CSRA Economic Opportunity Authority, Inc.



A Community Action Agency

1261 GREENE STREET
P.O. BOX 10104
AUGUSTA, GEORGIA 30903-2704
TELEPHONE 706-722-0493
FAX 706-722-8565

EXECUTIVE DIRECTOR
Lola Walton Johnson

Dear Applicant:

Weatherization Coordinator

Weatherization Office: (706) 945-1616

Fax: (706) 945-1627

Thank you for your interest in the Weatherization Assistance Program. Enclosed you will find an application packet.

Home owner 1. Title/Deed 2. Property Tax 3. Closing papers(only name, address Renter Landlord proof of ownership 1. Landlord Title/Deed 2. Landlord property tax 3. Closing papers (only name, address 2. Landlord property tax 3. Closing papers (only name, address 4. Closing papers (only name, address 4. Social Security or 4. Social Security or 5. Social Security or 5. Social Security or 5. Award letter from Social Security that is dated for the current year applying.					
Renter Landlord proof of ownership 1. Landlord Title/Deed 2. Landlord property tax 3, Closing papers (only name, addred to the current year applying. Provide copies of Social Security or SSI payments 3. Closing papers (only name, addred to the current year applying.					
Renter Landlord proof of ownership 1. Landlord Title/Deed 2. Landlord property tax 3, Closing papers (only name, addressed and security or SSI payments Award letter from Social Security that is dated for the current year applying.					
1. Landlord Title/Deed 2. Landlord property tax 3, Closing papers (only name, address Social Security or SSI payments Award letter from Social Security that is dated for the current year applying.	ess, and date)				
2. Landlord property tax 3, Closing papers (only name, address If you receive Provide copies of Social Security or SSI payments Award letter from Social Security that is dated for the current year applying.					
3, Closing papers (only name, address If you receive Social Security or SSI payments Award letter from Social Security that is dated for the current year applying.					
If you receive Provide copies of Social Security or SSI payments Award letter from Social Security that is dated for the current year applying.					
Social Security or SSI payments Award letter from Social Security that is dated for the current year applying.	ess, and date)				
SSI payments applying.					
SSI payments applying.	you are				
Consecutive pay stubs. Please provide four consecutive pay stubs is paid weekly, two if paid bi-weekly or semi-monthly, one if paid no Pay stubs must show the employee's name, employer name, gross period.	onthly.				
Retirement, V.A. benefits, pension, or annuities Benefit letter for the current year showing your name, name of the company/organization providing the benefits, and amount received	Benefit letter for the current year showing your name, name of the company/organization providing the benefits, and amount received.				
Unemployment Documentation showing gross amount received weekly for unempl	oyment.				
Self-employment Last year's tax return. Include Schedule E (profit and loss).	clude Schedule E (profit and loss).				
The sefere turning in your application, please be sure you □ Phone Number (top right of application) □ Signature at the bottom					
2. For each person living in your home, please provide					
☐ Proof of Income ☐ Copies of Social Security Card	s				
ncerely,					
othe Johnson					

"An Equal Opportunity Employer"

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		GEC	RGIA WEA	THERIZATION	ON ASSISTA	NCE PROGR	AM		
					ance Applica				
Agency:					THE R. P. LEWIS CO., LANSING, MICH.	viewer:			A CONTRACTOR OF THE PARTY OF TH
Date:					Job N	lumber:			
Applicant's Na					Applica	ant DOB:		-	
Home Addre	ess:				Home/C	ell Phone:			
City/Zip					Co	unty:			
			Income I	nformation	- Source(s) o	f Income			
	of Incon		Check all that apply]	Type of Income			all that apply
Supplemental Se	CONTRACTOR OF THE PARTY OF	ncome (SSI))		Railroad Retirement				
	ANF		-		Pension				
	ages				VA Benefits				
Annual Control of the	ncome				Unemployment				
Self-En	THE RESERVE OF THE PERSON.	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN			Public /	Assistance (L	IHEAP)		
Social	Securit	у				ther (Specify):		
			Household	d Demograp	hics (Duplica	ted Count)			
Applicant's						olicant's Geno			
Number of Elderly					Number of Native Americans:				
Number of Childre						Number of Disabled:			
Number of Children 3-5 years of age:						Number of Seasonal/Farm Workers:			
Number Children			D.		Total N	umber in Hou	sehold:		
lota	Numbe	er of Elderly,	Disabled or	Young Child	lren (Unduplic	ated Count):			
Number of Elder	die Davis	/05	11 \	At-Risk O	ccupant(s)				
Number of Elder									
Number of Infants (2 years or Infants (2 years							-		
Number of Pers	one wit	th Health Cor	ndition(s) Ev	concreted by	· Lish/Law Ta				-
Explain Healt	h Cond	ition(e)	ididon(s) EX	asperated by	y nigh/Low 16	emperature C	onaitions:		
=xpidii i iodii	ar cond	isori(a).	1	Dwelling De	mographics				
Site Built		1		ctured/Mobil		Г	NA. 14: E	Comily	
		Oil, Liquid Propane Gas, Electricity, Wood, Kero		Nood Koroso	Multi-Family				
Air Conditioning	na: (Wir	ndow Units C	Central AC F	Portable)	s, Licotroity, v	vood, Nerose	rie, outer)		
Roof Condition	on:		roma ar roj r	Ortabio)					
Specific Issue	es:						-		
Owned: (yes/r	THE REAL PROPERTY.		Rented:	(ves/no)		Other: (s	enecify)		
Is your residence		tly For Sale,			process of be	ing Forclosed	? (ves/no)		
			**************************************	Landlord In	formation		(1001110)		
Name:			Address:			TOTAL PARTY AND ADDRESS OF THE PARTY AND ADDRE	,	-	
City:			State:		Zip Code:		Phone:		
		est of my knowle	dge the above	information is a	accurate and is a	true statement o	of my total hous	sehold incom	9.:
Applicant Signat	ture:								
			***	OR AGENC	Y USE ONLY	***			
				Eligibilit	y Status				
Eligible: (yes/no)				Unit Wx'd Prior to 9/30/1994: (yes/no)					
Approved	THE RESERVE OF THE PARTY OF THE	THE RESERVE OF THE PERSON NAMED IN			THE RESIDENCE OF THE PARTY OF THE PARTY.	f Approval/De	CHARLES AND ADDRESS OF THE PARTY OF THE PART		
Denied: (yes/no)		The second second			Commence of the local division in the last of the last	r Denial (keep	- Contract of the Contract of		
Household Total Yearly Income:					Eligibili	ty Level/Thres	shold:		
Signature of Ago	ency in	terviewer:							

T 00T

AFFADAVIT CERTIFYING HOUSEHOLD INCOME

NAME	SOCIAL SECURITY #	GENDER	AGE	INC	OME
TOTAL				Programme (Attacker of the
I certify that I have declared all mem residence and have provided all sour household to CSRA Economic Opport also understand that, "A person wh material fact, or makes a false, fictitic and imprisonment by federal and sta	ces and amounts of it tunity Authority, Inc. o knowingly and will ous or fraudulent sta	income for fully falsifie	all per	sons living i	n my
Printed name					
Signature	· · · · · · · · · · · · · · · · · · ·		Date	***************************************	
PLEASE CIRCLE BELOW TO INDICAT THERE IS A SMOKER IN THE HOME	E IF YOU HAVE OR	HAVE NO	T RECE	IVED LIEHE	AP AND IF

Smoker in home YES/NO

LIHEAP assistance YES/NO

O.C.G.A. § 50-36-1(e)(2) Affidavit

Assistance Program . as referenced	ath, as an applicant for a(n) <u>Weather</u> d in O.C.G.A. § 50-36-1, from <u>CSRA Ecorsigned</u> applicant verifies one of the following penefit:	
1)I am a United States citiz	zen.	
2)I am a legal permanent r	resident of the United States.	
Nationality Act with an ali	non-immigrant under the Federal Immigratio ien number issued by the Department of ner federal immigration agency.	n and
My alien number issued by Federal immigration agen	by the Department of Homeland Security or one	other
The undersigned applicant also hereby and has provided at least one secure a § 50-36-1(e)(1), with this affidavit.	verifies that he or she is 18 years of age or and verifiable document, as required by O.C	older .G.A.
The secure and verifiable document p as:	provided with this affidavit can best be clas	sified
knowingly and willtully makes false, fic	under oath, I understand that any person ctitious, or fraudulent statement or representation of O.C.G.A. § 16-10-20, and face cristatute.	tation
Executed in (ci	ity),(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)]