

## C-SCDC'S WEATHERIZATION CHECKLIST

For your convenience we have included a check list of items needed for a complete Weatherization Application. Only send back the information that option to your household. Incomplete application will not be processed.

### Required for all applications:

- 12 months of gas, propane & electric bill and usage- send what applies (You can request from utility company or if you sign the release sheet WE can request for you IF you have OG&E, AOG or Arkansas Valley Electric)
- Copy of 4 pay stubs for anyone over 18 in the home that is employed.
- Copy of BENEFIT STATEMENT for current year Social Security, SSI or Veterans benefits.
- Claims History from Unemployment Office for anyone in the home over the age of 18 that does not have any source of income, is required. WE DO NOT ACCEPT BANK STATEMENTS AS PROOF OF INCOME!

### Required for Rentals Only:

- Blue Form- Completed Lessor Agreement (if you rent). If the landlord refuses to sign the agreement your application will be denied. Call (479) 785-2303 x-111 for a lessor agreement.

What is the condition of:

Roof \_\_\_\_\_

Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_

Heat/Air \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_

Home Owner Signature

Phone

Date

How did you hear about us? \_\_\_\_\_

### \*Important Information

**We will call you for a phone interview prior to scheduling a home energy assessment.**

**\*C-SCDC has the right to defer clients for abusive, threatening, or violent speech or actions.**

YOU CAN SEND APPLICATION & DOCUMENTS BY MAIL; P.O. Box 180070 Fort Smith, AR 72918

E-MAIL; [khobbs@cscdcca.org](mailto:khobbs@cscdcca.org) or [murias@cscdcca.org](mailto:murias@cscdcca.org)

TEXT; 479-480-4598 or 479-480-4656



# ARKANSAS ENERGY & ENVIRONMENT



## ARKANSAS ENERGY OFFICE 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: 479-480-4598

### APPLICANT INFORMATION

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>SSN</b>	
				/ /
<b>Street Address</b>	<b>Apt. #</b>	<b>City</b>	<b>Zip Code</b>	<b>County</b>
<b>Mailing Address (if different)</b>				<b>Date of Birth</b>
		<b>City</b>	<b>Zip Code</b>	<b>County</b>

<b>Primary Phone</b>	<b>Secondary Phone</b>	<b>Email Address (if any)</b>
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Do you currently receive:  LIHEAP  SSI  TANF  HUD

#### FOR STATISTICAL PURPOSES ONLY

**RACE:**  American Indian or Alaska Native (1)  Asian (2)  Black or African American (3)  
 Native Hawaiian or Other Pacific Islander (4)  White (5)  Multi-race (6)  Other (7)  Unknown/Not Reported (8)

**ETHNICITY:**  Hispanic, Latino, or Spanish Origins (1)  Not Hispanic, Latino, or Spanish Origins (2)  Unknown/Not Reported (3)

**GENDER:**  Male (1)  Female (2)  Other (3)  Unknown/Not Reported (4)

**CITIZENSHIP:**  U.S. Citizen  Legal permanent resident, as of \_\_\_\_/\_\_\_\_/\_\_\_\_

### INCOME: \*ATTACH DOCUMENTATION OF INCOME\*

**Gross Monthly Income:** \$ \_\_\_\_\_ **Income:**  Salary/Wages  Retirement/Pension  Social Security  
 Unemployment  Self Employment  Other \_\_\_\_\_

**Do you receive disability benefits?**  Yes  No If yes, source? \_\_\_\_\_

### OTHER HOUSEHOLD MEMBERS

Name (First, Last)	Relationship to Applicant	Birth Date MM/DD/YY	Gender (See Above-- Enter number)	Race (See Above-- Enter number)	Ethnicity (See Above-- Enter Number)	*Attach documentation of income for each household member*
						Income Source (s): \$ _____ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:						
						Income Source (s): \$ _____ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:						
						Income Source (s): \$ _____ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:						
						Income Source (s): \$ _____ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:						
						Income Source (s): \$ _____ Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:						

## HOME INFORMATION

Has this home been weatherized in the past with Federal Funds?  Yes  No

If yes, when (Year)? \_\_\_\_\_ Year Home Built \_\_\_\_\_

**Home Ownership:**  Own or Pay Mortgage  
 Lease to Purchase  
 Rent (Provide landlord information)

Landlord Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Directions to Address: \_\_\_\_\_

<b>Residence Type:</b>	<input type="checkbox"/> Single House	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Duplex/Triplex/Quadplex	<input type="checkbox"/> Apartment			
<b>Exterior Type:</b>	<input type="checkbox"/> Veneer/Masonry or Stucco	<input type="checkbox"/> Wood/Masonite Siding	<input type="checkbox"/> Brick/Stone	<input type="checkbox"/> Vinyl/Metal			
<b>Primary Heating Fuel:</b>	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Electricity	<input type="checkbox"/> Wood	<input type="checkbox"/> Other: _____		
<b>Primary Heating Equipment:</b>	<input type="checkbox"/> Central Heat	<input type="checkbox"/> Space Heater	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Other	<input type="checkbox"/> No Heating Equipment
<b>Is Heating Working:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Is AC Working?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Air Conditioning:</b>	<input type="checkbox"/> Window Unit	<input type="checkbox"/> Central Air	<input type="checkbox"/> No Air Conditioning				
<b>Existing Insulation:</b>	<input type="checkbox"/> Attic	<input type="checkbox"/> Wall	<input type="checkbox"/> Floor				
<b>Window Type:</b>	<input type="checkbox"/> Single Pane	<input type="checkbox"/> Double Pane	<input type="checkbox"/> Storm Windows				

## UTILITIES

**Electric Company Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_ **Name on Account:** \_\_\_\_\_

**Gas Company Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_ **Name on Account:** \_\_\_\_\_

Do you CURRENTLY receive help paying utility bills?  Yes  No

Would you like information about applying for assistance paying utility bills?  Yes  No

## HEALTH RISK

Do any household members have health risks, such as respiratory problems or oxygen for breathing, that prohibit the disturbance of air in the home? \_\_\_\_\_ If yes, please provide additional information: \_\_\_\_\_

## RELEASE

I, \_\_\_\_\_ (Print Name), release \_\_\_\_\_ (Agency Name) 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 via TV and print news media, newsletters, brochures, Websites, etc.  Yes  No

I further grant permission for the Arkansas Weatherization Assistance Program, grantees and successors, to obtain and review utility billing records for my 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 all information provided on this application is true and correct under penalty of perjury.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **PRIVACY POLICY AND PRACTICES OF**

*Crawford-Sebastian Community Development Council, Inc (CSCDC)  
Weatherization Department*

*We at CSCDC – Home Ownership and Asset Development Center Value your trust and are committed to the responsible management, use and protection of personal information This Notice describes our policy regarding management, use and protection of personal information. This notice describes our policy regarding the collection and disclose of personal information.*

*Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any application or forms that you have completed.*

### *Information We Collect*

*We collect personal information to support our lending operation, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources: Information that we receive from you on application forms.*

*Information about your transactions with us, our affiliates or others.*

*Information we receive from a consumer reporting agency*

*Information that we receive from personal and employment references.*

### *Information We Disclose*

*We may disclose the following kinds of personal information about you*

*Information we receive from your application or other forms, such as name, address, social security number, employer, occupation, assets, debts and income.*

*Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transaction.*

*Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.*

### *To Whom Do We Disclose*

*We may disclose your personal information to the following types of unaffiliated third parties.*

*Financial service providers, such as companies engaged in providing home mortgages or home equity loans.*

*Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.*

*Pictures of your home be taken to use in success stories on how the grants funds assisted you.*

### *Confidentiality and Security*

*We restrict access to personal information about you to those employees who need yo know that information top provides products and services to you and to help them do their jobs. Including underwriting and services of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access, we use locked files, user authentication and detection software to protect your information.*

*Our safeguards comply with federal regulations to guard your personal information.*

*PO BOX 180070, Fort Smith AR 72918 (479) 785-2303*

**PRIVACY POLICY AND PARACTICES OF *Crawford-Sebastian Community Development Council, Inc (CSCDC)***  
**Home Ownership and Asset Development Center**

**Directing US NOT to make Disclosures to Unaffiliated Third Parties**

If you prefer that we not disclose personal information about you to unaffiliated third parties. You may opt out of those disclosures, that is you may direct us not to make those disclosures (other than disclosures permitted by law)

If you wish to opt out of disclosures to unaffiliated third parties other than nonprofits organizations involved in community development, you may check Box 1

If you wish to opt out of disclosures to nonprofits organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2

**PRIVACY CHOICES FORM**

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send form to address listed below.

**Box 1 – Limited disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.**

**Box 2 – Limited disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research, and oversight purposes.**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

If you have checked any of the boxes above, please mail this form in a stamped envelope to:

*Crawford-Sebastian Community Development Council, Inc*  
*ATTN Weatherization Department*  
*PO BOX 180070, Fort Smith AR 72918*

Please allow approximately 30 days from our receipt of your Privacy Choices Forms for it to become effective. Your Privacy instructions and any previous privacy instructions will rem 12 months ain in effect until you request a change.