



Weatherization Assistance Program

500 Franklin

Waco, TX 76701

254-753-0331 / Fax: 254-753-1730

weatherization@eoacwaco.org

**THIS IS NOT AN ENTITLEMENT PROGRAM.** Enclosed is an application for the Weatherization Assistance Program. Applications will NOT be processed unless **All information is provided by client.** Please use the checklist below to ensure that you have provided all of the required documents if they are applicable to your household.

**Income for the last 30 days for everyone 18 years and older. All Income must be dated within the last 30 (thirty) days from the day application is signed (including income for that date). Award letters must show 2021 Benefits. Acceptable proof of income is as follows:**

*Employment Check Stubs*

*Social Security Award Letter*

*Workers Comp. Letter*

*Disability Award Letter*

*TANF/Food Stamp Award Letter*

*Pension Letter*

*Retirement Letter*

*Unemployment letter*

*Teachers Retirement Letter*

*Notarized Declaration of Income*

*Self Employment Form*

*Housing Utility Assistance Check Stub*

*Veterans Award Letter*

*All Other Household Income*

*Student Financial Aid Printout*

**\*\* If no income, Please complete Declaration of Income Form and notarize**

**Social Security Number and date of Birth for Everyone in the Household (include on application)**

**Utility Bills (Need copies of bills indicated below)**

\_\_\_ Current Electric Bill    \_\_\_ Current Gas bill    \_\_\_ Current Propane bill/statement

**Need documentation to prove US citizenship for all in household.**

\_\_\_ Certified Birth Certificate    or    \_\_\_ Two supporting documents (See attached list of allowed documents)

**Need documentation to prove Identity for adult (18 and older) Household members:**

\_\_\_ Texas DL or Photo ID    \_\_\_ Temp. DL with photo    \_\_\_ US Military or dependent ID  
or \_\_\_ Two supporting documents (See attached list of allowed documents)

**Children 18 and under must also provide documents to verify Identity.**

\_\_\_ Certified Birth Certificate    or    \_\_\_ Two supporting documents (See attached list of allowed documents)

**\*\*Please review Acceptable Documentation for Establishing United States Citizenship and Identity for CEAP/LIHEAP-WAP**

- Landlord Agreement with signatures and date if residence is rented
- Completed Application packet
- All attached forms complete with signature and date

All financial assistance is made based upon Federal Guidelines and Regulations of Poverty and documentation need. All assistance is subject to the Availability of Funds.

WEATHERIZATION ASSISTANCE PROGRAM – APPLICATION FOR WEATHERIZATION SERVICE  
PROGRAMA DE CLIMATIZACION DEL HOGAR SOLICITUD PARA SERVICES

<b>SECTION A</b>		Email Address	
Name of Applicant or Head of Household Nombre del Solicitante O Responsable de la Case		Home Telephone Telefono de la Casa	Work Telephone Telefono del trabajo
Mailing Address Direccion Postal	Street/P.O. Box, City, Zip Calle o Apdo/Postal, Ciudad, Zip	County Condado	Cell Phone Number Telefono celular
Residence Address – If Different from Mailing Address Direccion de la Case, si es diferente de dirección de correo		Street, City, Zip Calle, Ciudad, Código postal	County Condado
Has this residence ever received services from the Weatherization Program? Ha esta residencia recibido servicios desde el programa de climatización		<input type="checkbox"/> Yes/Si <input type="checkbox"/> No	
If "Yes", When?/ Si "Sí", ¿ cuando?			

**SECTION B.**

Have you received assistance with Utility bills through EOAC this year? \_\_\_\_\_

Give the following information about each household member, including yourself.

Proporcionar la siguiente información sobre cada miembro de la familia, incluido usted.

Name Nombre	Date of Birth Fecha de Nacimiento	Sex Sexo	Race* Raza*	U.S. Citizen De U.S.	Disabled OR Handicapped Incapacitado	Social Security Number** Numero do Seguro Social**

List additional members on back or separate page

Lista de miembros adicional en la página de espalda o por separado en la página de espalda o por separado

\*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 información es voluntaria y se solicita para garantizar beneficios se proporcionan sin respecto a raza, color u origen nacional. Esto no afectará su nivel de elegibilidad o beneficio.

\*\*Although law does not require this information, it is necessary for correct computer processing.  
\*\* Aunque la ley no requiere esta información, es necesario para el procesamiento de equipo correcto

**SECTION C**

GIVE THE FOLLOWING INFORMATION ABOUT HOUSEHOLD MEMBERS WHO WORK:

PROPORCIONAN LA SIGUIENTE INFORMACIÓN SOBRE LOS MIEMBROS DE LA FAMILIA QUE TRABAJAN:

C.	Name of Person Working Nombre del trabajo de la persona	Employer's Name, Address, and Telephone Number Nombre, dirección y número de teléfono del empleador	Total Monthly Income Total de ingresos mensual

**SECTION D**

If any household members 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.  
 Si los miembros del hogar reciben cualquiera de los siguientes tipos de beneficios o ingresos no devengados, comprobar el tipo de beneficio recibido. Donde se proporciona el espacio, escriba el caso o número de cuenta y el importe recibido.

DO NOT INCLUDE FOOD STAMPS AS INCOME / NO INCLUYEN LOS INGRESOS COMO CUPONES DE ALIMENTOS

Type of Assistance/Tipo de asistencia	Monthly Amount Cantidad Mensual
AFDC/Asistencia AFDC	
SSI/Ingreso de Seguridad Suplimental	
Social Security/Seguro Social	
Veteran's Benefits/Beneficios de Retiro	
Retirement Benefits/Beneficios de Retiro	
Military Allotments/Reparto de Sueldo Militar	
HUD Utility Supplement/Suplemento par alas Utilidades de HUD	
Child Support/Sostenimiento para Ninos	
Unemployment Compensation/Compensacion de Desempleo	
Workman's Compensation/Compensacion de Trabajadores	
Contributions/Regalos	
Other (specify)/Otro (especifique)	
<input type="checkbox"/> Please check here if you are employed as a migrant or seasonal farm worker Por favor marque aquí si usted es empleados como un trabajador migrante o trabajador agrícola estacional	

**SECTION E**

What year was your home built?/ ¿Qué año construyó su casa? \_\_\_\_\_

Do you own (buying) or rent your home  Own  Rent  
 ¿Tienes (compra) o alquilar su casa  Dueño  Renta

Type of house you own/buying  
 Tipos de casas propias/compra

- Site Built  
Sitio Creado
- Mobile Home  
Casa Movil

Types of housing rented:  
 Tipos de casas rentadas:

OWNER MUST COMPLETE PAGE 1 THROUGH 4 OF LANDLORD  
 AGGREMENT

PROPIETARIO DEBE COMPLETAR PÁGINAS DE 1 A 4 DE LO cubrió EL PROPIETARIO

- |   |   |
|---|---|
| <input type="checkbox"/> Site Built<br>Sitio Creado   | <input type="checkbox"/> Apartment<br>Apartamento                         |
| <input type="checkbox"/> Mobile Home<br>Casa Movil  | <input type="checkbox"/> Rented Room<br>Cuarto Rentado                    |
| <input type="checkbox"/> Low Rent Federally Subsidized Housing<br>Bajo alquiler viviendas subvencionadas<br>por el Gobierno Federal | <input type="checkbox"/> Type (Section 8, etc.)<br>Tipo (Seccion 8, etc.) |

Type of energy used to heat household (check one):  
 Tipo de energía utilizada en los hogares de calor (Marque uno):

- |   |  |
|---|--|
| <input type="checkbox"/> Natural Gas (Central heater, space heaters<br>heater)<br>Gas Natural (calefacción central, calefactores) | <input type="checkbox"/> Electricity (Central heater, little space<br>Electricidad |
| <input type="checkbox"/> Bottled Gas (Central heater, space heaters)<br>Gas embotellado (calefacción central, calefactores)       | <input type="checkbox"/> Other (specify):<br>Otra (especifique):                   |

Type of air conditioning used (check one):  
 Tipo de aire acondicionado usa (Marque uno):

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> None<br>Ninguno | <input type="checkbox"/> Central Unit<br>Unidad central | <input type="checkbox"/> Window Unit<br>Unidad de ventana | <input type="checkbox"/> Evaporative Cooler<br>Enfriador evaporativo |
|--|---|---|--|

**WAP APPLICANT'S AUTHORIZATION, UNDERSTANDING AND AGREEMENT**

My answers to all of the previous questions and to the statements 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 my 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 and federal personnel to obtain information from any source to verify statements I made. 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 statement or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

**AUTORIZACIÓN DEL SOLICITANTE DE WAP, EL ENTENDIMIENTO Y ACUERDO**

Mis respuestas a todas las preguntas anteriores y a las declaraciones que he hecho son la verdadera y correcta a mi leal saber y entender. Autorizo a la Texas departamento de vivienda y Asuntos de la comunidad y sus organismos contratados ponerse en contacto con cualquier fuente con el fin de solicitar la información necesaria para una determinación de elegibilidad de verificar. También estoy de acuerdo proporcionar el departamento de vivienda de Texas y de Asuntos de la comunidad y de sus organismos contratantes a cualquier necessary de información para verificar mi elegibilidad.

Si soy elegible para servicios de climatización, doy mi permiso para permitir el trabajo en la residencia enumerada en este formulario. Cooperará plenamente con el Estado y el personal federal para obtener información de cualquier fuente para verificar las declaraciones que hice. Cooperará plenamente con estado o federal personal en un examen de control de calidad.

I han sido informados y entender que esta aplicación se considerará sin respecto a raza, color, religión, credo, origen nacional, sexo o creencia política.

**SANCIONES POR FRAUDE!**

Quien obtiene o intenta obtener servicios de climatización para el que no tiene derecho, por medio de declaración falsa intencional o otros medios fraudulentos, puede considerarse culpable de una ofensa criminal y a la convicción podrán ser multados o encarcelados

**BEFORE YOU SIGN BE SURE EACH ANSWER IS COMPLETE AND ACCURATE**

**ANTES DE ESTAR SEGURO DE QUE CADA RESPUESTA ES COMPLETA Y EXACTA DE SIGNO**

\_\_\_\_\_  
Signature – Applicant Date

\_\_\_\_\_  
Signature – Spouse Date

\_\_\_\_\_  
Signature – Individual making application Date  
On applicants behalf or caseworker who Fecha  
Fecha

\_\_\_\_\_  
Signature – Witness (if signed with "x") Date  
Firma – Del Testigo (Si se firma con "x")



## Conflict of Interest

Is anyone in the household currently serving as an employee, agent, consultant, officer or elected or appointed official of Economic Opportunities Advancement Corporation?

Yes

No

- If yes, identify who and their role \_\_\_\_\_

Is anyone in the household related to anyone currently serving as an employee, agent, consultant, officer or elected or appointed official of Economic Opportunities Advancement Corporation?

Yes

No

- If yes, identify who and their role \_\_\_\_\_

I certify that the information on the form is correct and I also understand that receipt of assistance through misrepresentation or fraud is punishable by fine or imprisonment.

Applicant Signature:	Date:
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**FOR OFFICE USE ONLY: If there is a Conflict of Interest, this application requires the Executive Directors Signature.**

Program Director Signature:	Date:
Executive Director Signature:	Date:

**ECONOMIC OPPORTUNITIES ADVANCEMENT CORPORATION  
Weatherization Assistance Program**

**INFORMATION RELEASE FORM**

I, \_\_\_\_\_ participated in the Economic Opportunities Advancement Corporation of Planning Region XI's Weatherization Assistance Program.

**EMPLOYMENT:** I authorize my employer to provide and relevant information that may be required for program documentation concerning my employment.

**COMMUNITY AGENCIES:** I authorize release of any relevant information that may be required for program documentation concerning my eligibility for services.

**EDUCATION:** I authorize my educational institution to provide any relevant information that may be required for program documentation concerning my educational status relating to my financial aid status.

**LEGAL:** I authorize release of any relevant information that may be required for program documentation concerning my legal status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

**ECONOMIC OPPORTUNITIES ADVANCEMENT CORPORATION  
Weatherization Assistance Program**

**Release of Information**

I, \_\_\_\_\_ authorize E.O.A.C. Weatherization Department to release information included in my application for weatherization assistance to the following entities;

- Texas Department of Housing and Community Affairs
- The Department of Energy (DOE)
- The Department of Health and Human Services
- The Texas Association of Community Action Agencies
- Frontier and Associates
- Oncor

I further give EOAC permission to contact any source in order to solicit/verify information necessary for an eligibility determination.

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Signature

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Date



**ECONOMIC OPPORTUNITIES ADVANCEMENT COPRPRATION  
Weatherization Assistance Program**

**RENOVATE RIGHT**

**Important Lead Hazard Information for Families, Child Care**

**Providers and Schools**

I have received the Environmental Protection Agency Publication EPA-740-K-10-001 "Renovate Right", from an EOAC representative.

*He recibido la ambiental protecci6n Agencia publicaci6n EPA-740-K-10-001, "Renovar la derecha", de un representante de EOAC.*

I understand that, because my home may have been built before 1978, lead-based paint may have been used to paint some or the entire house and I should read this publication and take proper precautions, especially to protect any small children from contact with worn or damaged paint areas.

*Entiendo que, porque mi casa se han construido antes de 1978, pintura a base de plomo se han utilizado para pintar algunos o toda la casa y yo debemos leer esta publicaci6n y tomar las precauciones adecuadas, especialmente para proteger a los nifi.os pequefi.os de] contacto con zonas de pintura desgastada o dafiada.*

I also understand that the proposed weatherization work may cause lead-based paint chips, dust, or other residue to be left in my house.

*Tambien entiendo que los trabajos de climatizaci6n propuesto pueden causar astillas de pintura con base de plomo, polvo u otros residuos en mi casa.*

If, after reading this publication, I do not wish to have the proposed weatherization work done, I must call EOAC Weatherization Department at (254) 753-0331 immediately to cancel the proposed work. If I do not call, and the work is done, EOAC will not be responsible for any lead-based paint problems or illness occurring after the Weatherization service is provided.

*Si, despues de leer esta publicaci6n, no deseo que los trabajos de climatizaci6n de la propuesta, debo Hamar EOAC climatizaci6n departamento (254) 753-0331 inmediatamente para cancelar el trabajo propuesto. Si no llamo, y se realiza el trabajo, EOAC no sera responsable de cualquier problema de plomo en la pintura o enfermedad que ocurre despues de que el servicio de climatizaci6n.*

Client Signature: \_\_\_\_\_

Date Signed prior to Weatherization Service: \_\_\_\_\_

**ECONOMIC OPPORTUNITIES ADVANCEMENT COPRPRATION  
Weatherization Assistance Program for Low Income Persons  
Comprehensive Energy Assistance Program**

**Customer Billing/Consumption Release Form**

Agency: E.O.A.C. Waco (Weatherization)

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street  
City State Zip

Telephone: \_\_\_\_\_  
Day Evening

\*\*\*\*\*

Electric Utility Co: \_\_\_\_\_

Account Number: \_\_\_\_\_

Gas Utility Co: \_\_\_\_\_

Account Number: \_\_\_\_\_

Propane Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

**INCLUDE A COPY (FRONT & BACK) OF YOUR UTILITY BILLS**

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 the extent the information is used only to determine program eligibility and to provide data.

\_\_\_\_\_  
Signature Date



CLIENT CONSENT AND RELEASE OF  
INFORMATION

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MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to \_\_\_\_\_ EOAC \_\_\_\_\_ (Agency Name) to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other special-needs people in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view my MAACLink file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- All agencies that use MAACLink will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- If I receive services from Homeless Prevention Rapid Re-Housing Federal Stimulus (HPRP) Funds, my information may be viewed by other participating agencies across Continuums of Care.

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Client Signature

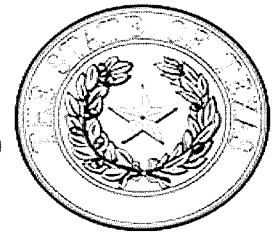
\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Name  
(Printed)

\_\_\_\_\_  
Agency Representative  
(Signature)

\_\_\_\_\_  
Date

**Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National  
Applicant Certification Form for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, EH (political subdivision only)**



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)	Documentation Provided for:	
			Citizenship/Qualified Alien	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.**

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Applicant's Signature

Date

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Signature of agency staff certifying they verified the above documents

Print Staff Name

Date

## **SAVE and US Citizenship Certification Form Instructions**

**Household Member** - All members of the household listed on the application must be accounted for.

**US Citizen (Born or Naturalized) or U.S. National** - Must provide acceptable primary or secondary forms of documentation. Reference the SAVE webinar on the TDHCA website for details on acceptable documentation.

Persons born in Puerto Rico, Guam, the US Virgin Islands, American Samoa, Swains Island (or their descendents) are considered citizens.

For Household members who select yes to this question with valid supporting documentation, no SAVE verification is required.

**Qualified Alien** - All household members answering YES to this question must provide documentation to be verified through SAVE. Reference SAVE tutorials and guides for information on acceptable documents to use.

**Documentation Provided** - List out documentation collected for each member of the household supporting their selected status. List document(s) used for citizenship **AND** identification on this form.

The SAVE Certification Form is not valid without applicant signature AND printed name and signature of agency staff person who certifies that they verified all documents.

Household members who answer "no" to the "US Citizen (Born or Naturalized) or U.S. National" or "Qualified Alien" box or who cannot provide supporting documentation are considered ineligible for CEAP and WAP.

# Acceptable Documentation for Establishing United States Citizenship and Identity for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, and EH (political subdivision only)<sup>1</sup>

## Documents that Establish Both Citizenship and Identity:

- Fully-valid, undamaged U.S. passport or passport card (can be expired). If the household member has a US passport or passport card, no further documentation is needed.
- U.S American Indian or Alaska Native tribal enrollment or membership card with photo

## If the household member does not have a U.S. passport or passport card, you need to establish Citizenship **AND** Identity:

### Citizenship for Adult and Children Household Members

All adult and child household members must have:

**one** of the following:

- Birth certificate or birth record (including birth certificate cards) issued by the appropriate State Bureau of Vital Statistics or equivalent agency from a US state or local government, a US territory, or the District of Columbia
- Consular Report of Birth Abroad or Certification of Birth / US Department of State Certificate of Birth Abroad issued to US citizens born abroad (Form FS-240, DS-1350, or FS-545)
- Official adoption decree that lists the individual's place of birth in a US state, a US territory, or the District of Columbia
- Military record that lists the individual's place of birth in a US state, a US territory, or the District of Columbia

**two** of the following:

- Hospital birth certificate (often shows baby's footprints)<sup>2</sup>
- U.S. Census record<sup>2</sup>
- Early school records<sup>2</sup>
- Doctor's records of post-natal care<sup>2</sup>
- Baptism certificate<sup>2</sup>
- Family Bible record<sup>2</sup>
- *Form DS-10: Birth Affidavit*<sup>3</sup>

**OR**

Note: If a household member's citizenship documentation lists their maiden name instead of their married name, the first name and date of birth on the household member's identification must match the first name and date of birth on the citizenship documentation.

**AND**

### Identity for Adult (18 and older) Household Members - Must Have:

**one** of the following:

- Texas DL or photo ID within two years of expiration
- Government employee ID (city, county, state, or federal)
- U.S. military or military dependent ID
- Current (valid) foreign passport
- Matricula Consular (Mexican Consular ID) - commonly used by a parent of a U.S. citizen child applicant
- Trusted Traveler IDs (including valid Global Entry, FAST, SENTRI, and NEXUS cards)
- Tribal Cards with photo and Native American tribal photo IDs
- Temporary driver's license with photo.
- Out-of-state driver's license or non-driver ID with photo within 60 days of expiration
- Concealed handgun license (actual card)<sup>†</sup>
- Unexpired foreign passport
- A valid Consular document issued by a state or national government
- Texas offender ID card or similar form of ID issued by TDCJ
- Federal inmate ID card

**OR**

**two** of the following:

- Learner's or temporary driver's permit (without a photo)
- In-state, fully valid non-driver ID (without a photo)
- Temporary driver's license (without a photo)
- Social Security card (actual card)
- Voter registration card (actual card)<sup>†</sup>
- Employee work ID
- Student ID
- School yearbook with identifiable photograph
- Selective Service (draft) card
- Medicare or other health card
- Original or certified copy of a birth certificate or birth record issued by the appropriate State Bureau of Vital Statistics or equivalent agency from a US state or local government, a US territory, the District of Columbia, or a Canadian province
  - Original or certified copy of the US Department of State Certificate of Birth Abroad issued to US citizens born abroad (Form FS-240, DS-1350, or FS-545)
  - Original or certified copy of the court order with name and date of birth indicating an official change of name and/or gender from a US state, a US territory, the District of Columbia, or a
- Pilot's license (actual card)<sup>†</sup>
- Texas Department of Criminal Justice (TDCJ) parole or mandatory release certificate
- Professional license issued by Texas state agency
- W-2 or 1099 form
- School records (e.g. report cards, photo ID cards, etc.)<sup>†</sup>
- Military records (e.g., Form DD-214)
- Unexpired US military dependent ID card (actual card)
- Veteran Health Identification card (VHIC—actual card)
- Selective Service card (actual card)
- Original or certified copy of a marriage certificate or divorce decree (US jurisdiction or foreign jurisdiction - if not in English, a certified translation must accompany it) (years)
- Current Texas motor vehicle registration or title
- Current Texas boat registration or title
- Immunization records<sup>†</sup>
- Federal parole or release certificate
- Tribal membership card from a federally recognized tribe (without photo)



# Acceptable Documentation for Establishing United States Citizenship and Identity for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, and EH (political subdivision only)<sup>1</sup>

Canadian province

• Certificate of Degree of Indian Blood (CDIB)

## Identity for Child (under 18) Household Members:

Use the same method as identifying adults (as listed on previous page)

**OR**

Establish parental/guardian relationship using one of the following documents (the document must list the name of the parents/guardians):

- U.S. birth certificate (also evidence of U.S. citizenship)
- Consular Report of Birth Abroad (also evidence of U.S. citizenship)
- Foreign birth certificate
- Adoption decree
- Divorce/Custody decree
- Unexpired Notarized Authorization Agreement for Voluntary Adult Caregiver signed by at least one of the child's parents or legal guardians<sup>4</sup>
- Department of Family and Protective Services Form 2085FC

**AND**

The parent/guardian must present documentation listed in Identity for Adult (18 and older), to confirm they are the parent/guardian listed on the document establishing parental/guardian relationship.

1. The U.S. Department of Health and Human Services (HHS) has not provided specific guidance regarding identity or citizenship documentation. If HHS provides guidance or promulgates regulations the Texas Department of Housing and Community Affairs (the Department) will share that information with its Subrecipients. However, Subrecipient has sole responsibility under the Contract to determine Household Eligibility, and this guidance from the Department does not modify or amend its Contract with Subrecipient.

2. Early public or private documents are documents that were created and/or issued early in the applicant's life, preferably in the first five years.

3. Available from the U.S. Department of State's website at <http://eforms.state.gov>

4. Available from the Texas Department of Family and Protective Services Website at [https://www.dfps.state.tx.us/site\\_map/forms.asp](https://www.dfps.state.tx.us/site_map/forms.asp)

<sup>†</sup>Document must be issued by an institution, entity or government agency from a US state, a US territory, the District of Columbia, or a Canadian province.

If you have questions about this document, please contact Rachel Slack at 512-936-7798.

## **Declaration of Income Statement**

Please complete the following form if there is no income for members of the household 18 and over.

This form must be notarized prior to submitting application.



**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):*

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I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveida 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 proveido información falsa ó fraudulenta.)*

\_\_\_\_\_  
*(Applicant Signature/Firma del Solicitante)*

\_\_\_\_\_  
*(Date/Fecha)*

STATE OF TEXAS, COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year),

by \_\_\_\_\_ (name of applicant).

*Personalized Notary Seal*

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Subrecipient Representative Signature  
and Title

\_\_\_\_\_  
Date

## **Landlord Form**

The following form is to be completed by the Landlord if you are renting the house in which you are requesting weatherization services.

If you own your house, you are not required to complete the following Landlord form.

**LANDLORD PERMISSION TO PERFORM ASSESSMENT  
& INSPECTIONS FOR RENTAL UNITS**

Your single-family building is under consideration to receive services from the Weatherization Assistance Program (WAP). Texas Department of Housing and Community Affairs (TDHCA) administers the WAP Program in Texas. The WAP operates under Federal and State rules which have certain requirements of which you, as a single-family building landlord, should be aware. At the bottom of this page is a PERMISSION TO ENTER PREMISES section granting your permission for:   EOAC   (agency) to enter your building to perform energy audits, collect eligibility documentation from your tenants, and complete applications.

Before work begins on your building, you will be required to sign a Landlord Agreement, a copy of which is attached for your review. Please be aware that only residential units may be weatherized. Exceptions to this requirement can be made when the owner is an income-eligible applicant or a non-profit entity. The financial commitment may be in the form of monetary contributions (checks or money orders), materials, or labor provided to install eligible measures. All monetary contributions provided by landlords will be used for labor and materials. The estimated cost of each building will be based on an energy audit that is performed on the building. When the energy audits are completed, the local weatherization agency will contact you to discuss the proposed weatherization measures for each building and your financial commitment to the project and the Landlord Agreement. After weatherization services have been provided, the local agency is required to conduct a quality control inspection to ensure that work was completed in accordance with the standards set forth by the WAP. It is your responsibility to assist the local agency staff in gaining entrance to your property.

**PERMISSION TO ENTER PREMISES**

I, \_\_\_\_\_, as landlord/authorized agent for building located at \_\_\_\_\_, have read and understand the above and hereby grant permission for representatives of   EOAC   to enter these premises for the purposes of conducting energy audits and collecting eligibility documentation from the residents, including applications, and to perform the weatherization work.

\_\_\_\_\_  
Landlord/Agent's Signature

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## LANDLORD FINANCIAL PARTICIPATION FORM

Date of Transaction or Initial Contact:	Instigating local WAP Agency EOAC
Responsible Landlord and/or Agent for Owners of property currently under consideration for weatherization services	
Physical address or location of property under consideration:	
Number of multifamily building(s):	Number of eligible dwelling units:

The Texas Weatherization Assistance Program requires the Agency to obtain financial commitment information from the Landlord for the weatherization services that the agency intends to perform on the building. The landlord/agent for this building has indicated that he/she fully understands this policy and has decided to take the following course of action:

(AGENCY SHALL COMPLETE AS REQUIRED. LANDLORD INITIALS APPROPRIATE LINE.)

Landlord/Owner will invest \$ \_\_\_\_\_ for the cost of the weatherization work.  
 This amount represents \_\_\_\_\_ % of the total estimated cost of the work.

- Landlord/Owner is unable to make any financial investment.
- Landlord/Owner refuses to make an investment.
- Owner is a 501(C)(3) non-profit organization

**Signatures:**

Landlord/Agent \_\_\_\_\_ Date \_\_\_\_\_

Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

## LANDLORD AGREEMENT

It is agreed by and between EOAC

(WAP Agency/the Agency)

and \_\_\_\_\_

(Landlord/Authorized Agent)

**Landlord and /or Authorized Agent of the premises located at:**

\_\_\_\_\_ as follows:

1. The Landlord agrees to cooperate with the Agency by assisting the Agency in gathering all records and documents necessary for the Agency to determine if the tenants residing at the premises are eligible according to the US Department of Energy guidelines for weatherization services. The Agency shall gather and keep confidential the names and incomes of tenants living at the premises.
2. If the Agency, at its sole discretion, determines that the premises are eligible for weatherization services, the Agency agrees to weatherize the premises in accordance with applicable codes, laws and regulations. The Agency agrees to forward a summary of the proposed work to the Landlord after the energy audits are completed. In exchange for these services, the Landlord agrees to be bound by the terms and conditions of this Agreement for a period of 24 months commencing on the date the weatherization work is completed.
3. A tenant's lease may be renewed for successive periods during the period of the Agreement. If an eligible tenant's lease ends during the term of the Agreement, the owner is not obligated to renew the lease, as long as the dwelling unit is subsequently rented to an income eligible household for the remaining time period of the Agreement. The Landlord shall not increase the rents during the term of this Agreement unless the increase is demonstrably related to matters other than weatherization work performed. Landlord shall not evict Tenants for the time period of this Agreement, except for just cause and for matters unrelated to the weatherization work performed. A list of units and agreement amounts, and a sample of the lease agreement must be attached to this Agreement.
4. Weatherized units that become vacant during the term of this Agreement must be rented to income eligible households.
5. The Landlord hereby swears or affirms that the premises is not presently being offered for sale and further agrees to give the Agency thirty days (30) notification of the sale or conversion of the premises. At least ten days (10) prior to the sale or conversion, the Landlord agrees to obtain, in writing, the purchaser's consent to assume the Landlord's obligations under this agreement, or if this consent is not obtained, to pay the Agency the full cost of weatherization pro-rated by the number of months left under this agreement. The landlord agrees that this document may be filed as evidence of a lien (§53 of the Texas Property Code) against the property in the municipal land records.
6. The Landlord agrees to maintain the weatherization materials installed under this agreement in accordance with all relevant codes.
7. The Agency agrees to begin installation of weatherization materials on or about (date) TO BE DETERMINED, 20\_\_\_\_. From this date through the completion of the weatherization work, the Landlord agrees to provide during normal business hours, access by Agency personnel, Agency sub-contractors, and State & Federal officials to all dwelling units and common areas weatherized.
8. The Agency and Landlord agree that the tenants, present and future, are meant as the persons to benefit from the weatherization program. The tenants of weatherized units shall receive a copy of this agreement. The Agency agrees to provide a copy of this agreement to the tenant of the weatherized unit. The Landlord agrees to provide a copy of this agreement to all future tenants of weatherized units while this agreement is in effect.
9. In the event the Landlord defaults on, or materially breaches any term of this agreement, the Landlord shall be liable for liquidated damages, immediately due and payable to the Agency, to be computed as follows: the total cost of the project not borne by the Landlord shall be divided into twenty-four equal shares. One share shall be deducted for each full month which elapses between the date of completion of the work and the date of Landlord's default or breach. The remainder shall be paid as liquidated damages.

10. If any portion of this Agreement is held to be invalid by a court or administrative tribunal of competent jurisdiction, the remainder shall remain valid and binding.

Landlord/Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Agency Representative \_\_\_\_\_ Date \_\_\_\_\_