
Brazos Valley Community Action Agency

Weatherization

Phone: (979) 822-4100 • Fax: (979) 822-4116 • Toll Free: 1 (877) 54 BVCAA

MAIL APPLICATION DOCUMENTS TO:

409 E 26th St, Bryan, Texas 77803

Dear Applicant,

The Weatherization Assistance Program is available to provide energy saving measures such as insulation, weather-stripping, servicing / repair of heating / cooling units, etc. The program's goal is to lower the heating and cooling cost of the home. There are limited funds available for each house that qualifies. **Please note that the Weatherization program is not a rehabilitation program!**

Eligibility for the program is first determined by the household's income. Poverty Income Guidelines are established by Congress and monitored by the Texas Department of Housing and Community Affairs. Once an application has been determined to be income eligible, it is placed on a Waiting List. The Weatherization Staff will contact you at a later date to make an appointment to assess the home. The second step of eligibility depends upon the condition of the home and whether or not it will benefit from the measures that the Weatherization program is allowed to perform.

Enclosed is an application for the Weatherization Assistance Program. If you are interested in applying for assistance for your home, please review the attached application and complete the information about your household. Please return the completed application to this office.

Your application cannot be processed without the following information:

- Documentation of income for all adults in the household for the past 30 days.
- Signatures of applicant - Signatures are required on Page 3 of the application and also on the last page.

Other documents that would be *helpful*, but are not required, are copies of an electric / gas bill and one photo of the front of the home. Please call if you have any questions.

Sincerely,
Weatherization Staff

WEATHERIZATION ASSISTANCE PROGRAM - APPLICATION FOR WEATHERIZATION SERVICE
PROGRAMA DE CLIMATIZACION DEL HOGAR SOLICITUD PARA SERVICIOS

A. Basic Information (Información basico)

Name of Applicant or Head of Household Nombre del Solicitante o Responsable de la Casa			Home Telephone Teléfono de la Casa		
Mailing Address Dirección Postal	Street/P.O. Box, City Calle o Apdo/Postal, Ciudad	County Condado	Zip	Work Telephone Teléfono del trabajo	
Residence Address - If Different Dirección de Residencia - Si es diferente del postal			County Condado	Zip	
Has this residence ever received services from the Weatherization Program? ¿Esta residencia ha recibido servicios del programa de climatización?					
<input type="checkbox"/> Yes/Si <input type="checkbox"/> No					
If "Yes," when?/ Si marca "Si," ¿Cuándo?					

B. Give the following information about each household member, including yourself:
 (Escriba los nombres de todos las personas que viven en esta casa, incluyendose a usted:)

Name Nombre	Date of Birth Fecha de Nacimiento	Sex Sexo	Race* Raza*	U. S. Citizen Ciudadano De Los E. U. A.		Disabled Incapacitado		Social Security Number** Numero de Seguro Social**
				Yes/Si	No	Yes/Si	No	

List additional members on back or separate page
 Si necesita mas espacio, escriba al reverso de esta pagina o en otro papel.

*This information is voluntary and is requested to ensure benefits are provided without regard to race, color or national origin. It will not affect your eligibility or benefit level.
 *Esta información es voluntaria y se solicita solo con el fin de asegurar que los beneficios se puedan ofrecer sin discriminación de raza, color, u origen nacional. Esta información no afectara su elegibilidad ni la cantidad de su beneficio.
 **Although law does not require this information, it is necessary for correct computer processing.
 **Aunque la ley no requiere esta información, es necesario para procesar correctamente su solicitud por medios computarizados.

C. Give the following information about household members who work:
 Escriba los nombres de todos las personas viviendo en esta casa que trabajan:

Name of Persons Working Nombre de las Personas que Trabajan	Employer's Name, Address, and Telephone Number Nombre, Dirección, y Teléfono de sus Patrones	Total Monthly Income Sueldo Total Mensual

WAP APPLICANT'S AUTHORIZATION, UNDERSTANDING AND AGREEMENT

My answers to all of the previous questions and to the statements I have made are true and correct to the best of my knowledge. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I also agree to provide the Texas Department of Housing and Community Affairs and its contracting agencies with any information necessary to verify my eligibility.

If I am eligible for weatherization services. I give my permission to allow work on the residence listed on this form. I will cooperate fully with state and federal personnel to obtain information from any source to verify statements I made. I will cooperate fully with state or federal personnel in a quality control review.

I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

PENALTIES FOR FRAUD!

Whoever obtains or attempts to obtain weatherization services for which he is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

AUTORIZACION, ACUERDO, Y ENTENDIMIENTO DEL SOLICITANTE

Mis respuestas a todas las preguntas anteriores y las declaraciones que he hecho son verdaderas y correctas segun mi leal saber, entender y creencia. Autorizo al "Texas Department of Housing and Community Affairs" y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar o solicitar información necesaria para la determinación de elegibilidad. Acepto responsabilidad de dar al Departamento cualquier información que se necesite para verificar mi elegibilidad.

Si califico para servicios de Climatización del Hogar, doy permiso para que se hagan reparaciones a la residencia identificada en esta solicitud. Cooperaré plenamente con personas del gobierno estatal o federal para obtener cualquier información necesario para verificar las declaraciones que he hecho, cual en lo mismo se incluyen estudios tocante la calidad del trabajo. Me han avisado y entiendo que esta solicitud será considerada sin distinción de raza, color, religión, credo, origen nacional, sexo, ni creencia política.

¡CASTIGO POR FRAUDE!

Si alguna persona recibe servicios de Climatización del Hogar por medio de declaraciones falsas o intenta defraudar por medio de estas declaraciones, se considerará culpable de una ofensa criminal y al ser convicta puede ser multada o encarcelada.

BEFORE YOU SIGN BE SURE EACH ANSWER IS COMPLETE AND ACCURATE, ASEGURESE, ANTES DE FIRMAR, QUE TODAS SUS REPUESTAS ESTEN COMPLETAS Y CORRECTAS.

Signature - Applicant Firma del Solicitante	Date Fecha	Signature - Spouse Firma de Esposa (o)	Date Fecha
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Signature - individual making application on applicants behalf or caseworker who assisted in completion of application Firma del Solicitante - firma de la persona que hizo la solicitud de parte del solicitante, o trabajador social que ayudo hacer la solicitud	Date Fecha	Signature - Witness (if applicant signed with "x") Firma - Del Testigo (Si se firma con "x")	Date Fecha
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D. If any household members receive any of the following types of unearned income or benefits, check the type of benefit received. Where the space is provided, enter the case or account number and the amount received.
 Indique en lo siguiente, los ingresos o beneficios que usted u otros miembros de su casa reciban. Incluya el numero de identificación de su casa o cuenta de ayuda y la cantidad de ayuda.

DO NOT INCLUDE FOOD STAMPS AS INCOME / NO INCLUYE "ESTAMPILLAS PARA COMIDA" (FOOD STAMPS) COMO INGRESO

Type of Assistance / Tipo de Asistencia	Case Number Numero Del Caso	Monthly Amount Cantidad Mensual
AFDC / Asistencia AFDC		
SSI / Ingreso de Seguridad Suplemental		
Social Security / Seguro Social		
Veteran's Benefits / Beneficios de Veteranos		
Retirement Benefits / Beneficios de Retiro		
Military Allotments / Reparto de Sueldo Militar		
HUD Utility Supplement / Suplemento para las Utilidades de HUD		
Child Support / Sostenimiento para Niños		
Unemployment Compensation / Compensación de Desempleo		
Workman's Compensation / Compensación de Trabajadores		
Contributions / Regalos		
Other (specify) : Otro (especifique):		
<input type="checkbox"/> Please check here if you are employed as a migrant or seasonal farmworker. (Favor de marcar si usted está empleado como migrante o trabajador temporal de agricola.)		

E. Information about the structure

Pertenencia el edeficio

What year was your home built?/¿En que año fue la casa construido?	
<input type="checkbox"/> Do you own or ¿Es dueño o	<input type="checkbox"/> Rent your residence? Se renta su residencia?
Type of housing: Tipo de casa: <input type="checkbox"/> Single Family Hogar separado <input type="checkbox"/> Mobile Home Casa Movil <input type="checkbox"/> Multi-Family Casa pegada con paredes común <input type="checkbox"/> Shelter Asilo	

Type of energy used to heat household (check one): Tipo de energia utilizada para calentar su hogar (marque una):			
<input type="checkbox"/> Natural gas Gas natural	<input type="checkbox"/> Electricity Electricidad	<input type="checkbox"/> Bottled gas Gas embotellado	<input type="checkbox"/> Other (specify): Otra (especifique):
Type of air conditioning used (check one): Tipo de aire acondicionado utilizado (marque uno):			
<input type="checkbox"/> None Ninguno	<input type="checkbox"/> Central Unit Unidad central	<input type="checkbox"/> Window Unit Unidad de ventana	<input type="checkbox"/> Evaporative Cooler Enfriador evaporativo

**DECLARATION OF INCOME STATEMENT
(DECLARACION DE INGRESOS)**

I, _____, do hereby declare on _____ (date) that:
(Yo) (Applicant's Name/Nombre del Solicitante) (declaro que:) en esta fecha

- I have no documented proof of income due to the following situation _____

(No tengo prueba para documentar mis ingresos por medio de tal razones)

- I am applying for assistance from _____ :
(Yo deseo aplicar para asistencia con _____ (agencia):)(Agency Name)

My household consists of _____ number of persons and the following household members, 18 years and older, have earned the following gross income during the 30 day period prior to the date of application for assistance:

Name: _____	Gross Amount Earned: _____
Name: _____	Gross Amount Earned: _____
Name: _____	Gross Amount Earned: _____
Name: _____	Gross Amount Earned: _____

(En mi hogar radican (¿cuántas?) personas, y los siguientes miembros que tienen 18 años de edad ó mas que han ganado dinero durante los pasados 30 dias antes de aplicar para asistencia. Indique el nombre y los ingresos ganados de cada miembro.)

- My household's gross income, for all household members 18 years and older, for the 30 day period prior to the date of application for assistance is \$ _____
(El total de los ingresos de mi hogar, para los miembros que tienen 18 años de edad ó mas por los pasados 30 dias pasados, antes de aplicar por asistencia es (¿cuánto?).)
- and my household's gross annualized income based on the 30 day period prior to the date of application for assistance is \$ _____
(y el ingreso anual de mi hogar ha sido calculado para el año, según los pasados 30 dias, antes de aplicar para asistencia, llegan a (¿cuántos dólares?))

I certify that the above information for the income of all household members 18 years and older is true and correct to the best of my knowledge and belief. (Yo certifico que la información proveida de los ingresos de los miembros de mi hogar que tienen 18 años ó mas 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.)

(Applicant Signature/Firma del Solicitante) (Date/Fecha)

(Street Address/Dirección) (City/Ciudad) (County/Condado) (Zip/Código Postal)

(Subrecipient Representative's Signature and Title) Date

(Reviewed & Approved (Ex.Dir. or Prog. Dir. Name & Title) Date

TEXAS WEATHERIZATION ASSISTANCE PROGRAM

PERMISSION TO CONDUCT AN ENERGY AUDIT

TO THE BUILDING LANDLORD:

Your building is being considered to receive services under the Weatherization Assistance Program (WAP). The WAP is funded by the United State Department of Energy (DOE) and administered in Texas by the Texas Department of Housing and Community Affairs (TDHCA). The WAP operates under the rules and regulations of both USDOE and TDHCA which have certain requirements of which you, as a building landlord, should be aware. At the bottom of this page is a form granting your permission for the local agency to enter your building to perform an energy audit and collect eligibility documentation from your tenants.

Before the work begins on your building, you will be required to sign a Building Landlord Agreement, a copy of which is attached for your review. WAP may require a financial commitment from the building's landlord(s) for each building containing rental units. These funds provided by landlords are used to supplement the weatherization activity. Exceptions to this requirement can be made when the landlord is an eligible applicant or where hardship of the landlord can be proven. This investment can take several forms and is dependent on the results of the energy audit. When the audit is completed the local weatherization agency will contact you to discuss your building's energy conservation potential, 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 the building located at _____ have read and understand the above and hereby grant permission for representatives of BVCAA (Weatherization) to enter these premises for the purposes of conducting an energy audit and collecting eligibility documentation from the residents.

Landlord's Name: _____ Date: _____

Title: _____ Phone #: _____

Mailing Address: _____

Agency Rep: _____

Title: Weatherization Coordinator Phone #: (979)822-4100

TEXAS WEATHERIZATION ASSISTANCE PROGRAM
LANDLORD AGREEMENT

It is agreed by and between BVCAA a WAP Agency and
_____ the Landlord/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 is 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 audit is 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 of completing weatherization work.
3. A lease may be renewed for successive periods during the period of the Agreement. If the 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 of matters unrelated to the weatherization work performed. A list of units and lease agreements must be attached to this Agreement.
4. 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 to this document being 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 _____ 200 __. From this date through the completion of the weatherization work, the Landlord agrees to give the Agency access during normal business hours to all dwelling units and common areas to be weatherized.
8. The Agency and Landlord agree that the tenants, present and future, are meant as the persons to benefit from the weatherization program and may enforce this Agreement. The Tenant shall have the right to inspect this Agreement. Agency agrees to provide a copy of this Agreement to each tenant upon request. The Landlord agrees to provide a copy of this Agreement to all future tenants 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'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

BVCAA (Weatherization)

for the Agency

Date

TEXAS WEATHERIZATION ASSISTANCE PROGRAM
Landlord Financial Participation Form

On _____, 20 ____, a representative of BVCAA – Weatherization
(Agency) contacted the undersigned Landlord ____ Agent ____ (check one) of a building
containing _____ dwelling units, located at

currently under consideration for weatherization services.

The Texas Weatherization Assistance Program requires the Agency to obtain investments from the Landlord for the weatherization services that the agency intends to perform to the building. The landlord/agent for this building 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 is to initial appropriate line.)

_____ Landlord will invest \$ _____ for the cost of weatherization work.
This amount represents _____% of the total cost of the work.

_____ Landlord is unable to make any financial investment.

_____ Refuses to make an investment.

_____ Other: _____

Landlord/Agent _____ Date _____

Agency _____ Date _____