

Weatherization Eligibility Chart

Purpose: To help you determine if you qualify for one or more energy-efficiency assistance programs. (You may qualify for both programs).

Arkansas Weatherization Program
(Utility Funded)

Weatherization Assistance Program
(Federally Funded)

Do you own your home?

IF

Have you lived there for more than one year?

IF NO

Do you rent your home or have you owned your home for less than one year?

IF

Do you receive service from any of the following utility companies?

Arkansas Oklahoma Gas
Arkansas Western Gas
Centerpoint Energy
Empire Electric
Entergy
Oklahoma Gas & Electric
Southwestern Electric Power Company

IF NO

Is your household income below 200% of the Federal Poverty Guideline (effective 4-1-09)?

IF

Complete the Energy-efficiency Self-Audit. Does your home meet the criteria?

IF

You may qualify for the utility-supported Arkansas Weatherization program. Complete pages 1 & 2 of the application.

You may qualify for the Federally-funded Weatherization Assistance Program.

IF

You must complete the entire application— pages 1, 2, & 3.



Put Weatherization to Work for You!

What is Weatherization?

The Department of Energy's Weatherization Assistance Program (WAP) is the nation's core program for delivering energy efficiency services to low-income households. The program's goal is to reduce energy costs to low-income persons by improving the energy efficiency of their homes while ensuring their health and safety. Nationwide, weatherization benefits low-income households and communities and generates an average energy cost savings of \$300 per home each year. Professionally trained weatherization crews perform on-site home energy audits using state of the art equipment to identify outside drafts, inspect heating and cooling systems and perform health & safety checks. Weatherization crews install materials to make homes more energy efficient and make minor repairs to ensure safety. Once installed, the energy saving measures help to reduce heating and cooling costs for years to come.

Do I qualify for services?

Do I have to own my own home to qualify for services?

You don't have to own your own home to qualify. You may qualify whether you own or rent, live in a single-family home or in a mobile home.

Do I have to be a certain age or meet an income guideline to qualify?

While preference is given to persons over 60, persons with disabilities and in some cases, children; if you receive Supplemental Security Income (SSI) and/or TEA you are automatically eligible. You may also be eligible for assistance if your income meets the following federally established income guidelines:

Family Size	Annual Income Range 2009 Program Year*
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020

**Income ranges are updated annually. For family units with more than 8 members, add \$7,480 for each additional family member.*

See reverse side for definition of income and program information.

How do I apply?

To apply for services or to get additional information on the Weatherization Assistance Program **contact:**

Central Arkansas Development Council
Weatherization Assistance Program
Post Office Box 580
Benton, AR 72018
Located at 722 Gaunt Street, Benton or call 501-778-1133



Weatherization Assistance Program

What it is: A local-state-federal program, it was initiated by the federal Department of Energy (DOE) in 1976 in response to the oil shortage, to help states and communities help those of low income have more energy-efficient, safe and healthy homes. It is the nation's largest residential energy-efficiency program

How it operates: In Arkansas, it is administered by the Department of Health and Human Services' Office of Community Services (OCS) and operated, primarily, by the private, nonprofit community action agencies. (Weatherization is one of scores of programs the community action agencies operate to help people of low income gain the basic necessities and strengthen economic self-sufficiency.)

What it does: It does computerized energy audits and uses advanced diagnostic technology to determine the energy-conservation needs of a home, providing, among other improvements, weatherstripping of doors and windows; caulking and sealing of cracks and holes; installation of compact fluorescent light bulbs, and smoke and carbon monoxide detectors. Each home differs in the energy conservation needs and recommendations.

Who it is for: The work is done free of charge for those who meet income and other guidelines – they must meet income eligibility guidelines.

How it is funded: DOE is the primary funder, for the nation. In Arkansas, OCS last year used \$2 million it received from DOE and supplemented it with \$1.8 million of the funds it gets from the federal Office of Community Services for the Low Income Home Energy Assistance Program (LIHEAP), improving 1,168 homes.

The program, since it was begun, has injected more than \$91 million into communities throughout the state to improve 61,000 homes, affecting the lives of hundreds of thousands of people, many of them elderly, disabled and children. (The program nationally, has improved the homes of 5.3 million individuals and families.)

The benefits: The program helps individuals and families have better lives and gain strength in their effort to advance. It makes their homes more secure from the weather, which helps them conserve energy and have more income for other basic necessities, including food, medicine, clothing, transportation – DOE estimates it reduces heating bills by 31 percent. It also contributes to the betterment of communities by creating jobs, generating the purchase of goods and services, strengthening housing stock, reducing homelessness, stabilizing neighborhoods and eliminating carbon emissions and the risk of fires.

Issues: There is limited federal funding for the work – although the program improves more than 1,000 homes a year in the state, the homes of an estimated 178,000 people are eligible for the service, according to poverty figures.

The program nationally received \$225 million in funds in the last year. Proposals for the next year range from \$233 million to \$237 million. According to a funding rule, if it is funded for more than \$233 million next year the 11 states in the South would receive a greater share of the national funds, enabling them to serve many more in need.

Definition of household income: Refers to total cash receipts before taxes from all sources. Money, wages and salaries before any deductions; regular payments from Social Security, retirement from all sources, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

Proof of income includes copies of payroll checks or check stubs, statement from employer, statement from Employment office, statement from Social Security Admin. or a statement from anyone who is assisting with monthly household bills or other support. If unemployed, a statement from Employment office with benefit amount or showing you do not have an open claim.

Renters: The landlord must complete a Lessor Agreement. Applicant must complete a Tenants right form. These forms may be requested from the agency.

WEATHERIZATION IS MAKING ARKANSAS A BETTER HOME FOR ALL



CENTRAL ARKANSAS DEVELOPMENT COUNCIL
P.O. Box 580, Benton, AR 72018
WEATHERIZATION ASSISTANCE PROGRAM

DATE: _____

Dear Weatherization Applicant:

Federal Regulations require that we have copies of income documentation in each weatherization client's file. We must have this documentation before we can process any application for weatherization. Please be sure to complete each section of the application that applies to your household. ***Failure to complete the application or supply documentation of all household income will result in your application being delayed.***

Please send ANY of the following types of **Documentation of Income** that apply to you:

- Copy of a letter or copy of monthly check from Social Security showing amounts of Social Security and/or SSI.
- Copy of a Bank Statement showing amounts of Direct Deposit of Social Security and/or SSI.
- Copy of letter or check from Veterans Administration showing amount of VA benefits.
- Documentation from Department of Human Services of any TEA benefits received.
- Copy of a payroll checks for at least the most recent month showing amount and time period covered.
- Statement from employer showing amount of earnings.
- Copy of previous year income tax return, if you are self-employed.
- Copy of a bank statement showing any interest or dividend received.
- Any other documentation or proof of total household income.
- If you are unemployed, a printout from the Unemployment office showing amount of unemployment or showing no benefits received.
- If you receive assistance with expenses from family or friends, have them write a statement of expenses and the dollar amount they help with, they must sign the statement and provide a phone number and address of contact.

NOTE: Income verification must include the Total Household Income; therefore, we must have copies of income from everyone in the household who has any income.

We appreciate your cooperation in sending in this information. If you have any questions, contact the Weatherization Office at 501-778-1133.

2009 Poverty Guidelines

Yearly Income Limits

Source: Federal Register, vol. 74, No. 15

January 23, 2009 pp. 4199-4200

Income guidelines are effective April 1, 2009 for the DOE Weatherization Program

Persons in family	100% Poverty Guidelines	200% Poverty Guidelines
1	\$10,830	\$21,660
2	\$14,570	\$29,140
3	\$18,310	\$36,620
4	\$22,050	\$44,100
5	\$25,790	\$51,580
6	\$29,530	\$59,060
7	\$33,270	\$66,540
8	\$37,010	\$74,020
<i>At 200%, for families with more than 10 persons, add \$7,480 for each additional person.</i>		

2009 Poverty Guidelines

Monthly Income Limits

Source: Federal Register, vol. 74, No. 15

January 23, 2009 pp. 4199-4200

Persons in family	100% Poverty Guidelines	200% Poverty Guidelines
1	\$ 902.50	\$1,805.00
2	\$1,214.17	\$2,428.33
3	\$1,525.83	\$3,051.67
4	\$1,837.50	\$3,675.00
5	\$2,149.17	\$4,298.33
6	\$2,460.83	\$4,921.67
7	\$2,772.50	\$5,545.00
8	\$3,084.17	\$6,168.33
<i>At 200%, for families with more than 8 persons, add \$623.33 for each additional person.</i>		

Energy Efficiency Self-Audit

Please complete the information below to help determine the energy needs of your home.

Name: _____

Address: _____

Phone: _____

AWP Participating Utilities: (Check the utilities that serve your home)

- Entergy (No Primary Electric Heat)
- Entergy (Primary Electric Heat)
- SWEPCO (No Primary Electric Heat)
- SWEPCO (Primary Electric Heat)
- Oklahoma Gas & Electric (No Primary Electric Heat)
- Oklahoma Gas & Electric (Primary Electric Heat)
- Empire District Electric (No Primary Electric Heat)
- Empire District Electric (Primary Electric Heat)
- CenterPoint Energy
- Arkansas Western Gas
- Arkansas Oklahoma Gas

- House Built:**
- Prior to 1983
 - 1983 to 1996
 - 1997 and after

Criteria:

- Attic insulation**

R-Value: _____ **Type:** _____

If unknown, can you describe any of the following; depth, color, or type of existing insulation?

Color could be: Yellow Pink Gray White

Type could be: Fiberglass Cellulose Rockwool Other _____

Depth could be: non 1-4 inches 4-6 inches over 6 inches

- No wall insulation**
- No floor insulation**
- Single pane window; with no storm;**
- Heating system installation date:** _____
- Cooling system installation date:** _____

SINGLE FAMILY RENTAL PLAN

Prevention of Undue Excessive Enhancements to Single Family Rental Dwelling Units

Subgrantees, in order to avoid undue or excessive enhancement in the value of rental dwelling units resulting from the provision of weatherization services, shall ask owners to sign a lessor agreement which states that:

LESSOR AGREEMENT

TO WHOM IT MAY CONCERN:

In reference to the dwelling unit I own, _____
Address

_____, AR which _____
City Tenant

is now renting from me: If the above tenant meets the Department of Energy Weatherization Guidelines and if CENTRAL ARKANSAS DEVELOPMENT COUNCIL (CADC) in Benton, Arkansas will weatherize the dwelling unit with no cost whatsoever to me or to the renters;

The parties mutually agree:

1. This agreement will be in effect for a period of three (3) years after the date of completion of any work undertaken pursuant to this agreement.
2. Owner engages Agency for the purpose of securing the benefits of weatherization of the above described property, and gives permission for all work, including delivery of materials, as described in the attached weatherization work Form. All materials and work shall be subject to federal and state program regulations and limitations as promulgated in the federal register and found in the Code of Federal Regulations, and as promulgated and on file with the Arkansas Secretary of State.
3. All materials and work will conform to all local building and zoning codes, to United States Department of Energy (DOE) and Arkansas Weatherization Assistance Program (WAP) guidelines.
4. Owner agrees to rent the vacant single-family dwelling unit identified in the agreement to household eligible to receive weatherization services.
5. Owner agrees not to evict Tenant for a period for three (3) years from the date the work is completed so long as Tenant complies with all ongoing obligations and responsibilities owed to Owner.
6. Owner agrees not to increase the rent for a period of one (1) year from the date the work is completed.

7. Owner represents that the premises are not presently being offered for sale. Owner agrees to give Agency thirty (30) days written notice of intent to sell before the property is offered for sale, and ten (10) days notice prior to any conveyance of title. Owner agrees that Agency will receive the buyer's written agreement to assume Owner's obligations under this agreement at least ten (10) days prior to conveyance.
8. Agency and Owner agree that Tenant(s), present and future, are meant as the persons to benefit from the weatherization Program and may enforce this agreement. Owner agrees to provide a copy of this agreement to all future Tenant(s) while this agreement is in effect.
9. In the event of the Owner defaults on or materially breaches any term of this agreement, the Owner shall be liable for liquidated damages, immediately due and payable to Agency, to be computed as follows: the total cost of the project not borne by owner shall be divided into the thirty-six (36) equal shares. One share shall be deducted for each full month which elapses between the date of completion of the work and the date of owners default or breach. The remainder shall be paid as liquidated damages.
10. Owner must register any complaints or concerns regarding materials or quality of work with Agency within ten (10) days of notification by Agency that work has been completed.
11. Any disputes arising between Owner and Tenant regarding Owner's approval of completed work shall be referred to Agency. If Tenant or Owner is not satisfied with Agency's decision, the dispute shall be referred to the Department of Health and Human Services, Office of Community Services, which shall make a decision and shall furnish such decision to the parties in writing, accompanied by a written explanation of the parties' appeal rights. Any other disputes arising under this agreement shall be referred directly to the Department of Health and Human Services, which shall make a decision and shall furnish such decision to the parties in writing, accompanied by a written explanation of the parties' appeal rights.
12. The parties represent and agree not to discriminate either individually or in concert on any basis, including race, color, religion, sex, national origin, disability, or age.
13. Terms of this contract shall be binding on the parties, their heirs, executors, administrators, representatives, successors, and assigns. The contract can be amended only by written agreement of all parties. The contract cannot be amended after weatherization work has begun.

Owner

Agency

Date

Date

EXHIBIT B
SINGLE FAMILY RENTAL
TENANT RIGHTS

Tenant residing at _____

Premises owned by _____

Understand that the **Agreement** between **Owner** and **Agency** stipulates that:

1. Rent on the above referenced premises shall not be raised for a period of 12 months following the completion of weatherization work.
2. I shall not have the lease terminated on my tenancy without legal cause for a period of three years following completion date of weatherization work.
3. **Owner** shall not sell premises unless the **Buyer** agrees to assume all obligations contained in the above-referenced **Agreement** with the **Agency**.

Tenant _____

Agency Central Arkansas Development Council

The original document stays with the **Agency**. One copy goes to the **Owner**; one copy goes to the **Tenant**.



American Recovery and Reinvestment Act of 2009

ARKANSAS WEATHERIZATION ASSISTANCE PROGRAM APPLICATION



Please complete all sections of this application. Failure to do so may delay your approval. If you have any questions about this application and how to complete it, please call: 501-778-1133.

First Name		MI	Last Name		SSN - - / /	
Street Address		Apt. Number	City	Zip Code	County	
Postal Address (if different)			City	Zip Code	County	
Home Phone		Alt. Phone		Email Address (if any)		
Race (Optional): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pac. Islander <input type="checkbox"/> Other		Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Permanent Resident (As of date) _____		Individual w/ Disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gross Mo. Income*: \$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> SSI-Disability <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirem't/Pension <input type="checkbox"/>

Directions to House: _____

OTHER HOUSEHOLD MEMBERS

Name (First, Last)	Relationship to Applicant	Birth Date MM/DD/YY	Sex M/F	Race (Optional):	Gross Monthly Income
SSN:				<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian <input type="checkbox"/> Pac. Isl.	\$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirem't/Pension
SSN:				<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian <input type="checkbox"/> Pac. Isl.	\$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirem't/Pension
SSN:				<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian <input type="checkbox"/> Pac. Isl.	\$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirem't/Pension
SSN:				<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian <input type="checkbox"/> Pac. Isl.	\$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirem't/Pension
SSN:				<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian <input type="checkbox"/> Pac. Isl.	\$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirem't/Pension
SSN:				<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian <input type="checkbox"/> Pac. Isl.	\$ _____ <input type="checkbox"/> Salary/Pay <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirem't/Pension

HOMEOWNER INFORMATION

Home Ownership: Own or Pay Mortgage (YR Built _____) Landlord Name: _____
 Lease to Purchase (YR Built _____) Address: _____
 Rent (Provide landlord information)

City, State, Zip Code: _____

UTILITIES and HOME CONDITION

Utilities: Electric Co.: _____ Acct. No. _____ Name on Account _____

Gas Co.: _____ Acct. No. _____ Name on Account _____

Do you CURRENTLY receive help paying your gas, light, heat, air or other utility bills? Yes No

Residence Type:	<input type="checkbox"/> Single house	<input type="checkbox"/> Apartment	<input type="checkbox"/> Duplex or similar unit	<input type="checkbox"/> Mobile home
Exterior Type:	<input type="checkbox"/> Veneer/ Masonry or Stucco	<input type="checkbox"/> Wood/Masonite siding	<input type="checkbox"/> Brick/Stone	<input type="checkbox"/> Vinyl/Metal
Heating Source:	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electricity/Central Heat	<input type="checkbox"/> Electricity/Space Heaters	<input type="checkbox"/> Wood Stove/Fireplace
<input type="checkbox"/> Central Heat	<input type="checkbox"/> Gas/LP,Propane or Butane	<input type="checkbox"/> Unvented Space heat	<input type="checkbox"/> Oil/Fuel/Kerosene	<input type="checkbox"/> Other
Air Conditioning:	<input type="checkbox"/> Window Unit	<input type="checkbox"/> Central Air	<input type="checkbox"/> No air conditioning	
Insulation:	<input type="checkbox"/> Attic	<input type="checkbox"/> Wall	<input type="checkbox"/> Floor	
Window Type:	<input type="checkbox"/> Single pane	<input type="checkbox"/> Double pane	<input type="checkbox"/> Storm windows	

RELEASE

I, _____ (*Print Name*), release Central Arkansas Development Council of all liability for any damage or harm related to weatherizing my home.

I also grant permission for the Arkansas Weatherization Assistance Program (WAP), grantees and successors, to use photographs of me and my home to document and promote the Arkansas Weatherization Assistance program and/or American Recovery and Reinvestment Act (ARRA) via TV and print news media, newsletters, brochures, Web sites, etc. ____Yes ____ No

I further grant permission for the Arkansas Weatherization Assistance Program, grantees and successors, to obtain and review utility billing records for the applicant household before and after weatherization work is performed. I understand this information will be used to evaluate the effectiveness of the weatherization program and determine energy savings. ____Yes ____ No

I certify that I have been informed of the above agreements and fully understand each provision, and that all information provided on this application is true and correct.

Applicant Signature _____ **Date** _____

FOR OFFICIAL USE ONLY:			
Application Received: _____		Funding Source:	
Application Approved: _____		<input type="checkbox"/> AWP	<input type="checkbox"/> Reg. DOE
Client Database Job #: _____		<input type="checkbox"/> Co-op	<input type="checkbox"/> ARRA
<input type="checkbox"/> Other			
ELIGIBILITY VERIFICATION – AT INTAKE*		ELIGIBILITY VERIFICATION – AT WEATHERIZATION*	
Priority Points	Federal Poverty Level	Priority Points	Federal Poverty Level
Disabled _____	<input type="checkbox"/> ≤75% <input type="checkbox"/> 76-100%	Disabled _____	<input type="checkbox"/> ≤75% <input type="checkbox"/> 76-100%
Children _____	<input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150%	Children _____	<input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150%
Age _____	<input type="checkbox"/> ≥150%	Age _____	<input type="checkbox"/> ≥150%
Income _____	Annual Gross Income	Income _____	Annual Gross Income
Fuel Type _____		Fuel Type _____	
Housing Condition _____		Housing Condition _____	
Subtotal _____	Verification Date	Subtotal _____	Verification Date
Time Waiting _____		Time Waiting _____	
TOTAL		TOTAL	