



# Quad Area Weatherization Assistance Program

## IT'S FREE !!!!

*Please check boxes below to ensure all information is submitted!*

**All documents "MUST" be returned with the Weatherization Application.**

- 1.) Completed application with ALL required signatures
- 2.) Copy of current IDs for ALL household members 18 & older
- 3.) Copy of Social Security cards for ALL household members
- 4.) Copy of current Gas, Electric, propane bills
- 5.) Copy of current year SSA/SSI Payment/Retirement(Award Letter)
- 6.) Proof of income- last four consecutive check stub copies for ALL household members 18 & over
- 7.) Only When Household Does Not Have Income - Zero-Income Form complete attached form for ALL unemployed household members 18 & over
- 8.) Lessor/Owner Agreement *OR* Proof of Home Ownership

Family size	Gross Monthly
1	\$2,608.33
2	\$3,525.00
3	\$4,441.67
4	\$5,358.33
5	\$6,275.00
6	\$7,191.67
7	\$8,108.33

<p><b>THE BENEFITS</b></p> <p>The weatherization Program works to:</p> <ul style="list-style-type: none"> <li>• Reduce energy costs</li> <li>• Decrease the nation's energy consumption</li> </ul>	<p>Learn more <a href="http://quadarea.org">@quadarea.org</a></p> <ul style="list-style-type: none"> <li>• Improve individual's Health</li> <li>• Improve local air quality</li> <li>• Provide economic boost in low-income communities</li> </ul>
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*Pass it on - Tell a Friend about Free Weatherization !!!*

Mail or email applications to:

**Quad Area CAA Weatherization**  
**45300 North Baptist Rd.**  
**Hammond LA 70401**  
**(225)-209-0780**



**225-209-0723 Greater New Orleans Area      NOLA.quadarea@gmail.com**  
**225-209-0724 Baton Rouge Area & North Shore      Northshore.quad@gmail.com**

*Priority is given to elderly, persons with disabilities and families with children*

*An equal employer/program auxiliary aids and service available upon request to individuals with disabilities. TDD (800) 846-5277*



Attn: Weatherization  
 45300 N. Baptist Rd.  
 Hammond, LA 70401  
 (225) 209-0780

## Weatherization Assistance Program (WAP) Application for Assistance

To be completed by the Contractor:	Eligibility		Date entered into HES
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**1. Application Information:**

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

Contractor: Quad Area CAA, Inc.

Applicant: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**2. Fuel Usage Information:**

Utility Name	Account #	Name On Bill	Energy Cost	Utility Allowance

3. Fuel Type for Heating: Circle One: Electric   Natural Gas   Propane   Other: \_\_\_\_\_

**4. Household Information:**

Name	SSN	Disabled	Race	Sex	Date of Birth	Age

**LHC WAP: Application for Assistance**

**5. Family Income Information:**

Name	Income Type	Employer Name	Monthly Income	Frequency
<b>Total Family Income</b>				

**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.
  - Give permission for the agency to complete a final inspection for quality control after WAP services.
  - 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 yourself 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.

**COMMUNITY SERVICE BLOCK GRANT CERTIFICATION FORM FOR PROGRAM PARTICIPANTS**

**FEDERAL LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, OR DISABILITY**

Title VI of the Civil Rights Act of 1964, enacted by Congress, prohibits discrimination on the basis of race, color, or national origin: Section 504 of the Rehabilitation Act of 1973, as amended. It prohibits discrimination on the basis of disability. Individuals should not be excluded from participation, denial of benefits, or discrimination by virtue of the provision of federal financial assistance or the activity they receive. This includes, but is not limited to, such facilities and social service providers. Anyone who believes they have been discriminated against should immediately contact any of the following:

**Department of Health and Human Resources Bureau of Civil Rights  
Tic Too 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 informed of my rights under Title VI of the Civil Rights Act of 1964, and 45 CFR 80 and 84 Nondiscrimination Based on Disability and understand these rights as explained to me. In addition, I have been provided with a copy of the notice which includes information on where to file a CSBG discrimination complaint and/or the grievance procedure. This certification must be signed, dated, and given a copy to the participant, and the original placed in the program file to be kept with the application for assistance.

**WEATHERIZATION**

Program(s) (CSBG funded directly or indirectly)

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Program Participant Name (PRINT)

Program Participant Name (SIGNATURE)

Date

Questions and inquiries should be directed to:  
Debbie P. Butler, Executive Order Officer, Quad Area Community Action Agency  
Post Office Box 227



**Lessor / Owner Agreement**

Contractor: Quad Area Weatherization CAA

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 unit 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 costs 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 saving 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.

**Owner Information: Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **Email Address** \_\_\_\_\_

\_\_\_\_\_  
Signature of Lessee/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Lessor/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Contractor Representative

\_\_\_\_\_  
Date

This form must be attached to the application.



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

Signature \_\_\_\_\_

Agency Representative