



Quad Area

Weatherization Assistance Program

What information do I need to apply?

- Completed application with signature's
- Proof of monthly income
- Copies of Social Security cards for ALL household members
- Copies of picture ID for all household member 18 & older
- Current copies of Gas, Electric, propane bills

Family size	Monthly income
1	\$1,980.00
2	\$2,670.00
3	\$3,360.00
4	\$4,050.00
5	\$4,740.00
6	\$5,430.00
7	\$6,122.00
8	\$6,815.00
9	\$7,508.00
10	\$8,201.00

These documents "MUST" be returned with the Weatherization Application.

45300 North Baptist Rd.
Hammond LA 70401
225-209-0724 / 225-209-2780



NOTE: Failure to provide ALL documents will result in *termination of your application*

Louisiana Housing Corporation

Application for Weatherization Assistance

Date:	Dwelling Unit Type:	Parish:
Name of Applicant:	<input type="radio"/> Owner Occupied/Site Built	Main Fuel Source: <input type="radio"/> Natural Gas <input type="radio"/> Electric <input type="radio"/> Other
Street Address:	<input type="radio"/> Owner Occupied/Mobile Home	
City: State: Zip:	<input type="radio"/> Renter Occupied/Site Built	
Mailing Address:	<input type="radio"/> Renter Occupied/Mobile Home	
	<input type="radio"/> Multi-Family (Duplex/Triplex/Apt.)	
City: State: Zip:		
Phone Number:		
Work Number:		
Other Number:		
Utility Company #1:	Account#	Name on Bill:
Utility Company #2:	Account#	Name on Bill:

Household information & income. (Record information on each household member)

Household Members:	Applicant:	Person #2	Person #3	Person #4	Person #5	Person #6
Name:	First:					
	Last:					
Date of Birth:						
Social Security #						
Sex: Male/Female						
Race:						
Disabled: Yes/No						
Relation to Applicant:	Head of Household					
Employment Status:						
Source of Income:						
Monthly income amount:						
How often income received?						
What Language:						
Marital Status:						
Type of medical insurance:						
Education:						

Total Monthly Household Income: \$ _____

Sign all documents on back

Louisiana Housing Corporation

Application for Weatherization 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 The 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 LHC 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 LHC.
- * I understand that I have a right to request a fair hearing from LHC 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 LHC Contractor named 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 LHC Contractor 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.

Applicant's Signature

Date

Worker's Signature

Date

**CERTIFICATION FORM FOR COMMUNITY SERVICES BLOCK GRANT FOR
PROGRAM PARTICIPANTS
FEDERAL LAW PROHIBITS DISCRIMINATION BECAUSE OF RACE,
COLOR, NATIONAL ORIGIN, OR HANDICAP**

Title VI of the Civil Rights Act of 1964, enacted by the Congress, prohibits discrimination on the grounds of race, color, or national origin: Section 504 of the Rehabilitation Act of 1973, as amended, prohibits discrimination on the basis of handicap. Persons should not be excluded from participation in, denied the benefits of, or subjected to discrimination under or activity receiving federal financial assistance. This includes, but is not limited to, such facilities, hospitals, mental health centers, nursing homes and any other long or short term care facilities, and social service providers. Any person who believes he or she has been discriminated against should immediately contact either of the following:

Department of Health and Human Resources Bureau of Civil Rights
1101 Toc Building, 200 Riverside Mall Baton Rouge, La 70802

Department of DHHS-Health and Social Services
1200 Main Tower-Suite 1900, Regional Office for Civil Rights, Dallas, TX 75202

I certify that I have been advised of my rights under Title VI of the Civil Rights Act of 1964, and 45 CFR 80 & 84. Nondiscrimination on the basis of Handicap, and understand these rights as they have been explained to me. Additionally, I have been provided a copy of the notice that includes information on where to file a CSBG discrimination complaint and/or grievance procedure. This certification is to be signed, dated, and a copy given to the participant, and original placed in program file to be maintained along with application for assistance.

WEATHERIZATION

Program(s) (CSBG Funded Indirectly or Directly)

Program Participant Name (Print) _____ Program Participant Name Signature _____ Date _____

Questions and inquiries should be directed to:
Debbie P. Butler, EO Officer, Quad Area Community Action Agency
Post Office Box 27

AUTHORIZATION FOR THE RELEASE OF INFORMATION

NAME/ADDRESS OF AGENCY: Quad Area CAA, Inc.
45300 N. Baptist Rd.
Hammond, LA 70401



AUTHORIZATION:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for our participation under any of the following program:

Weatherization

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing program. The inquiries may be made about the following:

- Credit History
- Employment, Income, Pensions
- Welfare Assistance
- Child Support
- Social Security
- Bank Deposits and Assets
- Mortgage Payment
- Utilities
- Federal or State Taxes
- Life Insurance
- Hazard Insurance
- Flood Insurance

I authorize the release of information from the following organization(s):

- Banks/Other Financial Institutions
- Credit Bureaus
- Employers (Past and Present)

Providers of:	Alimony	State Employment Agencies
	Child Support	State Welfare Agencies
	Handicapped Assistance	U.S. Social Security Administration
	Pensions/Annuities	U.S. Dept. of Veteran Affairs
	Schools/Colleges	Utilities Companies

I agree that photocopies of this authorization may be used for the purposes stated above.

SIGNATURE

Original is retained by the requesting organization.



**Louisiana Housing Corporation
Weatherization Assistance Program**

Lessor/Owner Agreement
(To be completed for Rental Units Only)

The _____ (hereinafter referred to as the Agency), a
(Name of the local Weatherization Agency)
local sub-grantee agency of the State of Louisiana, and the Owner, (hereinafter referred to as the
Lessor), as of this _____ day of _____, 20____ herewith enter into an
agreement regarding the implementation of the Low Income Weatherization Assistance Program
at the following dwelling unit(s) located at:
Address and description of the dwelling unit(s) to be weatherized:

Agent/Property Owner: _____ Phone # _____
Name of Tenant/Lessee/Applicant: _____
Monthly Rental: \$ _____ Lease Expiration Date: _____

The Lessor is the owner of the above mentioned property and hereby authorizes and permits the Agency to undertake the Weatherization activities allowed by federal law and regulations, as determined necessary by a priority list of energy conservative measures established by the State.

In consideration of the above and the mutual promises and obligations herein provided, the parties herein agree as follows:

1. Services to be provided
Upon written request, the Agency agrees to furnish the Lessor with an itemization of the services and materials to be provided, which shall be attached to and become part of this Agreement.
2. Consideration for Services
From the date of execution of this Agreement, the Lessor further agrees not to raise the rental charge of the above unit(s) for one year from the date the Weatherization series are completed because of the increased value of any such dwelling unit(s) due to Weatherization assistance provided under this program. This does not preclude the increase of rent due to increased operating costs by the owner that can be documented. The Lessor further acknowledges that there are no current plans to sell or dispose of said rental unit(s) for a period of not less than one year from the date of this agreement.

3. Eviction
The Lessor agrees the Lessee of said weatherized dwelling unit shall not be evicted or involuntarily removed from the dwelling because of the Weatherization services provided under this agreement and because of the upgraded value of the property.

4. Penalty for Violation
If the Consideration of Services and Eviction sections of this agreement are violated, the Lessor will be billed for the cost of the Weatherization services on a prorated basis for each month the unit was inhabited by the tenant. The Lessor further agrees to pay the cost of such services, within thirty (30) days of the date of such billing.

5. Liability
The Agency shall not be held responsible or liable in any way for the failure to provide work, labor services or materials provided for by the terms of the Agreement due to federal, state or municipal action or regulation. Under this Agreement, the Lessor shall not be liable for injuries and damages occurring during the completion of the Weatherization activities, which do not arise as a result of the Lessor's actions, or activities on the premises.

6. Release of Information
The Lessee/Applicant (or a person in household) who is responsible for the payment of all costs associated with the utilities at the above address authorizes the utility vendor(s) to make the billing records available to the Agency 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 _____ Act. # _____
Vendor # 2 _____ Act. # _____

The Lessee/applicant further grants permission for photographs and non-confidential information concerning the above unit to be used to document and/or publicize the weatherization Assistance Program.

This agreement becomes effective on the date when the weatherization assistance work has passed a satisfactory post inspection by the Agency's inspector, and is acceptable and signed by the Lessee/Applicant. It expires one year following the date of acceptance and approval of the work performed.

The Lessor, Lessee/Applicant certifies that all information provided regarding the application and this Lessor agreement is true and correct to the best of their knowledge.

This Agreement is hereby executed by the duly authorized representatives of the Agency, the Lessor and Lessee

Tenant/Lessee/Applicant Signature _____ Date _____

Lessor's Signature _____ Date _____

Address _____

Tenant Agency Signature _____ Date _____

Address _____

This Agreement should be signed prior to the initial on-site inspection conducted by the Agency. Copies will be provided to all parties.