



**ST. TAMMANY PARISH  
COMMUNITY ACTION AGENCY  
WAP Application**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

**MARITAL STATUS:**

Single (Never Married)  Married  Separated  Divorced  Widowed

**Home Status:**

Own  Rent  
 Raised Home  Slab Foundation  Mobile home  
 Electric  Natural Gas  Propane  Both

**HOUSEHOLD MEMBERS (please include head of household)**

NAME	RELATIONSHIP	SSN	DOB	RACE	SEX	INCOME



Please read carefully and sign:

## CERTIFICATION OF TRUE AND CORRECT INFORMATION

**“You will be subject to criminal prosecution under title 18 of the U.S. code if you knowingly, give false, incorrect, or incomplete information during this application process in order to obtain assistance”**

Failure shall result to forfeiture or ineligibility and in termination of service and the repayment of such services. I understand proof of all statements may be required and I give permission to St. Tammany Parish Community Action to contact the appropriate public or private sources for verification and exchange of information. An appeal of a decision may be requested if it is considered unfair or if there has been a violation of civil rights.

**THIS AGENCY DOES NOT DISCRIMINATE BECAUSE OF RACE, RELIGION, SEX, NATIONAL ORIGIN OR DISABILITY.**

**APPLICANT’S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CAA REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## ST. TAMMANY PARISH

### Items Needed for Weatherization

- **Picture ID or Driver's License** for everyone in the household who is 18 years or older.
- **Proof of residency** if the address on picture ID does not match address on the utility bill. (Examples: lease, water bills, cable bill, rent receipt, check stubs, food stamp printout)
- **Social Security Cards** for every member of the household.
- **Birth Certificates** for all children 5 years old and younger; birth letters from hospital or shot records are also permitted.
- **Utility Bill printout** for up to 6 months of service. CLECO, WST, or ENTERGY customers may obtain this printout from a local office. You may obtain one for your Gas OR bring in latest bill.
- **Food Stamp Printout** *if applicable*, the most current food stamp letter. You can obtain this printout on the LACAFE portal website.
- **Proof of Unearned Income**
  - 2016 Social Security/SSI Award Letter. (MUST SHOW YOUR MONTHLY INCOME).
  - 2016 Monthly Pension statement
  - Contribution form (this form may be picked up from our office and filled out by anyone who contributes financially to your household)
  - Unemployment statement
- **Proof of Earned Income**
  - Last 4 CURRENT and CONSECUTIVE paycheck stubs. If you cannot find the last 4 check stubs you can obtain an Employment Verification Form from our office that your employer may fill out.
  - If you have just started employment you must pick up an employment verification form from our office and have your employer fill out.
- If claiming **NO INCOME** you must provide proof of how you are maintaining.
- **Self-Employment applicants** must provide their current Federal Income Tax Returns with invoices, schedules, and receipts for work performed. MUST have filed most recent taxes.
- **Other** \_\_\_\_\_

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INCOME MUST BE REPORTED FOR ANYONE 18 OR OLDER LIVING IN THE HOUSEHOLD  
ALL DOCUMENTATION IS REQUIRED AT THE TIME OF APPOINTMENT



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

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Printed Name

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Signature & Date

\*Original is retained by requesting organization.