

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) 480-4656 or 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: murias@cscdcaa.org

CALL OR TEXT: 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: 479-480-4656

APPLICANT INFORMATION

First Name	Middle Name	Last Name	SSN
			/ /
Street Address	Apt. #	City	Zip Code
		County	Date of Birth

Mailing Address (if different)	City	Zip Code	County
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Primary Phone	Secondary Phone	Email Address (if any)
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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):
SSN:						Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
						Income Source (s):
SSN:						Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
						Income Source (s):
SSN:						Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
						Income Source (s):
SSN:						Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No
						Income Source (s):
SSN:						Disability recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No

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: _____

Residence Type:

- ☐ Single House ☐ Mobile Home ☐ Duplex/Triplex/Quadplex ☐ Apartment

Exterior Type:

- ☐ Veneer/Masonry or Stucco ☐ Wood/Masonite Siding ☐ Brick/Stone ☐ Vinyl/Metal

Primary Heating Fuel:

- ☐ Natural Gas ☐ Propane ☐ Electricity ☐ Wood ☐ Other: _____

Primary Heating
Equipment:

- ☐ Central Heat ☐ Space Heater ☐ Heat Pump ☐ Fireplace
☐ Wood Stove ☐ Other ☐ No Heating Equipment

Is Heating Working:

- ☐ Yes ☐ No

Is AC Working?

- ☐ Yes ☐ No

Air Conditioning:

- ☐ Window Unit ☐ Central Air ☐ No Air Conditioning

Existing Insulation:

- ☐ Attic ☐ Wall ☐ Floor

Window Type:

- ☐ Single Pane ☐ Double Pane ☐ 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 CSCDC (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.