



Community Development Department



Weatherization Program: Our mission is to reduce energy cost for low-income families, particularly for the elderly, persons with disabilities, and children, through installation of energy efficiency measures, while assuring their health and safety.

Weatherization Assistance Program Application

To be eligible for the program:

- The property must be located within the city limits of Beaumont.
- The residents of the household must be income eligible (guideline on next page).
- The residents of the household can be the owner, or a renter. Households can be single-family, multi-family, or mobile homes. If you are a renter, your landlord will have to give permission for the work to be done.

You must provide:

- A complete application.
- **Proof of Income for all household members.** Income verification can consist of a copy of the last 3 paycheck stubs or a Verification of Employment Form, or an Award Letter from Social Security, SSI, Pension, and/or AFDC. You may call 1-800-772-1213 for *Social Security verification*.

BRING APPLICATION TO:

City Hall
Community Development/Housing
801 Main Street, Suite 201
Beaumont, Texas 77701

OR MAIL TO:

City of Beaumont
Community Development/Housing
PO Box 3827
Beaumont, Texas 77704

When your application is next in line for service, the Weatherization staff will contact you in order to set up an appointment to visit your home. For additional information or questions, please contact our office at 409-880-3763.

Energy Assistance Eligibility	
Persons in Home	200% of Federal Poverty Income
1	21,660
2	29,140
3	36,620
4	44,100
5	51,580
6	59,060
7	66,540
8	74,020
9	81,500
10	88,980

Notes:

- 1. For families with more than 10 persons, add \$7,480 for each additional person.**
- 2. These guidelines are effective September 3, 2009 for DOE and LIHEAP Energy Assistance Programs and may be subject to change after August 2010**



Department Use Only
Received Date:

City of Beaumont
Housing Division of the Community Development Department
APPLICATION FOR WEATHERIZATION SERVICE

A.

_____ Name of Applicant or Head of Household Nombre del Solicitante o Responsable de la casa			_____ Home Telephone Telefono de casa		
_____ Address	_____ City of Beaumont	_____ County	_____ Zip Code		
_____ Mailing Address - if different			_____ Work Number		
Has this residence ever received services from the Weatherization Program? Yes No Esta residencia ha recibido servicios del programa de climatizacion?					
If "Yes", when / Si marca "Si" Cuando?					

GIVE THE FOLLOWING INFORMATION ABOUT EACH HOUSEHOLD MEMBER INCLUDING YOURSELF:
ESCRIBA LOS NOMBRES DE TODAS LAS PERSONAS QUE VIVEN EN LA CASA, INCLUYENDOSE A USTED:

B.	Name Nombre	Date of Birth Fecha de Nacimiento	Age Edad	Sex Sexo	Race Raza	Handicapped Incapacitado	Social Security Number

List additional members on back or separate page. Si necesita mas espacio, escriba al reverse de esta pagina o en otro papel.

***This information is voluntary and is requested to ensure benefits are provided without regard to race, color or national origin. It will not affect your eligibility or benefit level.** Esta informacioon es voluntaria y se solicita solo con el fin de asegurar que los beneficios se puedan ofrecer sin discriminacion de raza, color, u origen nacional. Esta informacion no afectara su elegibilidad ni la cantidad de su beneficio.

GIVE THE FOLLOWING INFORMATION ABOUT HOUSEHOLD MEMBERS WHO WORK:
ESCRIB A LOS NOMBRES DE TODAS LAS PERSONAS VIVIENDO EN ESTA CASA QUE TRABAJAN:

C. Name of persons Working Personas que Trabajan	Employer's Name, Address, and Telephone Number Nombre, Direccion, y Telefono del Empleador	Total Monthly Income Ingreso Mensual

If any household member(s) receive any of the following types of unearned income or benefits, check the type of benefit received. Where the space is provided, enter the case or account number and the amount received.

Indique en lo siguiente, los ingresos o beneficios que usted u otros miembros de su casa reciben. Incluya el numero de indentificacion de su casa o cuenta de ayuda y la cantidad de ayuda.

*Do not include food stamps as income. *No incluya "estampillas de comida" como ingreso.*

Type of Assistance/Tipo de Asistencia	Account/Case Number Numero de Cuenta/Caso	Monthly Amount Cantidad Mensual
AFCD Assistance /Asistencia AFDC		
SSI/Ingreso de Seguridad Suplemental		
Social Security/ Seguro Social		
Veteran's Benefits/ Beneficios de Veteranos		
Retirement Benefits/Beneficios de Retiro		
Military Allotments/ Reparto de Sueldo Militar		
HUD Utility Supplement/Suplemento par alas Utilidades de HUD		

E. What year was the home built ? En que ano fue la casa construida ? _____

Do you own the home, if yes, see below:
 Es dueño de la casa Si es dueño, jirijase al #1

Do you rent the home, if yes, see below:
 Usted renta ? Si renta, dirfiase al #2

1. Type of Housing Owned:

House **Mobile Home**
 Casa Casa Movil

Must Have Owner's Approval !
 Necesita tener la aprobacion del Dueno!

2. Type of Housing rented
 Tipo de Vivienda rentada

House **Apartment** **Mobile Home**
 Casa Departamento Casa Móvil

Room **Low Rent Federally Subsidized Housing**
 Cuarto Residencia con subsidio federal para la renta
Type (Section 8, etc.) _____
Tipo (Sección 8, etc.) _____

Type of energy used to heat household (Check one): Tipo de energia utilizada para calendar su hogar (marque uno):

Natural gas **Electricity** **Bottled gas** **Other (specify): _____**
 Gas natural Electricidad Gas embotellado Otro (especifique)

Type of air conditioning used (check one): Tipo de aire acondicionado utilizado (marque uno):

None **Central Unit** **Window Unit** **Evaporative Cooler**
 Ninguno Unidad Central Unidad de ventana Enfriador de Vapor

**WEATHERIZATION ASSISTANCE PROGRAM
APPLICANT'S AUTHORIZATION, UNDERSTANDING AND AGREEMENT**

My answers to all of the previous questions and to the statement I have made 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 also agree to provide the Texas Department of Housing and Community Affairs and its contracting agencies with any information necessary to verify and eligibility.

If I am eligible for weatherization services, I give my permission to allow work on the residence listed on this form. I will cooperate fully with state or federal personnel in a quality control review.

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!

Whoever obtains or attempts to obtain weatherization services for which he 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.

BEFORE YOU SIGN, BE SURE EACH ANSWER ON THIS FORM IS COMPLETE AND ACCURATE

Applicant Signature	Date	Spouse Signature	Date
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**PROGRAMA DE CLIMATIZACIÓN
AUTHORIZACION, ACUERDO, Y ENTENDIMIENTO DEL SOLICITANTE**

Mis repuestas a todas las preguntas anteriores y las declaraciones que he hecho son verdaderas y correctas según mi conocimiento, entendimiento, 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 determinar cualquier elegibilidad. Acepto responsabilidad de dar al Departamento cualquier información que sea necesaria para verificar mi elegibilidad.

Si califico para servicios de Climatización del Hogar, doy permiso para que se hagan reparaciones a la residencia identificada en esta solicitud. Cooperare completamente con getes del gobierno estatal o federal pare obtener cualquier información necesaria para verificar las declaraciones que he hecho. Cooperare de igual manera en estudios de la calidad del trabajo.

He sido avisado y entiendo que esta solicitud será considerada sin considerer la raza, color, religión, credo, origen nacional, sexo, ni creencia politica.

CASTIGO POR FRAUDE!

Si alguna persona recibe servicios de Climatización del Hogar por medio de declaraaciones falsas o intenta defraudar por medio de estas declaraciones, se considerara culpable de una ofensa criminal y al ser convicta puede ser multado o encarcelado.

ASEGURESE QUE TODAS SUS RESPUESTAS ESTEN CORRECTAS Y COMPLETAS ANTES DE FIRMAR

Firma del Solicitante	Fecha	Firma de Esposa (o)	Fecha
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Individual or case worker, who assisted in completion of the application on applicant's behalf, please sign below:
Persona o trabajador social que ayudo completar la solicitud por medio del solicitante, por favor de firmar:

Signature	Date
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DECLARATION OF INCOME STATEMENT

I, _____, do hereby declare on _____ (date) that:

A. I have no documented proof of income due the following situation:

or:

B. I am applying for assistance from the Weatherization Assistance Program
My household consists of _____ number of persons and the following household members, 18 years and older, have earned the following gross income during the 30 day period prior to the date of application for assistance:

Name: _____ Gross Amount Earned: _____

Name: _____ Gross Amount Earned: _____

Name: _____ Gross Amount Earned: _____

My household's gross income, for all household members 18 years and older, for the 30 day period prior to the date of application for assistance is \$ _____.

I certify that the above information for the income of all household members 18 years and older is true and correct of the best of my knowledge and belief. 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.

Applicant Signature	Date	Street Address
		City, State Zip Code

Yo, _____, declare que:

A. *No tengo prueba para documentar mis ingresos por media de tal razones:*

B. *Yo deseo aplicar para asistencia con el Programa de Climatización
En mi hogar radican (cuantas?) _____ personas, y los siguientes miembros que tienen 18 años de edad o mas que han Ganado dinero durante los pasados 30 días antes de aplicar para asistencia.
(Indique el nombre y los ingresos ganados de cada miembro.)*

Name: _____ Gross Amount Earned: _____

Name: _____ Gross Amount Earned: _____

Name: _____ Gross Amount Earned: _____

El total de los ingresos de mi hogar, para los miembros que tienen 18 años de edad o mas por los pasado 30 días Pasados, antes de aplicar por asistencia es (cuanto?) _____

Yo certifico que la información proveida de los ingresos de los miembros de mi hogar que tienen 18 años 6 más es verdadera y correcta según mi saber y creencia. Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa o fraudulenta.

Firma del Solicitante	Fecha	Dirección



**CITY OF BEAUMONT
HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT
801 MAIN STREET BEAUMONT, TEXAS 77701
PHONE (409) 880-3763 FAX (409) 880-3125**

AUTHORIZATION TO RELEASE & OBTAIN INFORMATION

The purpose of this release is to secure authorization to share data with other service programs or entities within our community. The City of Beaumont Housing & Community Development Department is committed to providing easier and more coordinated access to all such programs.

I understand that the information I have provided may be used by City of Beaumont staff when necessary to make referrals to other service programs with our community and that it will be necessary to share this information among agencies who have partnered with the City of Beaumont.

I understand that tracking of services will be done by using my information and release is valid for a period of three (3) years from the date of signature or until revoked in writing by me.

Printed Name

Signature

Date

DISCLAIMER / ACKNOWLEDGEMENT

Submission of an application does not guarantee assistance. The weatherization assistance program process is income-based, as well as priority based. Each application and home will be reviewed by the City of Beaumont's Community Development Department and assistance will be awarded at the Department's discretion.

Signature

Date