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## COMMUNITY SERVICE PROGRAMS OF WEST ALABAMA, INC.

# Weatherization APPLICATION



Weatherization  
Works

Bibb County	200 Second Street, Centreville 35042	205-926-9384
Fayette County	316 Second Avenue N E, Fayette 35555	205-932-3218
Greene County	116 Prairie Avenue, Eutaw 35462	205-372-4562
Hale County	360 County Road 19, Greensboro 36744	334-624-4455
Lamar County	145 Columbus Avenue, Vernon 35592	205-695-9573
Pickens County	601 Black Bears Way, Tuscaloosa 35401	855-211-0950
Sumter County	106 Hospital Dr Ste 103, Livingston 35470	205-652-1346
Tuscaloosa County	601 Black Bears Way, Tuscaloosa 35401	205-469-1016

### What is Weatherization

The U.S. Department of Energy's (DOE) Weatherization Assistance Program (WAP) was created in 1976 to assist low-income families who lacked resources to invest in energy efficiency. WAP is operated in all 50 states, the District of Columbia, Native American tribes, and U.S. Territories. Funds are used to improve the energy efficiency of low-income homes using the most advanced technologies and testing protocols available in the housing industry. The energy conservation resulting from the efforts of state and local agencies helps our country reduce its dependence on foreign oil and decrease the cost of energy for families in need while improving the health and safety of their homes.

The Weatherization program is sponsored by the US Department of Energy and the Alabama Department of Economic and Community Affairs. Community Service Programs of West Alabama, Inc. administers the program in Bibb, Fayette, Greene, Hale, Lamar, Pickens, Sumter and Tuscaloosa counties.

CSP administers the Weatherization Assistance Program to eligible households in Bibb, Fayette, Greene, Hale, Lamar, Pickens, Sumter, and Tuscaloosa Counties.

### Weatherization Mission Statement

To reduce energy costs for low-income families, particularly for the elderly, people with disabilities, and children, by improving the energy efficiency of their homes while ensuring their health and safety.

### Frequently Asked Questions

#### How do I qualify?

Complete the application, attach the necessary documentation and take/mail to your local CSP office.

#### How much will I have to pay?

There is **NO** cost for weatherization. All services are provided free of charge to the resident.

#### Will the program replace my doors/windows/or roof?

The services you receive are based on an assessment of your home. You may receive windows or doors **only** if the assessment of the house determines that need. Your roof may be patched but cannot be replaced under the program's guidelines.

#### Must I own my home?

No, you do not but your landlord is responsible for ½ of the costs of Weatherization and your landlord must agree not to raise the rent for one year.

#### How long will I have to wait for services?

Unfortunately, CSP has a very long waiting list. It could be months, or it could be years.

#### If I had Weatherization before, can I get it again?

If you have received Weatherization, you are not eligible again for 15 years from the date of services.

### CSP Mission Statement

CSP provides resources and services to low-income and vulnerable populations which resolve immediate needs and lead to long-term, self-sufficiency.

## Home Energy Audits

A home energy audit includes a comprehensive assessment of the current condition of a home followed by a detailed evaluation of the energy conservation measures that can improve the building's performance. The first step – the comprehensive assessment – takes place at the home and includes visual and diagnostic assessments of the whole home as a system, including the building shell, heating and cooling systems, and appliances. Combustion appliances are tested for safety and efficiency, existing insulation levels are determined, air leakage is measured, electrical appliances are metered, moisture and other health hazards are evaluated, and the residents are interviewed about energy usage, trouble areas in the home, and health issues that may be connected to the indoor environment.

## Income Guidelines

Number in Household	Maximum Annual Income
1	\$ 30,120
2	\$ 40,880
3	\$ 51,640
4	\$ 62,400
5	\$ 73,160
6	\$ 83,920
7	\$ 94,680
8	\$ 105,440
For additional household members add	\$ 10,760 each

*Family income cannot exceed the guidelines.*

## Assessment and Installed Measures

The data collected during the comprehensive assessment, or site audit, is then entered into an approved energy audit software tool. Based on the local climate, energy rates, the costs of materials and labor, and the current condition of the home, the software evaluates the cost-effectiveness of home energy retrofit measures. Typical cost-effective measures include:

- Air sealing and insulating the building shell
- Heating and cooling system tune-ups, repairs, or replacements
- Duct sealing and insulation
- Installation of compact fluorescent light bulbs

In addition to the energy conservation measures, the auditor will recommend measures to improve the health and safety of the residents. Typical health and safety related measures include:

- Adding mechanical ventilation to kitchens and bathrooms to manage moisture and other indoor pollutants
- Installing vapor barriers on dirt-floored basements or crawl spaces
- Installing smoke/CO detectors

The successful energy audit results in a work order of measures that will reduce energy consumption and potentially improve the health of occupants.

## Eligibility and Waiting List

After submitting your completed application and meeting the income guidelines, you will receive a notice of eligibility. Your application is placed on the waiting list for services. At this time, the waiting list is long and funding is limited. **YOU MAY BE ON THE WAITING LIST FOR FIVE (5) OR MORE YEARS.**

Please feel free to contact your US Senator or US Congressman to request more funding for the Department of Energy and the Weatherization Assistance Program. (Contact information below)

### US Senators - Bibb, Fayette, Greene, Hale, Lamar, Pickens, Sumter, Tuscaloosa

#### Tommy Tuberville

B40A Dirksen Senate Office Building  
Washington, DC 20510  
202-224-4124  
[www.tuberville.senate.gov](http://www.tuberville.senate.gov)

#### Katie Britt

502 Hart Senate Office Building  
Washington, DC 20510  
202-224-5744  
[www.britt.senate.gov](http://www.britt.senate.gov)

### US Congressmen

Bibb, Tuscaloosa

#### Gary Palmer

170 Cannon House Office Building  
Washington, DC, 20515-0106  
Phone: 202-225-4921  
[palmer.house.gov](http://palmer.house.gov)

Fayette, Lamar, Tuscaloosa

#### Robert Aderholt

2369 Rayburn House Office Bldg  
Washington, DC 20515  
202-225-4876  
[aderholt.house.gov](http://aderholt.house.gov)

Greene, Hale, Pickens, Sumter, Tuscaloosa

#### Terri Sewell

1133 Longworth HOB  
Washington, DC 20510  
202-224-5477  
[sewell.house.gov](http://sewell.house.gov)



# Application for Housing Rehabilitation Programs

## COMMUNITY SERVICE PROGRAMS OF WEST ALABAMA, INC.

APPLICANT INFORMATION					
First Name	MI	Last Name	Date of Birth	Social Security Number	
Physical Address			Mailing Address (if different from Physical Address)		
City		Zip	County	Email Address	
Home Phone		Cell Phone	Work Phone	Alternate Contact Person - Name and Phone Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Race <input type="checkbox"/> Asian <input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian (India) <input type="checkbox"/> Unknown		Ethnicity <input type="checkbox"/> Hispanic or Latin or Spanish <input type="checkbox"/> Not Hispanic or Latin or Spanish Origin		

DWELLING INFORMATION					
Structure <input type="checkbox"/> Wood frame <input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Mobile home		# of Stories <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Located in <input type="checkbox"/> City <input type="checkbox"/> Rural	
Year home was built _____ or approximate age _____		Smokers in household? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many? _____	
Have house been Weatherized previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year? _____		If yes, has house damaged by fire, flood, wind since? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is house heated with unvented gas space heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No		# _____		Does the government pay any of house payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary heat <input type="checkbox"/> Electric <input type="checkbox"/> Kerosene <input type="checkbox"/> LP Gas (Propane) <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood <input type="checkbox"/> Other _____		Power Co Name _____		Amount of Average Bill _____ Account # _____	
Gas Co Name _____		Amount of Average Bill _____		Account # _____	

**HOUSEHOLD DEMOGRAPHICS**

Include ALL household members below, even those with no income. List the source and amount of income for each member. Check all appropriate boxes for each member. More than one box may be checked in each category. Attach a sheet of paper if more space is needed.

Applicant Information					
<b>Marital Status</b>		<b>Characteristics</b>		<b>Family Type</b>	
<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Head of Household (HOH)	<input type="checkbox"/> Foster parent (w/foster children)	<input type="checkbox"/> Master's degree
<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Partner	<input type="checkbox"/> Widowed	<input type="checkbox"/> HOH's Spouse	<input type="checkbox"/> Grandparents (raising grandchildren)	<input type="checkbox"/> College degree
<b>Monthly Income</b>		<input type="checkbox"/> Applicant		<input type="checkbox"/> Married (w/children)	<input type="checkbox"/> Associate degree
<input type="checkbox"/> Alimony _____	<input type="checkbox"/> Social security _____	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Disabled	<input type="checkbox"/> Married (no children)	<input type="checkbox"/> Some college
<input type="checkbox"/> Child support _____	<input type="checkbox"/> SSI _____	<input type="checkbox"/> No health insurance	<input type="checkbox"/> TANF _____	<input type="checkbox"/> Married or 2 adults (no children)	<input type="checkbox"/> Training Certificate
<input type="checkbox"/> Earnings _____	<input type="checkbox"/> Unemployment _____	<input type="checkbox"/> Non custodial parent	<input type="checkbox"/> Educational assist _____	<input type="checkbox"/> Multiple (3+) Adults (no children)	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> Miscellaneous _____	<input type="checkbox"/> Veteran benefit _____	<input type="checkbox"/> Veteran	<input type="checkbox"/> Pension/retirement _____	<input type="checkbox"/> Multiple Adults (w/ children)	<input type="checkbox"/> GED
<input type="checkbox"/> Workers comp _____	<input type="checkbox"/> Wx - high energy burden	<input type="checkbox"/> Single parent		<input type="checkbox"/> Single person	<input type="checkbox"/> Grade ____
		<input type="checkbox"/> Single person		<input type="checkbox"/> Preschool	

First Name	Last Name	Date of Birth	Social Security #	<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> Bi/Multi-Racial	<input type="checkbox"/> Native Amer	<input type="checkbox"/> Pac. Islander
				<input type="checkbox"/> Male	<input type="checkbox"/> Black/Afr Amer	<input type="checkbox"/> Cauc/White	<input type="checkbox"/> Asian(India)	<input type="checkbox"/> Unknown
<b>Marital Status</b>		<b>Ethnicity</b>		<b>Characteristics</b>		<b>Family Type</b>		<b>Education</b>
<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Head of Household (HOH)	<input type="checkbox"/> Foster parent (w/foster children)	<input type="checkbox"/> Master's degree	<input type="checkbox"/> College degree	<input type="checkbox"/> Associate degree
<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Partner	<input type="checkbox"/> Widowed	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> HOH's Spouse	<input type="checkbox"/> Grandparents (raising grandchildren)	<input type="checkbox"/> Married (w/children)	<input type="checkbox"/> Some college	<input type="checkbox"/> Training Certificate
<b>Income</b>		<input type="checkbox"/> Social security _____		<input type="checkbox"/> Agency Employee	<input type="checkbox"/> Married or 2 adults (no children)	<input type="checkbox"/> Multiple (3+) Adults (no children)	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> GED
<input type="checkbox"/> Alimony _____	<input type="checkbox"/> SSI _____	<input type="checkbox"/> TANF _____	<input type="checkbox"/> Unemployment _____	<input type="checkbox"/> Disabled	<input type="checkbox"/> Multiple Adults (w/children)	<input type="checkbox"/> Single parent	<input type="checkbox"/> Grade ____	<input type="checkbox"/> Preschool
<input type="checkbox"/> Earnings _____	<input type="checkbox"/> Veteran benefit _____	<input type="checkbox"/> Workers comp _____	<input type="checkbox"/> Wx - high energy burden	<input type="checkbox"/> No health insurance	<input type="checkbox"/> Single person	<input type="checkbox"/> Single person (living w/partner)		
<input type="checkbox"/> Educational assist _____				<input type="checkbox"/> Non custodial parent				
<input type="checkbox"/> Miscellaneous _____				<input type="checkbox"/> Veteran				
<input type="checkbox"/> Pension/retirement _____				<input type="checkbox"/> Mother in law	<input type="checkbox"/> Partner	<input type="checkbox"/> Sister inlaw	<input type="checkbox"/> Step daughter	<input type="checkbox"/> Step son
<input type="checkbox"/> Aunt	<input type="checkbox"/> Cousin	<input type="checkbox"/> Father	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Nephew	<input type="checkbox"/> Roommate	<input type="checkbox"/> Son	<input type="checkbox"/> Step son
<input type="checkbox"/> Brother	<input type="checkbox"/> Daughter	<input type="checkbox"/> Father in law	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Nephew	<input type="checkbox"/> Niece	<input type="checkbox"/> Sister	<input type="checkbox"/> Son/law	<input type="checkbox"/> Uncle
<input type="checkbox"/> Brother in law	<input type="checkbox"/> Daughter in law	<input type="checkbox"/> Foster child	<input type="checkbox"/> Mother	<input type="checkbox"/> Niece				

First Name	Last Name	Date of Birth	Social Security #	<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> Bi/Multi-Racial	<input type="checkbox"/> Native Amer	<input type="checkbox"/> Pac. Islander
				<input type="checkbox"/> Male	<input type="checkbox"/> Black/Afr Amer	<input type="checkbox"/> Cauc/White	<input type="checkbox"/> Asian(India)	<input type="checkbox"/> Unknown
<b>Marital Status</b>		<b>Ethnicity</b>		<b>Characteristics</b>		<b>Family Type</b>		<b>Education</b>
<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Head of Household (HOH)	<input type="checkbox"/> Foster parent (w/foster children)	<input type="checkbox"/> Master's degree	<input type="checkbox"/> College degree	<input type="checkbox"/> Associate degree
<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Partner	<input type="checkbox"/> Widowed	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> HOH's Spouse	<input type="checkbox"/> Grandparents (raising grandchildren)	<input type="checkbox"/> Married (w/children)	<input type="checkbox"/> Some college	<input type="checkbox"/> Training Certificate
<b>Income</b>		<input type="checkbox"/> Social security _____		<input type="checkbox"/> Agency Employee	<input type="checkbox"/> Married or 2 adults (no children)	<input type="checkbox"/> Multiple (3+) Adults (no children)	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> GED
<input type="checkbox"/> Alimony _____	<input type="checkbox"/> SSI _____	<input type="checkbox"/> TANF _____	<input type="checkbox"/> Unemployment _____	<input type="checkbox"/> Disabled	<input type="checkbox"/> Multiple Adults (w/children)	<input type="checkbox"/> Single parent	<input type="checkbox"/> Grade ____	<input type="checkbox"/> Preschool
<input type="checkbox"/> Earnings _____	<input type="checkbox"/> Veteran benefit _____	<input type="checkbox"/> Workers comp _____	<input type="checkbox"/> Wx - high energy burden	<input type="checkbox"/> No health insurance	<input type="checkbox"/> Single person	<input type="checkbox"/> Single person (living w/partner)		
<input type="checkbox"/> Educational assist _____				<input type="checkbox"/> Non custodial parent				
<input type="checkbox"/> Miscellaneous _____				<input type="checkbox"/> Veteran				
<input type="checkbox"/> Pension/retirement _____				<input type="checkbox"/> Mother in law	<input type="checkbox"/> Partner	<input type="checkbox"/> Sister inlaw	<input type="checkbox"/> Step daughter	<input type="checkbox"/> Step son
<input type="checkbox"/> Aunt	<input type="checkbox"/> Cousin	<input type="checkbox"/> Father	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Nephew	<input type="checkbox"/> Roommate	<input type="checkbox"/> Son	<input type="checkbox"/> Step son
<input type="checkbox"/> Brother	<input type="checkbox"/> Daughter	<input type="checkbox"/> Father in law	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Nephew	<input type="checkbox"/> Niece	<input type="checkbox"/> Sister	<input type="checkbox"/> Son/law	<input type="checkbox"/> Uncle
<input type="checkbox"/> Brother in law	<input type="checkbox"/> Daughter in law	<input type="checkbox"/> Foster child	<input type="checkbox"/> Mother	<input type="checkbox"/> Niece				

First Name <b>4.</b>	Last Name	Date of Birth	Social Security #	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Asian <input type="checkbox"/> Black/Afr Amer	<input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Cauc./White	<input type="checkbox"/> Native Amer <input type="checkbox"/> Asian(India)	<input type="checkbox"/> Pac. Islander <input type="checkbox"/> Unknown
<b>Marital Status</b> <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed		<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		<b>Characteristics</b> <input type="checkbox"/> Head of Household (HOH) <input type="checkbox"/> HOH's Spouse <input type="checkbox"/> Agency Employee <input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> No health insurance <input type="checkbox"/> Non custodial parent <input type="checkbox"/> Veteran <input type="checkbox"/> Wx – high energy burden		<b>Family Type</b> <input type="checkbox"/> Foster parent (w/foster children) <input type="checkbox"/> Grandparents (raising grandchildren) <input type="checkbox"/> Married (w/children) <input type="checkbox"/> Married or 2 adults (no children) <input type="checkbox"/> Multiple (3+) Adults (no children) <input type="checkbox"/> Multiple Adults (w/children) <input type="checkbox"/> Single parent <input type="checkbox"/> Single person <input type="checkbox"/> Single person (living w/partner)		<b>Education</b> <input type="checkbox"/> Master's degree <input type="checkbox"/> College degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Some college <input type="checkbox"/> Training Certificate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Grade ___ <input type="checkbox"/> Preschool
<b>Income</b> <input type="checkbox"/> Alimony _____ <input type="checkbox"/> Child support _____ <input type="checkbox"/> Earnings _____ <input type="checkbox"/> Educational assist _____ <input type="checkbox"/> Miscellaneous _____ <input type="checkbox"/> Pension/retirement _____		<input type="checkbox"/> Social security _____ <input type="checkbox"/> SSI _____ <input type="checkbox"/> TANF _____ <input type="checkbox"/> Unemployment _____ <input type="checkbox"/> Veteran benefit _____ <input type="checkbox"/> Workers comp _____		<input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Mother <input type="checkbox"/> Mother in law <input type="checkbox"/> Nephew <input type="checkbox"/> Niece		<input type="checkbox"/> Partner <input type="checkbox"/> Roommate <input type="checkbox"/> Sister <input type="checkbox"/> Sister inlaw <input type="checkbox"/> Son <input type="checkbox"/> Son/law		<input type="checkbox"/> Step daughter <input type="checkbox"/> Step son <input type="checkbox"/> Uncle

**YOU MUST INCLUDE WITH THIS APPLICATION**

- Picture ID** for Head of Household and Social Security Cards for all Household members
- Proof of Ownership** Property Record Card from the Tax Assessor's Appraisal Department or proof of homeownership and proof of age of house
- Proof of Income** for all Household members
- Utility Bills** Electricity/Gas (account numbers for each)

I hereby make application for Weatherization services. I understand that the services are provided free of charge and eligibility is based on the total yearly annualized income of all family members of the household. I certify that all the information provided is true and accurate to the best of my knowledge and CSP and/or designated agent may verify the information if deemed necessary.

I hereby authorize the family independence agency and/or social security administration to release information relative to assistance payments received.

I hereby grant permission for CSP or its subcontractors to enter my home for the purpose of Weatherization in accordance with state and federal policies. CSP has my permission to provide state or federal representatives with my name, address and phone number. I understand that the state or federal authorities may wish to contact me directly about the quality and type of services I received.

**Photograph Release**

I hereby authorize CSP and its staff to photograph me, my household members and my house. I acknowledge that these photographs belong to CSP and that CSP intends to use these photographs for the purpose of education and the promotion.

I consent to my name, in conjunction with the photographs, being published, exhibited, reproduced, copied and used by CSP. This includes the incorporation of these photographs or replicas in any material, including websites, distributed by Community Service Programs of West Alabama, Inc.

**Utility Survey**

I hereby authorize all utility companies to provide copies of bills or other information on consumption for a minimum period of 12 months prior and 12 months following weatherization services have been completed.

**Housing Rehabilitation Programs Guidelines**

The guidelines of the Weatherization Assistance Programs administered by Community Service Programs of West Alabama, Inc. (CSP) are as follows:

1. Applicant must provide verification of income, account activity report for power bill, gas bill (if applicable) and verification that applicant owns or is buying his/her home.
2. If applicant rents the dwelling, the landlord is responsible for 50% of costs to weatherize that dwelling.
3. Applicant must qualify for the program according to the Weatherization Program income guidelines to receive services.
4. The Weatherization Program is a priority point based program. This means that the applicants with the highest point totals per cycle will receive Weatherization during a given cycle, as funds allow.
5. If an applicant's home is not chosen for Weatherization during the first cycle of eligibility, the application remains active if the applicant updates the application information yearly. (For the first year, additional points are assigned to the applicant for being on the waiting list.)
6. An assessment of applicant's home does not automatically mean that his/her home will receive Weatherization services. Provision of services will be determined by eligibility and availability of funding.

By signing below, I acknowledge that I understand the above guidelines regarding the Weatherization Assistance Program administered by Community Service Programs of West Alabama, Inc. I have read (or have had read to me) the guidelines and I agree to follow them in order to participate in the Weatherization Assistance Programs.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**