AACOG
Alamo Area Council of Governments

Weatherization Works

WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

Enclosed is your Weatherization Program application. The federal guidelines require verification of all income claimed for anyone living in the household whose age is 18. Citizenship and Identity verification for anyone living in the household. The following checklist states everything needed for an application to be complete:

- ☐ Proof of your household's gross income for the past thirty days from the date you sign the application, including all sources of income.
  - Pay stubs, social security and/or retirement/pension benefit verification letters, etc.
  - If proof of income cannot be provided fill the "Declaration of Income Statement Form".

Family Size	Annual Income	Monthly Income
1	$30,120	$2,510
2	$40,880	$3,406.67
3	$51,640	$4,303.34
4	$62,400	$5,200
5	$73,160	$6,096.67

- ☐ Proof of U.S. Citizenship and Identification for **Every Member** of the household
  - U. S Passport -OR-
  - Birth Certificate **and** Driver's License or Texas ID(everyone 18yrs over)
  - Qualified Alien Status documentation (Natural Residency, Permanent Resident, I-155 Card, or other immigration documentation proving legal status to receive federal benefits).

- ○ Please complete, sign, and date the Texas Department of Housing and Community Affairs(SAVE document)

- ☐ Copy of your electric and/or gas/propane utility bills
  - 12 consecutive months of billing and consumption usage
  - CPS Energy consumers Include the last 4 digits of their social security number or the driver's license number of the accountholder

Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including the Army, Navy, Marines, Coast Guard, Reserves,or National Guard, may be eligible for additional benefits and services. For more information pleasevisit the Texas Veterans Portal at
https://veterans.portal.texas.gov/.
https://americaserves.org/where-we-are/southwest/texas/

RETURN COMPLETED APPLICATIONS TO:
AACOG WEATHERIZATION DEPARTMENT
2700 NE LOOP 410, SUITE 101
SAN ANTONIO, TX 78217
PHONE: (210) 362-5282 FAX: 1(866)-387-2280 EMAIL: WAP@AACOG.COM

AACOG
Alamo Area Council of Governments

Weatherization Works

APLICACIÓN DEL PROGRAMA DE ASISTENCIA A LA WEATHERIZATION

Adjunto está su aplicación del Programa de Climatización. Las reglas federales requieren la verificación de todos los ingresos reclamados por cualquier persona que viva en el hogar cuya edad es de 18 años y mayor. Tambien se requiere verificacion de Ciudadania y Identificacion para todos los que viven en el hogar. A continuación la lista de documentos requeridos para completar su solicitud:

- ☐ Prueba del ingreso bruto de su hogar durante los últimos 30dias a partir de la fecha en que usted firma la solicitud, incluyendo todas las fuentes de ingreso.
  - Talones de pago, cartas de verificación de la seguridad social y / o de jubilación / pensión, etc.
  - Si no tiene evidencia de su ingreso, llene el formulario de la "Declaración de Ingresos".

Tamaño de la familia	Ingresos Anuales	Ingreso Mensual
1	$30,120	$2,510
2	$40,880	$3,406.67
3	$51,640	$4,303.34
4	$62,400	$5,200
5	$73,160	$6,096.67

- ☐ Pruebas de Ciudadanía de los Estados Unidos y Identificación de Residencia de **todos los miembros de la casa**
  - Pasaporte - O -
  - Acta de nacimiento **y** Licencia de conducir -o- identificación con foto (para mayores de 18anos)
  - Certificado de Naturalización, Documentación sobre la condición de extranjero calificado (tarjeta de residente permanente I-155 u otra documentación de inmigración que demuestre su estatus legal para recibir beneficios federales).

- ☐ Por favor de llenar el documento, firmar y poner fecha a la forma de Texas Department of Housing and Community Affairs (SAVE document)

- ☐ Copia de sus facturas de electricidad y/o gas – No podemos aceptar avisos de desconexión

  - 12 meses consecutivos de faturacion y consumo electrico/gas
  - CPS Energy- incluya los últimos 4 dígitos del seguro social o número de licencia del titular de lacuenta del servicio de gas y electricidad.

Información importante para personas que hayan servido en el servicio militar. Personas que hayan servido en cualquiera de las ramas del Army, Navy, Marines, Guardia Costanera, la Reserva o Guardia Nacional; pueden ser elegibles para recibir servicios y beneficios adicionales. Para información adicional, visiten el portal Texas Veterans:
https://veterans.portal.texas.gov/
https://americaserves.org/where-we-are/southwest/texas/

DEVUELVA LAS SOLICITUDES COMPLETADAS A:

AACOG WEATHERIZATION DEPARTMENT
2700 NE LOOP 410, SUITE 101
SAN ANTONIO, TX 78217
PHONE: (210) 362-5282 FAX: 1(866)-387-2280 EMAIL: WAP@AACOG.COM

AACOG
Alamo Area Council of Governments

Weatherization Assistance Program
2700 NE Loop 410, Suite 101
San Antonio, TX 78217
Phone: (210) 362-5282 Fax: 1(866)-387-2280 Email: wap@aacog.com

Weatherization Works

Applicant Information		
Full Name:		
Physical Address:		
Mailing Address:		
City:	Zip Code:	County:
Home Phone:	Mobile Phone:	Work Phone:
Email Address:		

Secondary Contact (not living in the household)		
Full Name:		Relationship:
Home Phone:	Mobile Phone:	Work Phone:
Email Address:		

Household Information		
Has your home been assisted with weatherization measures? □ Yes □ No		If yes; the date
Year Built:_____ □ Site Built □ Apartment □ Condominium □ Duplex □ Mobile Home		
Are you a: □ Homeowner □ Renter	If Renter; Landlord Name	
Landlord Address		
Home Phone:	Mobile Phone:	Work Phone:
Email Address:		

Building/Energy Information:	
What type of energy is used in the home?	□ Natural Gas □ Electricity □ Bottled Gas □ Propane □ Other
What type of heating unit is used in the home?	□ Central □ Unvented Space Heater □ Wall Furnace □ Electric Heat Pump □ None
How many cooling units?	□ Window Units____□ Evaporative Cooler____□ Central____□ None
Existing Water Heater? □ Yes □ No	□ Natural Gas □ Electricity □ Other □ Leaking
Stove Type? □ Natural Gas □ Electric	Does the home have insulation? □ Yes □ No □ Attic □ Wall
Does the home need repairs? □ Yes □ No	□ Roof Leaks □ Bad Foundation □ Water Stains □ Broken Windows

Household Members and all Sources of Income

Full Name	Relationship	Monthly Gross Income	U.S. Citizen	Birth date	Gender	Ethnicity	Disabled	Veteran	Social Security number
	Applicant		□ Yes □ No		□ Male □ Female		□ Yes □ No	□ Yes □ No	
			□ Yes □ No		□ Male □ Female		□ Yes □ No	□ Yes □ No	
			□ Yes □ No		□ Male □ Female		□ Yes □ No	□ Yes □ No	
			□ Yes □ No		□ Male □ Female		□ Yes □ No	□ Yes □ No	
			□ Yes □ No		□ Male □ Female		□ Yes □ No	□ Yes □ No	

PW PI
UB SAV
CON ELI

Referral: **AACOG Webpage**

Previous WAP_____
Intake: _____
Date: _____

12 Month Customer Billing Consumption Release Form

Agency: Alamo Area Council of Governments		
Account Holder:	SS. # 000-00- or TXDL#	
Address:		
City:	Zip Code:	Phone:
Electric Company:		Account #:
Gas Company:		Account #:
I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumption histories, both past and future, to extend the information is used only to determine program eligibility and to provide data.		
Signature (name as it appears on utility bill)		Date:
Print Name (name as it appears on utility bill)		

Verification

APPLICANTS' AUTHORIZATION, UNDERSTANDING AGREEMENT
My answers to all the previous questions, the statements I have made and the information I have provided are true and correct to the best of my knowledge. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I will also provide with any information necessary to verify my eligibility.

If I am eligible for weatherization services, I give permission to allow work on the residence listed on this form, I will cooperate fully with AACOG, State, and Federal personnel making myself available in all phases of the Program (assessment, installation, City inspection, final inspection, and quality control review) Failure to do so could result in forfeiture of the (1) year warranty on the measures installed.

I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

PENALTIES FOR FRAUD!
I am aware that I am subject to prosecution for providing false or fraudulent information or for omitting information that may affect my eligibility for benefits. Whoever obtains or attempts to obtain services for which he/she is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

AUTORIZACIÓN, ACUERDO, Y ENTENDIMIENTO DEL SOLICITANTE
Mis respuestas a todas las preguntas anteriores y las declaraciones que he hecho son verdaderas y correctas según mi leal saber, entender y creencia. Autorizo al "Texas Department of Housing and Community Affairs" y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar o solicitar información necesaria para la determinación de elegibilidad. Acepto responsabilidad de dar al Departamento cualquier información que se necesite para verificar mi elegibilidad. De ser elegible para recibir los servicios de Climatización del Hogar, doy permiso para que se hagan reparaciones a la residencia identificada en esta solicitud. Cooperare plenamente con personas de AACOG, el Gobierno Estatal y Federal estando disponible durante todas las fases del servicio (evaluación inicial, instalación, Inspección de la Ciudad e Inspección final), cual en lo mismo se incluyen estudios tocantes la calidad del trabajo. De no cumplir con esta condición invalidará la garantía de un (1) año por los servicios recibidos.
Me han avisado y entiendo que esta solicitud será considerada sin distinción de raza, color, religión, credo, origen nacional, sexo o creencia política.

Applicant Signature: Firma del Solicitante:	Date: Fecha:
Signature of Individual completing the application on the applicant's behalf: Firma del Individuo completando la solicitud en nombre del solicitante:	Date: Fecha:

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National Applicant Certification Form for WAP and CEAP

The program for which you are applying requires verification that you are a U.S. citizen, a non-citizen national, or a legal resident of the United States. Documentation of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Staff only Documentation Provided for:	
			Status	Identification

To add additional household members, use another copy of this form.

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.		
Applicant's Signature		Date
Signature of agency staff certifying they verified the above documents	Print Staff Name	Date

Updated March 2019
Previous Versions Obsolete

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Programa de Verificación Sistemática de Extranjeros para la Otorgación de Beneficios (SAVE)
Formulario de Certificación del Cuidadano/Nacional de EEUU Solicitante para WAP y CEAP

El programa para el cual está aplicando requiere la verificación que usted es un ciudadano de los Estados Unidos de America (EEUU), un nacional no ciudadano, o un residente legal de los EEUU. Se requiere que el solicitante proporcione documentación de su ciudadanía de los EEUU o de su estatus migratorio en los EEUU. Esta agencia utiliza el Programa de Verificación Sistemática de Extranjeros para la Otorgación de Beneficios (SAVE) para verificar el estatus migratorio de personas que no son ciudadanos de los EEUU.

Nombre los miembros del hogar	Ciudadano de los Estados Unidos de America (Nacido o Naturalizado) o Nacional de los EEUU (Si o No)?	Extranjero Calificado (Si o No)?	Nombre los documentos proporcionados para:	
			Estatus	Identificación

Para agregar miembros adicionales del hogar, use otra copia de este formulario.

Soy consciente de que puedo ser sometido a un proceso judicial por proporcionar información falsa o fraudulante.		
Firma del Solicitante		Fecha
Firma del personal certificando la verificaron de documentos	Imprima el nombre del personal	Fecha

Updated March 2019
Previous Versions Obsolete

DECLARATION OF INCOME STATEMENT
(DECLARACION DE INGRESOS)

Applicant Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
Address (Dirección)	City (Ciudad)	Zip Code (Código Postal)

State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 dias antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)

My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):*

_____

_____

I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información provista de los ingresos es verdadera y correcta según mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber provisto información falsa o fraudulenta.)*

_____ _____

(Applicant Signature/Firma del Solicitante) *(Date/Fecha)*

_____ _____

Weatherization Assistant/Date Subrecipient Representative /Date

CONSENT FOR SERVICE AND WAIVER OF LIABILITY

I, _____, understand and agree that the Alamo Area Council of Governments (AACOG) receives no compensation for the work performed at my residence/property and does not perform any of the work that takes place at my residence/property. I further understand and agree that AACOG only reviews my application for assistance, determines eligibility for the services offered, assigns an approved contractor and inspects the contractor's work to ensure that the work is performed in accordance with the assistance program requirements.

I hereby consent and authorize AACOG to perform its services on my behalf and I agree that I will not look to or otherwise hold AACOG responsible for any claims of damage or liability of any kind, or warranty claims related to the work performed. The contractor shall abide by the 12month warranty on the work performed. I agree that I will look solely at the contractor(s) performing the work for any claims for damage, liability, warranty work, and any other claims of any kind whatsoever.

Accordingly, for good and valuable consideration, the sufficiency of which is hereby acknowledged, I, hereby forever discharge, waive and release from any and all claims for damages, liability, or losses of any kind, whether now known or unknown, against the Alamo Area Council of Governments (AACOG), its employees, staff, and agents, arising out of or relating to the work performed on my residence/property. This waiver specifically includes, but is not limited to, any work performed for weatherization, home repairs or accessibility modifications throughout the entire structure and any other damage or losses of any kind.

I understand and accept that by signing this waiver, I relinquish any right to hold AACOG, its employees, staff and agents accountable for any aspect of the work performed, including any potential dissatisfaction with the appearance or finish of the work at my residence/property located at_____.

I affirm that I fully understand the terms of this consent and waiver and that I have been encouraged by AACOG to have this document reviewed by an attorney of my own choosing and that if I decide to forego the review by an attorney I am doing so as my own decision and not at the encouragement of AACOG.

Signature: _____ Date: _____

Printed Name: _____ Case #:_____