Quad Area
Weatherization Assistance Program

What information do I need to apply?

- Completed application with signature's
- Proof of monthly income
- Copies of Social Security cards for ALL household members
- Copies of picture ID for all household member 18 & older
- Current copies of Gas, Electric, propane bills

These documents "MUST" be returned with the Weatherization Application.

<table>
<thead>
<tr>
<th>Family size</th>
<th>Monthly income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,980.00</td>
</tr>
<tr>
<td>2</td>
<td>$2,670.00</td>
</tr>
<tr>
<td>3</td>
<td>$3,360.00</td>
</tr>
<tr>
<td>4</td>
<td>$4,050.00</td>
</tr>
<tr>
<td>5</td>
<td>$4,740.00</td>
</tr>
<tr>
<td>6</td>
<td>$5,430.00</td>
</tr>
<tr>
<td>7</td>
<td>$6,122.00</td>
</tr>
<tr>
<td>8</td>
<td>$6,815.00</td>
</tr>
<tr>
<td>9</td>
<td>$7,508.00</td>
</tr>
<tr>
<td>10</td>
<td>$8,201.00</td>
</tr>
</tbody>
</table>

45300 North Baptist Rd.
Hammond LA 70401
225-209-0724 / 225-209-2780

NOTE: Failure to provide ALL documents will result in termination of your application
**Sign all documents on back**

1
Louisiana Housing Corporation
Application for Weatherization 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 The Agency 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 LHC 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 LHC.

* I understand that I have a right to request a fair hearing from LHC 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 LHC Contractor named 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.

* Release LHC Contractor of this form, from all liability while weatherizing my home and 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.

Applicant’s Signature       Date       Worker’s Signature       Date
CERTIFICATION FORM FOR COMMUNITY SERVICES BLOCK GRANT FOR PROGRAM PARTICIPANTS

FEDERAL LAW PROHIBITS DISCRIMINATION BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, OR HANDICAP

Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the grounds of race, color, or national origin; Section 504 of the Rehabilitation Act of 1973, as amended. Prohibits discrimination on the basis of handicap. Persons should not be excluded from participation in, denied the benefits of, or subjected to discrimination under any activity receiving federal financial assistance. This includes, but is not limited to, such facilities, hospitals, mental health centers, nursing homes and any other long or short term care facilities and social service providers. Any person who believes he or she has been discriminated against should immediately contact either of the following:

Department of Health and Human Resources Bureau or Civil Rights
1200 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 advised of my rights under Title VI of the Civil Rights Act of 1964, and 45 CFR 80 & 84 Non-discrimination on the basis of Handicap, and understand these rights as they have been explained to me. Additionally, I have been provided a copy of the notice that includes information on where to file a CSBG discrimination complaint and/or grievance procedure.

This certification is to be signed, dated, and a copy given to the participant, and original placed in program file to be maintained along with application for assistance.

WEATHERIZATION

Program(s) (CSBG Funded Indirectly or Directly)

Name of Program

Program Participant Name (Print) _________________________ Program Participant Name Signature _________________________ Date __________

Questions and inquiries should be directed to:
Debbie P. Butler, EO Officer, Quad Area Community Action Agency
Post Office Box 27

AUTHORIZATION FOR THE RELEASE OF INFORMATION

NAME/ADDRESS OF AGENCY: Quad Area CAA, Inc.
45300 N. Baptist Rd.
Hammond, LA 70401

AUTHORIZATION:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for our participation under any of the following programs:

Weatherization

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing program. The inquiries may be made about the following:

- Credit History
- Employment, Income, Pensions
- Welfare Assistance
- Child Support
- Social Security
- Bank Deposits and Assets
- Mortgage Payment
- Utilities
- Federal or State Taxes
- Life Insurance
- Hazard Insurance
- Flood Insurance

I authorize the release of information from the following organization(s):

- Banks/Other Financial Institutions
- Credit Bureaus
- Employers (Past and Present)

Providers of:
- Alimony
- Child Support
- Handicapped Assistance
- Pension/Annuities
- Schools/Colleges

State Employment Agencies
State Welfare Agencies
U.S. Social Security Administration
U.S. Dept. of Veterans Affairs
Utilities Companies

I agree that photocopies of this authorization may be used for the purposes stated above.

SIGNATURE

Original is retained by the requesting organization.