



Weatherization Assistance Program Application

Enclosed is your application for the Weatherization Program. Federal guidelines require verification of all income claimed for anyone 18 or older and verification of citizenship and identity for all household members. Below is a checklist of everything needed for a complete application:

1. ****Proof of Gross Income****: Please provide proof of your household's gross income for the past thirty days from the date you signed the application. This includes all sources of income, such as:

- Pay stubs
- Social Security benefit verification letters
- Retirement or pension benefit verification letters

If you find yourself unable to provide proof of income, please complete the "Declaration of Income Statement Form". This form will guide you through the process of declaring your income.

2. ****Proof of U.S. Citizenship and Identification for Every Household Member****:

- U.S. Passport or Birth Certificate and
- Driver's License or Texas ID for everyone aged 18 and over
- Documentation proving Qualified Alien Status (such as Naturalization papers, Permanent Resident Card, I-155 Card, or other immigration documentation demonstrating legal status to receive federal benefits).
- Please fill out the document, sign it, and date the Texas Department of Housing and Community Affairs (SAVE document) form

3. **** Utility Bills****: Please include a copy of your electric, gas, or propane utility bills. We cannot accept disconnection notices.

- You must provide 12 consecutive months of billing and consumption usage.

For CPS Energy consumers, please include the last four digits of the account holder's Social Security number or driver's license number.

Important Information for Former Military Service 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, please visit the Texas Veterans Portal at: <https://veterans.portal.texas.gov/>. <https://americaserves.org/where-we-are/southwest/texas/>

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.GOV



SOLICITUD DEL PROGRAMA DE ASISTENCIA DE CLIMATIZACIÓN

Adjunto está su solicitud del Programa de Climatización. Las reglas federales requieren la verificación de todos los ingresos reclamados por cualquier persona que viva en el hogar y cuya edad sea de 18 años o más. También se requiere verificación de ciudadanía e identificación para todos los que viven en el hogar. A continuación, la lista de documentos requeridos para completar su solicitud.

1. Prueba del ingreso bruto de su hogar durante los últimos 30 días 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".

2. Pruebas de Ciudadanía de los Estados Unidos e 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 18 años)
 - 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, llena el documento, firma y pone la fecha en el formulario del Departamento de Vivienda y Asuntos Comunitarios de Texas. (SAVE documento)

3. Copia de sus facturas de electricidad y/o gas – No podemos aceptar avisos de desconexión.
 - Debe proporcionar 12 meses consecutivos de uso de facturación y consumo.

CPS Energy: incluya los últimos 4 dígitos del número de seguro social o de la licencia del titular de la cuenta del servicio de gas y electricidad.

Información importante para quienes 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 de Texas Veterans: <https://veterans.portal.texas.gov/> y <https://americaserves.org/where-we-are/southwest/texas/>

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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; 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		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PW PI
 UB SAV
 CON ELI

Referral: AACOG Website

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 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 application on 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

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Programa de Verificación Sistemática de Extranjeros para la Otorgación de Beneficios (SAVE) Formulario de Certificación del Ciudadano/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 verificación de documentos	Imprima el nombre del personal	Fecha

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 días 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)

Notary Public Signature/Firma del Notario Publico

(Date/Fecha)



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 #: _____