

\*\*\*\*\* WAP FILE CHECKLIST \*\*\*\*\*

- \_\_\_\_\_ Checklist Form
- \_\_\_\_\_ App. for Weatherization Assistance  
(within 12 months)
- \_\_\_\_\_ Proof of Identity  
(any unexpired government issued document)
- \_\_\_\_\_ Documentation of Citizenship  
(valid drivers license, birth certificate, passport, etc.)
- \_\_\_\_\_ Proof of Disability (if applicable)
  
- \_\_\_\_\_ Notification of Status Letter (Approved, Denied, Etc.)  
(must be signed)
- \_\_\_\_\_ Income Worksheet  
( Accent printout or award letter)
- \_\_\_\_\_ Income Eligibility Documents  
(Self Certification of Income, Statement of Support, ACCENT Printout,  
or Award Letter)
- \_\_\_\_\_ Proof of Ownership (if applicable)  
(Copy of Deed, Current Tax Reciept, or Property Data Page Printout)
- \_\_\_\_\_ Fuel Release Form/ Elect. Bills  
(Name of Suppliers-Proof of Expenses)
- \_\_\_\_\_ Energy Burden Worksheet
  
- \_\_\_\_\_ Priority Points Documentation Sheet  
w/Energy Burden
- \_\_\_\_\_ Release of Info/Homeowner Certification  
Form (must be signed)
- \_\_\_\_\_ Rental Agreement (where applicable)
  
- \_\_\_\_\_ Home Directions Sheet
  
- \_\_\_\_\_ Confidentially, Grievance, & Equal Access Form
  
- \_\_\_\_\_ Homeowners Permission to Proceed

**HOUSING**  OWN  RENT  SQUARED FOOTAGE \_\_\_\_\_ YEAR HOME BUILT: \_\_\_\_\_ ROOF CONDITION: (please circle) POOR FAIR GOOD  
 EVIDENCE OF MOLD OR MOISTURE: YES NO

IF OWNER OF HOME, PLEASE PROVIDE THE FOLLOWING INFORMATION:  
 NAME (S) ON DEED: \_\_\_\_\_ TITLE # IF MOBILE HOME: \_\_\_\_\_  
 DEED BOOK: \_\_\_\_\_ PAGE: \_\_\_\_\_  
 IF RENTING, PLEASE PROVIDE THE FOLLOWING INFORMATION:  
 LANDLORD NAME (first and last): \_\_\_\_\_  
 LANDLORD PHONE NUMBER: \_\_\_\_\_  
 LANDLORD ADDRESS: \_\_\_\_\_

TYPE OF HOME STRUCTURE (circle one in each column)		SINGLE OR MULTIFAMILY BUILDING TYPE
FOUNDATION TYPE	BUILDING EXTERIOR	Owner Occupied - Site Built
Crawl Space	Brick Exterior	Renter Occupied - Site Built
Slab	Vinyl Siding Exterior	Mobile Home - Owner Occupied
Basement	Wood Exterior	Mobile Home - Renter Occupied
Mobile Home Skirting	Concrete Exterior	Multi-Family - 2 TO 4 Units (enter total units in building: _____)
Other (describe below)	Other Exterior - Describe Below	Multi-Family - 5 or more units (enter total units in building: _____)

**Have you received assistance in the Low Income Home Energy Assistance Program (LIHEAP) since October 1, 2018?**  
 Please circle: YES or NO

**HEATING SOURCE: (Circle your primary source)**  
 ELECTRIC \_\_\_\_\_ PROPANE \_\_\_\_\_ KEROSENE \_\_\_\_\_ WOOD \_\_\_\_\_  
 FUEL OIL \_\_\_\_\_ NATURAL GAS \_\_\_\_\_ COAL \_\_\_\_\_  
 HOME ENERGY COSTS: \$ \_\_\_\_\_  
 Utility Company Name: \_\_\_\_\_  
 Utility Company Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Utility Company Name: \_\_\_\_\_  
 Utility Company Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Account #: \_\_\_\_\_

**Do any household members have any known or suspected health concerns that would be negatively impacted by weatherization work?**  
 Please circle: YES or NO

**(PLEASE ATTACH STUBS, INVOICES, RECEIPTS, ETC. FOR ALL ENERGY SOURCES IN THE HOUSEHOLD)**  
 I CERTIFY THAT THE ABOVE ACCOUNT(S) IN THE NAME OF \_\_\_\_\_  
 IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS.  
 IS THIS ACCOUNT IN YOUR LANDLORD'S NAME? Y or N  
 NOTE: If the energy bill is not in a household member's name, you must provide proof you are responsible for payment of the bill.

**Appliances Certification:**  
 I certify that all of the information provided in this application for weatherization assistance is true and correct. I understand that any one who fraudulently covers up a material fact or who knowingly gives false information for the receipt of weatherization assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge that I have been informed of my appeal rights. I understand that I will be notified in writing of my eligibility status. Pursuant to federal law (5 United States Code 852(b)(5) and 10 Code of Federal Regulations 600.163(f)), identifying information provided by you for determination of your eligibility for Weatherization Assistance and for the provision of services from the program will be considered confidential and, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for purposes directly related to the administration of the Weatherization Program. I do \_\_\_\_\_ agree that the information contained in my application may be shared with other agencies from which I seek additional services.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 NO PERSON ON THE BASIS OF HANDICAP, RACE, COLOR, RELIGION, SEX, AGE, OR NATIONAL ORIGIN WILL BE EXCLUDED FROM PARTICIPATION IN, OR BE DENIED BENEFITS OF, OR BE OTHERWISE SUBJECTED TO DISCRIMINATION IN THE OPERATION OF THE WEATHERIZATION PROGRAM.

**To Be Completed By Agency Staff Only:**  
 Total Children under age 6: \_\_\_\_\_  
 Total Disabled Members: \_\_\_\_\_  
 Total Age 60 yrs or older: \_\_\_\_\_  
 TOTAL HOUSEHOLD MEMBERS: \_\_\_\_\_  
 Total # Illegal Aliens in Household: \_\_\_\_\_  
 SIGNATURE OF DETERMINING OFFICIAL: \_\_\_\_\_ DATE CERTIFIED: \_\_\_\_\_

% OF ENERGY BURDEN: \_\_\_\_\_  
 HIGH ENERGY BURDEN? YES NO  
 HIGH RESIDENTIAL ENERGY USER? YES NO  
 CATEGORICALLY ELIGIBLE? YES NO  
 % OF POVERTY: \_\_\_\_\_  
 APS REFERRAL? YES NO  
 TOTAL PRIORITY POINTS: \_\_\_\_\_  
 TOTAL ANNUAL HOUSEHOLD INCOME DETERMINED: \_\_\_\_\_  
 TOTAL ANNUAL HOUSEHOLD ENERGY COSTS DETERMINED: \_\_\_\_\_

**WEATHERIZATION PROGRAM (WP) APPLICATION FOR ASSISTANCE - PROGRAM YEAR 2020**

Application is not complete without applicant signature on page 2.

The applicant must provide proof of identity and citizenship with this application. A driver's license, passport or other government-issued document is acceptable proof.

Has this home been weatherized under the WP program since September 30, 1984 through any TN WP Agency? (circle) Yes No

If yes, which agency provided assistance?

If yes, what was the monthly/year weatherization was performed?

For Agency Offices Use Only

DATE APPLICATION RECEIVED: \_\_\_\_\_

DATE APPLICATION COMPLETED: \_\_\_\_\_

APPLICATION TYPE: WEATHERIZATION or RE-WEATHERIZATION

APPLICATION STATUS: APPROVED or DENIED

JOB # ASSIGNED: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

Applicant Name (must provide first and last name): \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County (current home address): \_\_\_\_\_

Mailing Address (if different from home address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency/Alternative Contact (Name & phone #): \_\_\_\_\_

**LIST ALL HOUSEHOLD MEMBERS (INCLUDING APPLICANT). USE ADDITIONAL PAPER IF YOU NEED MORE SPACE**

NAME (must provide first and last name)	MARRITAL STATUS	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	RACE (Optional to Provide) White, Black, Hispanic, Asian/Pacific Islander, Native American, Native Alaskan, Other - define	Citizenship (Indicate if U.S. Citizen, Legal Alien, or Illegal Alien)	HOUSEHOLD MEMBER RECEIVE REGULAR FINANCIAL ASSISTANCE FOR A PERMANENT DISABILITY?	HEALTH INSURANCE	INCOME	Has this person received Family First (Temporary Assistance for Needy Families) or BSI benefits within the last 12 months? Please mark yes or no
Applicant Name:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	

**FAMILY TYPE (check one)**

Single Parent Female

Single Parent Male

2 Parent Household

Single Person Female (no children)

Single Person Male (no children)

Male (no children)

Female (no children)

**DECLARATION OF DISABILITY**

LIST THE NAME OF ANY HOUSEHOLD MEMBER WITH A DISABILITY BELOW, AND HOW IT WAS ESTABLISHED (Social Security Disability, SSI, VA, Vocational Rehabilitation, etc.)

(Please use additional paper if more space is needed)

**HOUSEHOLD TOTAL INCOME (Below list income information for applicant and all household members). Use additional paper if more space is needed.**

NAME	SOURCE OF INCOME	GROSS MONTHLY INCOME (provide proof of all income)	IF EMPLOYED, PROVIDE EMPLOYER'S NAME & ADDRESS

## Statement of Support Weatherization Program

I certify that I provided the following support (check all that apply):

Food

Clothing

Rent

Gifts (Gifts are contributions of cash, goods, or services for basic necessities that are made without any commitment of repayment. Please specify gift): \_\_\_\_\_

To: (Applicant Name): \_\_\_\_\_

For the period of: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature of Support Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Notarized Self-Certification of Income Statement Weatherization Program

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

A: I certify that during the period of \_\_\_\_\_ that I had the following income or employment:

Source	Amount	Frequency
--------	--------	-----------

B: I certify that during the period of \_\_\_\_\_ I earned zero income.

C: I certify that the following household members 18 years or older have zero income:

Name: \_\_\_\_\_ has zero income as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ has zero income as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ has zero income as of \_\_\_\_/\_\_\_\_/\_\_\_\_

I further certify that I cannot obtain proof of this employment and the amount of money I received, and this is a true and complete statement to the best of my knowledge. I further understand that knowingly giving false information for the receipt of Weatherization Program benefits is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five (5) years, or both.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date subscribed and sworn to before me: \_\_\_\_\_

NOTARY PUBLIC: My commission expires: \_\_\_\_\_

(Notary Seal:)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed/Typed Name of Notary

## Energy Bill Release Weatherization Program

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

I authorize the release of information pertaining to my energy bills, both past and future, to my local weatherization agency or its designee for the purpose of obtaining data for the evaluation of energy conservation effectiveness. I understand that this information will be used only to provide data for the Program and the information obtained through this release shall not be made public in such a manner that the dwelling or occupants may be identified.

Energy Provider Name #1: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Energy Provider Name #2: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

If the Account is not in the Applicant's name, the Account holder must sign below:

I certify that the energy bill at the above address is in my name but the Applicant listed above is responsible for payment of the entire bill. I understand that by signing this statement I am verifying the above named person's responsibility and acknowledge my acceptance of the agencies policies and procedures regarding the payment of this account.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Landlord Agreement (Single Family) Weatherization Program

**Address:**

\_\_\_\_\_

This Agreement is for the provision of work under the Weatherization Program for the property located at the address above. The Owner/Authorized Agent agrees to the following conditions:

1. The benefits of the weatherization assistance provided shall accrue primarily to the lessee;
2. The rent for the property shall not be raised for a period of one year from the completion date of the weatherization work, unless the increase is demonstrably related to matters other than the weatherization work performed. This rent freeze remains in place for a period of one year from date of completion of the weatherization work, even if the applicant no longer resides in the property;
3. The lessee will not be evicted without legal cause (non-payment of rent, etc.) for a period of one year from the date of the completion of the weatherization work;
4. If a complaint regarding a rent increase or eviction action is received by the Agency, the Owner/Authorized Agent agrees to immediately provide the Agency, upon request, written information that the terms of this Agreement have not been violated;
5. No undue or excessive enhancement shall occur to the value of the property identified above;
6. There is no known plan for government acquisition or clearance of the property within 12 months of receiving weatherization work;
7. Permission is granted for the Agency to conduct or to make arrangements for weatherization work to take place, including, the inspection of the interior and exterior of the home, the installation of weatherization materials as authorized by the weatherization agency, access to the home for the inspection of completed work;
8. In the event the property is sold, the new owner shall be bound by the terms of this agreement;
9. The terms of this Agreement shall be binding on the parties hereto, their heirs, executors, administrators, representatives, successors and assigns;
10. If this Agreement is not adhered to the cost of the weatherization improvements shall be reimbursed by the Owner/Authorized Agent to the Agency.

**Owner/Authorized Agent:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Mailing Address

## Renter Permission Weatherization Program

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

By signing below, I authorize:

1. The Local Weatherization Agency to make arrangements for weatherization activities, including:
  - The inspection of the interior and exterior of my home;
  - Photographs to document work;
  - The installation of weatherization materials as determined appropriate;
  - Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work.
  - I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only.
2. The Local Weatherization Agency to share my information with The State of Tennessee, Tennessee Housing Development Agency, Tennessee Valley Authority, and the U.S. Department of Energy, or their representative, for the purpose of evaluating the Program's effectiveness as a result of services provided.
3. The Local Weatherization Agency to share information contained in my Weatherization Program application with agencies and/or programs for which I may qualify for additional services.

Applicant/Tenant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Homeowner Permission Weatherization Program

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

By signing below, I authorize:

1. I am the owner of the property listed above,
2. This residence is not currently for sale, nor is it designated for acquisition or foreclosure by federal, state or local programs.
3. The Local Weatherization Agency to make arrangements for weatherization activities, including:
  - The inspection of the interior and exterior of my home;
  - Photographs to document work;
  - The installation of weatherization materials as determined appropriate;
  - Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work.
  - I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only.
4. The Local Weatherization Agency to share my information with The State of Tennessee, Tennessee Housing Development Agency, Tennessee Valley Authority, and the U.S. Department of Energy, or their representative, for the purpose of evaluating the Program's effectiveness as a result of services provided.
5. The Local Weatherization Agency to share information contained in my Weatherization Program application with agencies and/or programs for which I may qualify for additional services.

**Homeowner/Applicant:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**CLIENT CERTIFICATION**

**PLEASE READ THE STATEMENTS BELOW:**

**NON-DISCRIMINATION**

No person on the basis of handicap, race, color, religion, sex, age, sexual orientation or national origin will be excluded from participation in, or denied benefits of, or otherwise subjected to discrimination in the operation of the TEAM Project.

**GRIEVANCE STATEMENT**

Please be aware that if an application is denied for any reason, other than lack of funding, applicant has the right to appeal the decision. If you wish to file an appeal please contact: LaNelle Godsey, Community Services Director by calling 931-528-1127, by mail at 580 South Jefferson Avenue, Suite B, Cookeville, TN 38501 or by email to lgodsey@uchra.com

**CONFIDENTIALITY STATEMENT**

Please be aware that your information will not be shared with other organizations or persons without your consent. Please check on the application when ask if you do or do not agree to the sharing of your information.

**NOTIFICATION OF CHANGE TO HOUSEHOLD**

I understand that I must inform my program manager of any change to household information concerning income, address, household size and or any other changes that may determine my eligibility for agency services.

I attest under penalty of perjury that the applicant and all members listed on this application for assistance are either a united states citizen or a qualified alien as defined by U.S. c. 1641 (b).

I acknowledge by my signature below that I have been provided information about UCHRA policies as described above. By signing below, I certify that I read the above policies and fully understand the agencies responsibilities and my own.

Client Signature: \_\_\_\_\_

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

WP Staff Member: \_\_\_\_\_

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

**CLIENT CERTIFICATION**

**PLEASE READ THE STATEMENTS BELOW:**

**NON-DISCRIMINATION**

No person on the basis of handicap, race, color, religion, sex, age, sexual orientation or national origin will be excluded from participation in, or denied benefits of, or otherwise subjected to discrimination in the operation of the TEAM Project.

**GRIEVANCE STATEMENT**

Please be aware that if an application is denied for any reason, other than lack of funding, applicant has the right to appeal the decision. If you wish to file an appeal please contact: LaNelle Godsey, Community Services Director by calling 931-528-1127, by mail at 580 South Jefferson Avenue, Suite B, Cookeville, TN 38501 or by email to lgodsey@uchra.com

**CONFIDENTIALITY STATEMENT**

Please be aware that your information will not be shared with other organizations or persons without your consent. Please check on the application when ask if you do or do not agree to the sharing of your information.

**NOTIFICATION OF CHANGE TO HOUSEHOLD**

I understand that I must inform my program manager of any change to household information concerning income, address, household size and or any other changes that may determine my eligibility for agency services.

I attest under penalty of perjury that the applicant and all members listed on this application for assistance are either a united states citizen or a qualified alien as defined by U.S. c. 1641 (b).

I acknowledge by my signature below that I have been provided information about UCHRA policies as described above. By signing below, I certify that I read the above policies and fully understand the agencies responsibilities and my own.

Client Signature: \_\_\_\_\_

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

WAP Staff Member: \_\_\_\_\_

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

**WEATHERIZATION PROGRAM  
RELEASE OF INFORMATION**

Job Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of information to the Upper Cumberland Human Resource Agency (UCHRA) for the purpose of determining eligibility for the Weatherization Program and their services.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Address

\_\_\_\_\_  
I, \_\_\_\_\_, authorize UCHRA to share information contained within my Weatherization Program application or case file with other agencies and/or programs from which I seek additional services.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**TENNESSEE HOUSING DEVELOPMENT ASSOCIATION  
PRIORITY POINT SYSTEM  
WEATHERIZATION ASSISTANCE PROGRAM (WAP)**

APPLICANT NAME: \_\_\_\_\_ DATE OF PRIORITIZATION: \_\_\_\_\_

POINTS	CRITERIA	TOTAL
<b>Countable Income based on Family Size (25 Points Max.)</b>		
25 Points	0 – 50% Of Federal Poverty Standards	
20 Points	51 – 100% Of Federal Poverty Standards	
10 Points	101 – 150% Of Federal Poverty Standards	
5 Points	151 – 200% Of Federal Poverty Standards	_____
<b>Vulnerable Household Members (50 Points Max.)</b>		
20 Points	Elderly (age 75+)	
15 Points	Elderly (age 60 – 74)	
15 Points	Disabled (As defined in Section 1.6.6)	
15 Points	Child Under 6 Years of Age	_____
<b>Energy Burden (15 Points Max.)</b>		
15 Points	20% or higher	
10 Points	16 – 19%	
5 Points	9 – 15%	
0 Points	8% or less	_____
<b>High Residential Energy User (10 Points Max.)</b>		
Annual Household Energy Costs		
10 Points	\$3000 or More	
5 Points	\$1900 or More	
0 Points	\$1899 or Less	_____
<b>GRAND TOTAL</b>		_____

## CALCULATION OF ENERGY BURDEN FOR WEATHERIZATION ASSISTANCE PROGRAM

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

### DOCUMENTED COSTS FOR ENERGY SOURCES

COAL                                      Total for last 12 Months                                      \$ \_\_\_\_\_

FUEL OIL/KEROSENE                      Total for last 12 Months                                      \$ \_\_\_\_\_

L.P. GAS                                      Total for last 12 Months                                      \$ \_\_\_\_\_

WOOD                                      Total for last 12 Months                                      \$ \_\_\_\_\_

ELECTRICITY                      12 Month Printout                                      \$ \_\_\_\_\_  
(If a full 12 month printout is not available, average the available months and multiply X 12)

NATURAL GAS                      12 Month Printout                                      \$ \_\_\_\_\_  
(If a full 12 month printout is not available, average the available months and multiply X 12)

**Total Yearly Energy Cost**                                      \$ \_\_\_\_\_

FORMULA TO CALCULATE ENERGY BURDEN:

\_\_\_\_\_ (TOTAL DOCUMENTED ENERGY COST) DIVIDED BY THE

\_\_\_\_\_ (TOTAL DOCUMENTED ANNUAL INCOME FOR THE HOUSEHOLD)

\_\_\_\_\_ % (ENERGY BURDEN PERCENTAGE\*)

\*\*THE PRODUCT OF THE ABOVE FORMULA IS TO BE ROUNDED TO THE NEXT WHOLE NUMBER. FOR EXAMPLE, IF THE PRODUCT IS 9.49%, ROUND THE NUMBER TO 9%. IF THE PRODUCT IS 9.50%, ROUND THE NUMBER TO 10%.

				<b>TOTAL PTS.</b>
8% or LESS	0 PTS	16 - 19%	10 PTS	_____
9 – 15%	5 PTS	20% or HIGHER	15 PTS	

**WEATHERIZATION PROGRAM  
INCOME WORKSHEET**

APPLICANT: \_\_\_\_\_

NUMBER IN HOUSEHOLD: \_\_\_\_\_

**TOTAL OF 3**

**MONTHS X 4      =YEAR      VERIFICATION**

**SOURCE OF INCOME:**

Employment (Wages & Salaries)	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Social Security Medicare	_____	_____	_____
Supplemental Security Income	_____	_____	_____
AFDC	_____	_____	_____
Pensions/Other Retirement	_____	_____	_____
Black Lung (Minus First \$20)	_____	_____	_____
Disability	_____	_____	_____
Other: ( _____ )	_____	_____	_____
<b>Total</b>	_____	_____	_____

I, \_\_\_\_\_ certify to the best of my knowledge that all information provided by me is true and correct. I also authorize the verification of any and all information for the purpose of recertification and assistance.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Worker Signature

\_\_\_\_\_  
Date