANCE	
REGULAR CONTRIBUTIONS	
*FAMILY	
*FRIENDS	
OTHER	
TOTAL INCOME	

SECTION 4: EXEMPT INCOME

FOOD STAMPS	
AFDC	
CHILD SUPPORT	
OTHER INCOME	
TOTAL EXEMPT INCOME	

INSTRUCTIONS:

1. **ENTER EXPENSES AMOUNT REPORTED BY APPLICANT IN SECTION 1 AND 2.**
2. **ENTER INCOME AMOUNTS IN SECTION 3 AND 4.**
3. **THE INTAKE WOKER MUST ASK APPLICANT FOR WRITTEN EXPLANATION OF INCOME SOURCES, IF ANY. (FOR EXAMPLE, ASK APPLICANT HOW THEIR EXPENSES ARE BEING PAID. THE INTAKE WORKER MUST DOCUMENT THE APPLICANT'S FILE WITH THIS INFORMATION UNDER SECTION 3 AND 4.)**

***NOTE:** ALL REGULAR CONTRIBUTIONS RECEIVED FROM FAMILY AND/OR FRIENDS MUST BE DOCUMENTED ON THE STATEMENT OF CONTRIBUTIONS FORM, WHICH IS TO BE FILLED OUT, SIGNED AND DATED BY THE PERSON GIVING THE CONTRIBUTION.*

I CERTIFY TO THE BEST OF MY KNOWLEDGE INFORMATION PRESENTED ABOVE IS ACCURATE.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

AGENCY REPRESENTATIVE'S SIGNATURE: _____ **DATE:** _____

Louisiana Housing Corporation

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

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Louisiana Housing Corporation

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:_____

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Agency Weatherization Assistance Program
202 Sicily Street
Harrisonburg, LA 71340



Own or rent, weatherization is free for qualifying residents.

We Provide weatherization services for the following parishes: Caddo, Caldwell, Catahoula, Concordia, East Carroll, Franklin, Grant, Jackson, LaSalle, Lincoln, Madison, Ouachita, Rapides, Richland, Tensas, West Carroll, and Winn.

Weatherization, a federally funded program, weatherizes homes to improve heating and cooling efficiency, thereby reducing energy cost and improving the comfort level of household members.

Priority is given to the following groups:

- **Elderly: 60 years of age or older**
- **Families: With children 18 years of age and under**
- **Disabled: One whose disability has been established in accordance with the Title XXVI of the Social Security Act for the SSI Program**
- **High Residential Energy Users: Households with a high energy burden**

The household income determines the minimum requirements for weatherization assistance. Availability of WAP is not guaranteed.

07/01/2025 to 06/30/2026

Household Members	Maximum Income	Monthly Household Income Limit
1	$31,300	$2,608.33
2	$42,300	$3,525.00
3	$53,300	$4,441.67
4	$64,300	$5,358.33
5	$75,300	$6,275.00
6	$86,300	$7,191.67
7	$97,300	$8,108.33
8	$108,300	$9,025.00
9	$119,000	$9,941.67
10	$130,300	$10,858.33

Limits listed will change on 06/30/2026

INFORMATION NEEDED TO APPLY

- ✓ Head of Household MUST have a VALID Louisiana Driver's License or State ID
- ✓ Social Security Cards for ALL household members
- ✓ Copies of last four consecutive check stubs for employed household members
- ✓ Proof of unearned income (Social Security, Unemployment income, Pension Funds, Disability, Retirement, etc.)

Additional information may be required to determine your eligibilty for weatherization assistance

Should you have any questions regarding the weatherization Assistance Program, please contact the program specialist:
Erika Williams (318) 757-9213

An Equal Opportunity Employer/Program
Auxiliary Aids & Services Are Available Upon Request to Individuals with Disabilities
LA Relay Service: 1-800-846-5277