

Dear Applicant:

Thank you for your interest in the Weatherization Assistance Program. Enclosed you will find an application, helpful information about our program and a self-addressed envelope.

**Before turning in your application, please be sure you...**

**1. Fill out pages 1 and 2 of the application completely. Page 3 must be Notarized. Be sure to include...**

Phone Number (top right of application)  Signature at the bottom

**2. For each person living in your home, please provide...**

Proof of Income (see chart below)  Copies of Social Security Cards

*If you receive...*

*Provide copies of...*

<b>Social Security or SSI payments</b>	Award letter from Social Security that is dated for the current year you are applying.
<b>Wages</b>	Consecutive pay stubs. Please provide four consecutive pay stubs if you are paid <b>weekly</b> , two if paid <b>bi-weekly</b> or <b>semi-monthly</b> , and one if paid <b>monthly</b> .  Pay stubs must show the employee's name, employer name, gross pay and the pay period.
<b>Retirement, V.A. benefits, pension, or annuities</b>	Benefit letter for the current year showing your name, the name of the company/organization providing the benefits, and the amount received.
<b>Unemployment</b>	Documentation showing gross amount received weekly for unemployment.
<b>TANF</b>	Documentation showing amount received.
<b>Self-employment</b>	Last year's tax return. Include Schedule E (profit and loss).

We appreciate your assistance in submitting a complete application. If you have any questions, please feel free to contact us at **(706) 945-1616**.

Sincerely,

Keesha Johnson  
Weatherization Coordinator

GEORGIA WEATHERIZATION ASSISTANCE PROGRAM			
Weatherization Assistance Application Form			
Agency:		Interviewer:	
Date:		Job Number:	
Applicant's Name:		Applicant DOB:	
Home Address:		Home/Cell Phone:	
City/Zip		County:	
Income Information - Source(s) of Income			
Type of Income	Check all that apply	Type of Income	Check all that apply
Supplemental Security Income (SSI)		Railroad Retirement	
TANF		Pension	
Wages		VA Benefits	
No Income		Unemployment	
Self-Employment		Public Assistance (LIHEAP)	
Social Security		Other (Specify):	
Household Demographics (Duplicated Count)			
Applicant's Date of Birth:		Applicant's Gender:	
Number of Elderly ≥ 60 years of age:		Number of Native Americans:	
Number of Children ≤ 2 years of age:		Number of Disabled:	
Number of Children 3-5 years of age:		Number of Seasonal/Farm Workers:	
Number Children 6-17 years of age:		Total Number in Household:	
Total Number of Elderly, Disabled or Young Children (Unduplicated Count):			
At-Risk Occupant(s)			
Number of Elderly Persons (65 years or older):			
Number of Infants (2 years or less):			
Number of Person(s) Pregnant:			
Number of Persons with Health Condition(s) Exasperated by High/Low Temperature Conditions:			
Explain Health Condition(s):			
Dwelling Demographics			
Site Built		Manufactured/Mobile Home	
			Multi-Family
Primary Heating Fuel: (Natural Gas, Oil, Liquid Propane Gas, Electricity, Wood, Kerosene, other)			
Air Conditioning: (Window Units, Central AC, Portable)			
Roof Condition:			
Specific Issues:			
Owned: (yes/no)		Rented: (yes/no)	
		Other: (specify)	
Is your residence currently For Sale, in Foreclosure or in the process of being Forclosed? (yes/no)			
Landlord Information			
Name:		Address:	
City:		State:	
		Zip Code:	
		Phone:	
<i>I declare to the best of my knowledge the above information is accurate and is a true statement of my total household income:</i>			
Applicant Signature:			
***FOR AGENCY USE ONLY***			
Eligibility Status			
Eligible: (yes/no)		Unit Wx'd Prior to 9/30/1994: (yes/no)	
Approved: (yes/no)		Date of Approval/Denial:	
Denied: (yes/no)		Reason for Denial (keep on file):	
Household Total Yearly Income:		Eligibility Level/Threshold:	
<b>Signature of Agency Interviewer:</b>			

**AFFADAVIT CERTIFYING HOUSEHOLD INCOME**

NAME	SOCIAL SECURITY #	GENDER	AGE	INCOME	
<b>TOTAL</b>					

I certify that I have declared all members of my household presently residing in my place of residence and have provided all sources and amounts of income for all persons living in my household to CSRA Economic Opportunity Authority, Inc.

I also understand that, "A person who knowingly and willfully falsifies, conceals or covers up a material fact, or makes a false, fictitious or fraudulent statement" is subject to punishment, fine and imprisonment by federal and state agencies.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE CIRCLE BELOW TO INDICATE IF YOU HAVE OR HAVE NOT RECEIVED LIEHEAP AND IF THERE IS A SMOKER IN THE HOME**

LIHEAP assistance YES/NO

Smoker in home YES/NO

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) Weatherization Assistance Program, as referenced in O.C.G.A. § 50-36-1, from CSRA Economic Opportunity Authority, Inc., the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other Federal immigration agency is \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: \_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

Issued August 1, 2012 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]