

Georgia Weatherization Assistance Program – Application Form

Agency:	Action Pact	Interviewer:	T. Orange
Date:		Hancock Number:	
Applicant's Name:		Home/Cell Phone:	
Applicant's Date of Birth:		Applicant's Gender:	
Home Address:		Zip Code:	
City:		County:	
Mailing Address:		Email:	

Income Information – Source(s) of Income

Type of Income	Check All That Apply	Type of Income	Check All That Apply
Supplemental Security Income (SSI)		Railroad Retirement	
TANF		Pension	
Wages		VA Benefits	
No Income		Unemployment	
Self-Employment		Public Assistance	
Social Security		Other (Specify):	

Household Demographics (Duplicated Count)

Number of Elderly ≥ 60 years of age:		Number of Person(s) Pregnant:	
Number of Infants (2 years or less):		Number of Native Americans:	
Number of Children ≤2 years of age:		Number of Disabled:	
Number of Children 3-5 years of age:		Number of Seasonal/Farm Workers:	
Number of Children 6-17 years of age:		Total number in Household:	
Total Number of Elderly, Disabled, or Young Children (Unduplicated Count):			
Number of Persons with Health Condition(s) Exasperated by High/Low Temperature Conditions:			
Received Energy Assistance through LIHEAP? (yes/no)			

Residential Information

Site Built (yes/no):		If yes, year built:		Multi-Family (yes/no):	
Manufactured/Mobile Home (yes/no):		If yes, year built:		Roof Condition:	
Primary Heating Source (Natural Gas, Oil, Liquid Propane Gas, Electricity, Wood, Kerosene, Other):					
Air Conditioning Source (Window Units, Central, Portable):					
Specific Issues:					
Owned (yes/no):		Is the home for sale, in Foreclosure, or in the process of being Foreclosed?			
Rented (yes/no):		Landlord Name:		Phone Number:	
Landlord Address:					

I declare to the best of my knowledge the above information is accurate and is a true statement of my total household income:

Applicant's Signature:	X	Veteran:	Yes <input type="checkbox"/> No <input type="checkbox"/>
------------------------	---	----------	--

*****FOR AGENCY USE ONLY*****

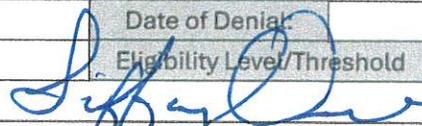
Eligible (yes/no):		Date of Approval:		Unit Wx'd Prior to 9/20/1994?	
Denied (yes/no):		Date of Denial:		Reason For Denial:	
Household Annual Income:		Eligibility Level/Threshold:			
Signature of Agency Interviewer:	X		Date:		

EXHIBIT D PART IX

Georgia Office of Energy Resources
WEATHERIZATION ASSISTANCE PROGRAM
Authorization Form

_____, have applied for weatherization assistance with Action Pact
(Name of Applicant) (Weatherizing Agency)

on _____ Date . I fully understand that this authorization form is a part of the intake process and shall
be completed before any weatherization work can be performed.

For Owner Occupied Dwellings: If you own the home, you sign this section.
Homeowner/Authorized Agent Certification

_____, certify that I am the owner of the dwelling located at
Owner/Authorized Agent

_____. I do hereby authorize Action Pact to make energy related
Address Weatherizing Agency
repairs and release Action Pact from all liability whatsoever in the performance of the Authorization as
Weatherizing Agency
long as the work has been completed in a workmanlike manner.

Agency Representative Signature

Owner Signature Date

For Renter Occupied Dwellings: If you rent, have the owner of the home sign this section.
Renter's Agreement

I, _____, certify that I am the owner of the dwelling unit at
Owner/Authorized Agent

_____. I do hereby authorize Action Pact to make energy related
Address Weatherizing Agency
repairs* and release Action Pact from all liability whatsoever in the performance of this Authorization as long as
Weatherizing Agency
the work has been completed in a workmanlike manner. I fully agree that following the completion of repairs the
rent shall not be raised for a period of two years because of the increased value of the dwelling unit due solely to
weatherization assistance and understand that no undue or excessive enhancement shall occur to the value of the
dwelling unit.

Agency Representative Signature

Owner/Authorized Agent Signature Date

*particulars may be attached

Fuel Information Release

_____, hereby authorize _____ to release information on
my fuel records and data both past and future to Action Pact if requested. I understand that this information will
Electric or Gas Supplier
be used only to provide data for the above-named agency, and no information obtained through this release shall
be made public in such a manner that the dwelling or occupants can be identified.

Account Number
Address

Signature Date
City, State, Zip Code

Affidavit Certifying Household Income

Name <small>Please include everyone living in home</small>	Last Four of Social Security Number	Gender	Date of Birth	Is this person disabled? Y/N	Total Annual Income

I certify that I have declared all members of my household presently residing in my place of residence and have provided all sources and amounts of income for all people living in my household to Action Pact.

I also understand that "A person who knowingly and willfully falsifies, conceals, or cover up a material fact or makes a false, fictitious, or fraudulent statement" is subject to punishment, fine, and imprisonment by federal and state agencies.

Printed Name



Signature

Date

Please check the appropriate box for each appliance:

Appliance	Electric	Natural Gas	Propane
Heating Unit			
Stove			
Hot Water Heater			
Dryer			

Below you will find the document checklist. Without these documents the application will be placed in deferral status.

Required Document	Received Y/N
Picture ID for Applicant	
Income for everyone 18 and older	
Copy of Social Security Card for the entire household	
Copy of Proof of Ownership	
Copy of Most Recent Power Bill	

Did you receive assistance with your power bill this year? _____

Was it LIHEAP assistance? _____

Georgia Department of Human Services
ENERGY ASSISTANCE PROGRAM
DECLARATION OF -00 INCOME

I, _____, have been unemployed since ____/____/____ and do not have any source of income at this time.
Month Day Year

The last place that I worked was: _____
Name of Company

Address

City, State & ZIP Code

I am _____ a) not eligible for unemployment benefits. (State Reason)

b) eligible for unemployment benefits but have not received a check yet.

I am unable to work because:

My household expenses (food, utilities, rent, etc.) are currently being paid by:

Collateral Contact: Please list on person not living with you that can be contacted to verify that you are not employed and have no source of income to meet your expenses.

Name

Address

City, State, ZIP Code

Phone Number (Home)

Phone Number (Work)

I understand that if any or all of the information which I have given is found to be invalid or falsified, that I can and will be required to repay the State of Georgia for all goods and services rendered to me during and under this program.

✕ _____
Client's Signature
✕ _____
Worker's Signature

Date

Verified on: _____ by _____
Form 6021 (rev.11-10)

Complete this form for anyone living in the home that is 18 or older that doesn't have an income.