

2020 Weatherization Assistance Program Application

PLEASE NOTE: Applications missing the required documentation listed below will not be processed. All documents must be signed.

Once the application has been received, please allow 10-14 business days for processing. We will send a confirmation letter in the mail.

REQUIRED DOCUMENTATION

1. **Proof of Income.** We are required to obtain proof of income from anyone in the household over the age of eighteen (18). **Bank statements, W2s, and other tax documents are not accepted.**
 - Current Check Stubs for the past thirty (30) days
 - Award Letter(s) (TANF, SSI, Social Security, etc) for current year
 - Unemployment documentation (showing how much you have received in the past thirty (30) days).
 - If no income has been earned/received, household members 18 years and older must complete:
 - Declaration of Income Statement
 - The Declaration form may also be used if self-employed and household members 18 years of age and older do not receive a pay stub
2. **All pages (front and back) of your current Utility bills:**
 - Electricity, Gas, and/or Propane
3. **Proof of US Citizenship.** This must be provided for EVERYONE in the household and may include:
 - Birth Certificate(s)
 - Certificate of Naturalization
 - Certificate of U.S. Citizenship
 - Passport
4. **Proof of Identification.** This must be provided for EVERYONE in the household 18 years and older and may include:
 - Driver's License
 - State Issued ID
 - Passport
 - Military ID

PLEASE MAIL APPLICATIONS TO:

TEXOMA COUNCIL OF GOVERNMENTS 1117 GALLAGHER DRIVE, SUITE 200, SHERMAN, TX 75090

Questions? Give us a call at (800) 677-8264 ext. 3530

Has your household been affected by COVID-19? _____ If yes, how? _____

What program are you applying for: ☐ Utility Assistance ☐ Weatherization ☐ Family Services (Cooke, Fannin and Grayson counties)

If your home has been weatherized, please indicate the year: _____

PART ONE: HOUSEHOLD IDENTIFICATION

Residence/Service Address	Street/Box Number		City	State	Zip Code	County
Mailing Address	Street/Box Number		City	State	Zip Code	County
Telephone	Home	Work	Mobile	Email Address		

PART TWO: HOUSEHOLD MEMBERS

MEMBER	NAME	RACE	HISPANIC Y/N	GENDER M/F/O	AGE	DOB	RELATION	EDU. LEVEL	INS. TYPE	MILITARY STATUS	WORK STATUS	DISABLED Y/N
Self												
2												
3												
4												
5												
6												
7												
8												
9												
10												
TOTAL NUMBER IN HOUSEHOLD		Use additional sheets if more than ten (10) household members										

HOUSEHOLD TYPE

☐ Single Person
 ☐ Two Adults, NO Children
 ☐ Single Parent (F)
 ☐ Single Parent (M)
 ☐ Non-related Adults with Children
☐ Other
 ☐ Two-Parent Household
 ☐ Unknown/Not Reported
 ☐ Multigenerational Household

PART THREE: INCOME SOURCES (Check all that apply for anyone in the household.)

Household Member Name	Income Source (See examples below)	How often are you paid?

Does anyone in the household receive... (Must provide proof of previous 30 days income)

☐ TANF
 ☐ Unemployment Insurance
 ☐ SSI
 ☐ SSDI
 ☐ Wages
 ☐ Pension
 ☐ Retirement Income from SS
☐ VA Service-Connected Disability Pension
 ☐ No Income
 ☐ Other

PART FOUR: BENEFITS (Check all that apply for anyone in the household. Not used for determining eligibility. For reporting purposes only.)

☐ SNAP
 ☐ WIC
 ☐ LIHEAP
 ☐ Affordable Care Act
 ☐ Childcare Voucher
 ☐ HUD-VASH
 ☐ Housing Voucher
 ☐ Permanent Support Housing
☐ Public Housing
 ☐ VA Non-Service Connected Disability
 ☐ Child Support
 ☐ Private Disability Insurance
☐ Alimony or Spousal Support
 ☐ Worker's Compensation
 ☐ Other
 ☐ None

PART FIVE: HOUSING INFORMATION

Is the home rented or owned?	<input type="checkbox"/> Rented <input type="checkbox"/> Owned	Monthly Rent/Mortgage:	
What type of housing?	<input type="checkbox"/> Private Home <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex	Year Built:	

If renting, list name, address and phone number of landlord

Landlord Information	Landlord Name		Phone Number		
Mailing Address	Street/Box Number	City	State	Zip Code	County

PART SIX: UTILITY SERVICE INFORMATION VERY IMPORTANT: Be sure to include copies of your current utility bill(s)

How does your family pay for heating/cooling?	<input type="checkbox"/> To Utility Company <input type="checkbox"/> To Landlord <input type="checkbox"/> Included in Rent
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Your Primary Heating and Cooling Source

Electricity Utility Company	Acct. #	<input type="checkbox"/> Heat <input type="checkbox"/> Cool
Gas or LP Utility Company	Acct. #	<input type="checkbox"/> Heat <input type="checkbox"/> Cool
Propane Company	Acct. #	<input type="checkbox"/> Heat <input type="checkbox"/> Cool
Type of Air Conditioner Used:	<input type="checkbox"/> Central Unit <input type="checkbox"/> Window Unit <input type="checkbox"/> Evaporator Cooler <input type="checkbox"/> Other	<input type="checkbox"/> Heat <input type="checkbox"/> Cool
Type of Heater Used	<input type="checkbox"/> Central Unit <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Electric Heater <input type="checkbox"/> Fireplace <input type="checkbox"/> Wood Burning Stove <input type="checkbox"/> Gas Heater <input type="checkbox"/> Other <input type="checkbox"/> None	

PART SEVEN: CERTIFICATION

- The information provided is true and correct to the best of my knowledge and belief.
La informacion proveida en esta forma son verdaderas y correctas segun mi saber, entender y creencia.
- My household income has been annualized, at the time of the application, according to pre-established agency procedures.
Los ingresos de my hogar han sido calculados anualmente segun los reglamentos preescritos por la agencia.
- I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.
Comprendo que puedo solicitar una audiencia para apelar decisiones que me afectan, tales como: la elegibilidad al programa, asistencia recibida, o tardanza de asistencia.
- I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information on my utility and/or fuel bills, past and future, necessary for an eligible determination.
Autorizo al "Texas Department of Housing and Community Affairs" y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar informacion sobre mis cuentas pasadas y futuras para luz y gas cuando la informacion se usa para reporter data estadis.
- I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.**
COMPRENDO QUE ESTOY SUJETO A SER PROCESADO SI LA INFORMACION PROVEIDO ES FALSA INCORRECTA.

Applicant's Signature / Firma de Solicitante

Date / Fecha

IMPORTANT INFORMATION FOR FORMER MILITARY SERVICES MEMBERS: Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services.
For more information, please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>

*** FOR OFFICE USE ONLY ***

RECOMMENDED COMPONENT	EDUCATIONAL MATERIALS
<input type="checkbox"/> CEAP Household Crisis Component	<input type="checkbox"/> Energy Conservation
<input type="checkbox"/> CEAP General Assistance Component	<input type="checkbox"/> Budgeting Tips
<input type="checkbox"/> CSBG Assistance	<input type="checkbox"/> Benefits Program Information
<input type="checkbox"/> Utility Company Energy Aid Programs	<input type="checkbox"/> Heat Wave Tips
<input type="checkbox"/> Weatherization	<input type="checkbox"/> Lead-Based Paint Brochure
<input type="checkbox"/> DENIED	

TOTAL ANNUAL HOUSEHOLD INCOME	DESCRIPTION OF HOUSEHOLD SITUATION/ELIGIBILITY DETERMINATION
<div> <div>LEVEL OF HOUSEHOLD INCOME</div> <div> <input type="checkbox"/> 0 - 50% <input type="checkbox"/> 51 - 75% <input type="checkbox"/> 76 - 150% <input type="checkbox"/> 151% & over </div> </div> <div> <div>ENERGY BURDEN</div> <div> <div> <div>_____ / _____ = _____ %</div> <div> annual usage total annual income energy burden </div> </div> <div>*not applicable for households <u>only</u> receiving HCC payments</div> </div> </div>	<div> <input type="checkbox"/> Vulnerable <input type="checkbox"/> Non - Vulnerable <input type="checkbox"/> High Energy USAGE = \$1000 + <input type="checkbox"/> High Energy BURDEN = 11% + </div>

IF DENIED, PROVIDE REASON:

Date Notice of Denial Mailed: _____

Client Specialist

Application Completion Date

If ANY ADULT (18 years or older) in your home receives ZERO income,
this form MUST be completed and signed.

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):*

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.)*

SIGN HERE X

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)

If ANY ADULT (18 years or older) in your home receives ZERO income,
this form MUST be completed and signed.

To be completed by COSERV ELECTRIC Customers ONLY

Texoma Council of Governments

1117 Gallagher Drive, Suite 200

Sherman, Texas 75090

Phone (903) 893-2161 option 5

~~~~~**Authorization for Release**~~~~~

Current Date: \_\_\_\_\_

To: CoServ  
Pledge Group  
Fax- 940-270-6802

RE: Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Acct#: \_\_\_\_\_

I, \_\_\_\_\_, authorize CoServ to release information on my  
(Customer Prints Name Here)  
account to **Texoma Council of Governments**. I, \_\_\_\_\_, authorize this release for up to  
(Customer Initials)  
one year from the above date. \*\*This release is not transferable. \*\*

☐

Faxed # \_\_\_\_\_ Attn: \_\_\_\_\_

☐

Emailed: \_\_\_\_\_ @ \_\_\_\_\_

Contact Phone Number for Caseworker: \_\_\_\_\_

\_\_\_\_\_  
Customer's Signature

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

**Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National  
Applicant Certification Form for WAP and CEAP**



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.

**This form REQUIRES a signature. If this form is not signed and returned, your application will NOT be processed.**

| Household Member Name | U.S. Citizen (Born or Naturalized)<br>or U.S. National (Yes/No) | Qualified Alien<br>(Yes/No) | Documentation Provided for: |                |
|-----------------------|-----------------------------------------------------------------|-----------------------------|-----------------------------|----------------|
|                       |                                                                 |                             | Status                      | 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.

**SIGN HERE X**

|                                                                               |                  |      |
|-------------------------------------------------------------------------------|------------------|------|
|                                                                               |                  |      |
|                                                                               |                  |      |
| <b>Applicant's Signature</b>                                                  |                  | Date |
|                                                                               |                  |      |
| <b>Signature of agency staff certifying they verified the above documents</b> | Print Staff Name | Date |

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

Your multifamily building(s) 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 multi family building landlord, should be aware. At the bottom of this page is a PERMISSION TO ENTER PREMISES section granting your permission for: Texoma Council of Governments to enter your building(s) to perform energy audits, collect eligibility documentation from your tenants, and complete applications.

Before work begins on your building(s), 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. Meeting rooms, game rooms, laundry rooms, maintenance rooms, daycare centers, office areas or commercial business areas, and non-residential facilities are not eligible for weatherization services. WAP may request a financial commitment from the building's landlord(s) based on the estimated cost for each building containing multi-family rental units. 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 each individual unit within 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(s) located at \_\_\_\_\_, have read and understand the above and hereby grant permission for representatives of \_\_\_\_\_ 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.

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Landlord/Agent's Signature

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Agency Representative Signature

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Title

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Title

---

Date

---

Date





## LANDLORD FINANCIAL PARTICIPATION FORM

**\*\* For Office Use Only\*\***

|                                                                                                                     |                                                                    |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Date of Transaction or Initial Contact:                                                                             | Instigating local WAP Agency: <b>Texoma Council of Governments</b> |
| 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(s). The landlord/agent for this building(s) 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 Texoma Council of Governments  
(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) \_\_\_\_\_, 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 \_\_\_\_\_