



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
www.csraeoa.org



INTERIM EXECUTIVE DIRECTOR

Mary P. Harrison

"An Equal Opportunity Employer"

Weatherization Office: (706) 945-1616

Fax: (706) 945-1627

Dear Applicant:

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

If you are:

Provide copies of at least one

Home owner	1. Title/Deed 2. Property Tax 3. Closing papers(only name, address, and date)
Renter	Landlord proof of ownership 1. Landlord Title/Deed 2. Landlord property tax 3. Closing papers (only name, address, and date)

If you receive.....	
Social Security or SSI payments	Award letter from Social Security that is dated for the current year you are applying.
Wages	Consecutive pay stubs. Please provide four consecutive pay stubs if you are paid weekly, two if paid bi-weekly or semi-monthly, one if paid monthly. Pay stubs must show the employee's name, employer name, gross pay and pay period.
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.
Unemployment	Documentation showing gross amount received weekly for unemployment.
Self-employment	Last year's tax return. Include Schedule E (profit and loss).

1. Before turning in your application, please be sure you have:

- Phone Number (top right of application)
- Copies of gas AND electric bill(s)

Signature at the bottom

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

- Proof of Income

- Copies of Social Security Cards/Identification

Sincerely,

Keesha Johnson
 Weatherization Coordinator

Mission: Leveraging resources, Empowering peOple, and Advocating to alleviate poverty in the CSRA.

BOARD OF DIRECTORS

OFFICERS: Mr. Emanuel Larkin, Jr., Chairperson | Ms. Imogene P. Ford, Vice Chairperson | Ms. I. Angel Little, Secretary | Dr. Louise A. Rice, Treasurer |
MEMBERS: Mr. Lucious Abrams, Jr. | Ms. Ophelia Y. Adams | Ms. Brenda J. Bonner | Ms. Cassandra Brinson | Ms. Chimere Johnson Brown | Ms. Jacqueline Cochran | Ms. Blanche Greene | Mr. Johnny J. Holmes | Ms. Dolly Jones | Ms. Linda LaMarr | Mr. Willie E. Latimore | Ms. Angela Markley | Ms. Arvella E. Robinson | Ms. Tabitha A. Rogers | Ms. Veronica L. Shareef | Ms. Sholonda Smith | Mr. Augustus C. Thurmond | Ms. Keona Tucker | Ms. Le'Joi Williamson

SERVING 13 CSRA COUNTIES: Burke, Columbia, Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Wilkes; also serving Bulloch County

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)

Applicants Date of Birth:		Applicant's Gender:	
Number of Elderly persons(65 years or older):		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 b High/Low Temperature Conditions:	
Explain Health Conditions.	

Dwelling Demographics

Site Built		Manufactured/Mobile Home		Multi-Family	
Prim Heating Fuel: Natural Gas, Oil, Liquid Propane Gas, Electric, 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 Foreclosed? (yes/no)					

Landlord Information

Name:		Address:	
City:		State:	
		Zip Code:	
		Phone:	

I declare to the best of my knowledge the above information is accurate and is a true statement of my total household income:

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:	
Signature of Agency Interviewer:			

AFFDAVIT CERTIFYING HOUSEHOLD INCOME

NAME	SOCIAL SECURITY #	DATE OF BIRTH	GENDER	AGE	INCOME	
TOTAL						

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 LIHEAP 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 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. § 50-36-20. 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 ~~dentification~~card [O.C.G.A. § 50-36-20(3), 8 CFR § 274&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 ~~dentification~~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/BIJJOIS/TfibalGovernmentService/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. § 50-36-20(3), 8 CFR § 274&2]
- An Employment Authorization Document that contains a photograph of the ~~bearer~~
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274æ2]
- 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. § 50-36-20(3)•, 8 CFR § 274a2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-20(3)•, 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3);22 CFR § 41.2]
- A Secure Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-20(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 § 274æ2)
- 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 CFR § 37.111
- 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. § 50-36-26 CFR § 37.11)
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-20(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 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. § 50-362(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)]

**Georgia Environmental Finance Authority
Energy Resources Division
Weatherization Assistance Program
Authorization Form**

I, _____, have applied for weatherization assistance with _____
Name of Applicant Weatherizing Agency
_____ on ____ / ____ / _____. I fully understand that this
Date
authorization form is a part of the intake process and shall be completed before any weatherization work can be performed.

For Owner Occupied Dwellings:

Homeowner/Authorized Agent Certification

I, _____, certify that I am the owner of the dwelling unit located at _____
Owner/Authorized Agent
_____. I do hereby authorize _____
Address Weatherizing Agency
_____ to make energy related repairs* and release _____
Weatherizing Agency
_____ from all liability whatsoever in the performance of this Authorization as long as the work has been completed in a workmanlike manner.

Agency Representative Signature

Owner Signature

Date

For Renter Occupied Dwellings:

Renters Agreement

I, _____, certify that I am the owner of the dwelling unit located at _____
Owner/Authorized Agent
_____. I do hereby authorize _____
Address Weatherizing Agency
_____ to make energy related repairs* and release _____
Weatherizing Agency
_____ from all liability whatsoever in the performance of this Authorization as long as the work has been completed in a workmanlike manner. I fully agree that following the completion of repairs the rent shall not be raised for a period of two years because of increased value of the dwelling unit **due solely** to weatherization assistance and understand that no undue or excessive enhancement shall occur to the value of the dwelling unit.

Agency Representative Signature
* particulars may be attached

Owner/Authorizing Agent Signature

Date

Fuel Information Release

I, _____, hereby authorize _____ to release
Address Fuel Supplier
Information on my fuel records and data both past and future to _____
Weatherizing Agency
if requested. I understand that this information will be used only to provide data for the above named agency, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

Account Number

Applicant's Signature

Address

Date

PRIVACY ACT INFORMATION

Under Section 3(e)(3) of the Privacy Act of 1974, 5 U.S.C. 552a(e)(3), each agency that maintains a system of records shall inform each individual for whom it solicits information of the authority which permits the solicitation of the information, whether the disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from the failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to collection and use of the information requested on the reverse side. You may retain this copy.

Authority

The specific authority for the maintenance of this report is in Section 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94-385. These sections direct the Department of Energy (DOE), which is sponsoring this program, to monitor the effectiveness of the program and to require the local Community Action Agency implementing the program to keep records to enable DOE monitoring.

Voluntariness

Your responses to the information on the reverse side are entirely voluntary.

Principal Purpose for which the Information is Intended to be Used

The information will be used by the Community Action Agency or other nonprofit agency to implement the Weatherization Program; it will be used by the DOE to monitor the effectiveness of this program. In addition, it will be treated confidentially in setting up a permanent record to meet federal and State reporting requirements.

Routine Uses

The information which you provide on the attached sheet may be used in monitoring and evaluating the effectiveness of the weatherization programs. In addition, the information may be used in investigative, enforcement, or prosecutorial proceedings.

Effects of Your not Providing the Requested Information

Should you decline to provide the information requested on the Office of Energy Resources Weatherization Assistance Program Application, Authorization Form, and Building Check and Job Order Sheet, your dwelling cannot be considered for weatherization assistance. However, you do not need to sign the Fuel Information Release Section in order to be considered for weatherization assistance.