



DALLAS COUNTY

HEALTH AND HUMAN SERVICES
Weatherization Assistance Program

PHILIP HUANG, MD, MPH
DIRECTOR



Weatherization Assistance Program Application Checklist

Thank you for your interest in the Dallas County Health & Human Services - Weatherization Assistance Program (DCHHS-WAP). All applicants must call our office to make an appointment to complete an application. Once an appointment has been scheduled, the following documents must be presented to determine eligibility for the program.

The federal guidelines require verification of all sources of income for every household member who is 18 or older. Proof of your household's income for the past 30 days from the date you sign the application. Listed below are some common sources of income.

- Pay stubs, social security and/or retirement/pension benefit verification letters. etc.
- If the person does not have proof available due to extenuating circumstances then a Declaration of Income Statement will need to be completed

Proof of U.S. Citizenship or Natural Residency

- U.S. Passport – OR – Birth Certificate and Photo ID are the most common forms
- Qualified Alien Status documentation (Permanent Resident I-155 Card or other immigration documentation proving legal status to receive federal benefits)

If these documents are not available, please refer to the Documentation Matrix attached for other types of proof that can be provided

A recent copy of electric and/or gas utility bills. If the utility bill is in another persons name then that person will be required to complete and sign a Customer Billing / Customer Release Form.

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Suite 336, LB 16
Dallas, Texas 75207-2710

Office (214-819-1909)
Fax (214-951-1002)

Email: wapassistance@dallascounty.org



Weatherization Assistance Program

Application for Weatherization Services
Programa De Climatizacion Del Hogar Socicitud Para Services



Applicant Information – Solicitante Informacion

Applicant Full Name: (Nombre del Solicitante)		
Address: (Direccion Postal)		
City: (Cuidad)	Zipcode: (Codigo Postal)	County: Dallas (Condado)
Home Phone: (Telefono de Casa)	Cell Phone: (Telefono de Celular)	Work Phone: (Telefono de Trabajo)
Email Address: (Direccion de Correo Electronico)		

Secondary Contact – Contacto Secundario

Full Name: (Nombre)		Relationship: (Relacion)
Home Phone: (Telefono de Casa)	Cell Phone: (Telefono de Celular)	Work Phone: (Telefono de Trabajo)
Email Address: (Direccion de Correo Electronico)		

Give The Following Information about Each Household Member, including yourself: Escriba Los Nombres Todos Las Personas Que Viven En Esta Casa, Incluyendose A Usted:

Full Name (Nombre Completo)	Relation (Relacion)	Date of Birth (Fecha de Nacimiento)	Gender (Género)	Ethnicity (Etnicidad)	Monthly Income (Ingreso Mensual)	Disabled (Discapacitado)	Social Security Number* (Numero de Seguro Social)
	Applicant					<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> 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, it is necessary for correct computer processing.
* Esta información es voluntaria y necesarios para procesar correctamente su solicitud por medios computarizados.

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Weatherization Assistance Program

Application for Weatherization Services

Programa De Climatizacion Del Hogar Solicitud Para Servicios



Household Information – Información Del Hogar

Has this residence ever received services from the Weatherization Program? Yes/Si <input type="checkbox"/> No <input type="checkbox"/>		¿Esta residencia ha recibido servicios del programa de climatización?	
Year Built: _____ (Año De Construction)	<input type="checkbox"/> Site Built Sitio Construido	<input type="checkbox"/> Apartment Apartamento	<input type="checkbox"/> Condominium Condominio
		<input type="checkbox"/> Duplex Dúplex	<input type="checkbox"/> Mobile Home Casa Movil
Are you a: <input type="checkbox"/> Homeowner (Eres Un Dueño de Casa)	<input type="checkbox"/> Renter (Reanta)	Landlord Name: (Nombre del Propietario)	
Landlord Address: (Dirección del Propietario)			
Home Phone: (Telefono de Casa del Propietario)	Cell Phone: (Telefono de Celular del Propietario)	Work Phone: (Telefono de Trabajo del Propietario)	
Email Address: (Direccion de Correo Electronico del Propietario)			

If this is rental property a landlord packet must be completed by the homeowner
 Si se trata de una propiedad de alquiler, un paquete de arrendador debe ser completado por el propietario de la casa

Building/Energy Information – Información de Construcción/Energía

Type of Energy Used to Heat Household: (Tipo de Energía Utilizada Para Calentar su Hogar):	<input type="checkbox"/> Natural Gas (Gas Natural)	<input type="checkbox"/> Electricity (Electricidad)	<input type="checkbox"/> Propane (Propano)	<input type="checkbox"/> Other _____ (Otra)
Type of Heating Used in the Home: (Tipo de Calefacción Utilizada en el Hogar)	<input type="checkbox"/> Central (Central)	<input type="checkbox"/> Electric Heat Pump (Bomba de Calor Eléctrica)	<input type="checkbox"/> Wall Furnace (Horno de Pared)	
	<input type="checkbox"/> Unvented Space Heater (Calentador de Espacio Sin Ventilación)	<input type="checkbox"/> Other _____ (Otra)	<input type="checkbox"/> None (Ninguno)	
Type of Cooling Used in the Home: (Tipo de Aire Acondicionado Utilizada en el Hogar)	<input type="checkbox"/> Central #____ (Unidad Central)	<input type="checkbox"/> Window Unit #____ (Unidad de Ventana)	<input type="checkbox"/> Evaporative Cooler #____ (Enfriador Evaporativo)	<input type="checkbox"/> None (Ninguno)
Water Heater Information (Información del Calentador de Agua)	<input type="checkbox"/> Natural Gas (Gas Natural)	<input type="checkbox"/> Electricity (Electricidad)	<input type="checkbox"/> Propane (Propano)	<input type="checkbox"/> Other (Otra)
	<input type="checkbox"/> Leaking (Fugas)	<input type="checkbox"/> Not Operable (No Operable)		
Any of These Issues Apply to Your Home (¿Hacer Cualquiera de Estas Cuestiones se Aplican)	<input type="checkbox"/> Roof Leaks (Fugas de Techo)	<input type="checkbox"/> Bad Foundation (Mala Fundación)	<input type="checkbox"/> Water Stains (Manchas de Agua)	<input type="checkbox"/> Broken Windows (Ventanas Rotas)
Does your Home have Electrical Issues? (¿Su Casa Tiene Problemas Eléctricos)	<input type="checkbox"/> No			
	<input type="checkbox"/> Yes, Describe (Si, Describe):			
Does your Home have Plumbing Issues? (¿Su Casa Tiene Problemas Plomería)	<input type="checkbox"/> No			
	<input type="checkbox"/> Yes, Describe (Si, Describe):			

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Weatherization Assistance Program
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 Programa De Climatizacion Del Hogar Solicitud Para Services



WAP APPLICANT’S AUTHORIZATION, UNDERSTANDING AND AGREEMENT

My answers to all of the previous questions and the statements I have made are true and correct to the best of my knowledge and belief. 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.

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. Make myself available for all phases of the Program (Assessment, Installation, City Inspection, Final Inspection and Quality Control Review). Failure to do so could result in forfeiture of the (1) one year warranty on the measures installed.

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 statement 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 SOLITANTE

Mis repuestas 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 la sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar o solicitar información necesaria para la determinación de elegibilidad.

Si califico para servicios de Climatización del hogar, doy permiso para que se hagan reparaciones a la redidencia 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. Ponerme a disposición para todas las fases del Programa (evaluación, instalación, inspección de la ciudad, inspección final y revisión de control de calidad). De lo hecho, podría haber perdido la (1) garantía de un año sobre las medidas instaladas.

Me han avisado y entiendo que esta solicitud será considerada sin distinción de raza, color, religión, credo, origen nacional, sexo, mi creencia politica.

CASTIGO POR FRAUDE!

Si alguna persona recibe servicios de Climatización del Hogar por medio de declaraciones Falsas of 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

X _____	_____	_____	_____
Signature – Applicant	Date	Signature – Spouse	Date
Firma del Solicitante	Fecha	Firma de Esposa (o)	Fecha

_____	_____	_____	_____
Signature – individual making application on applicants behalf or case worker who assisted in completion of application.	Date	Signature – Witness (if signed with “x”)	Date
firma del Solicitante – De la persons que hace la solicitud de parte de solicitante, o trabajador social que ayudo a hacerla.	Fecha	Firma – Del Testigo (Si se firma con “x”)	Fecha

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Customer Billing/Consumption Release Form
Formulario de divulgación de facturación/consumo del cliente

Name:

Nombre:

First/ Primer nombre *Last/ Apellido* *MI/ Inic. Segundo Nombre*

Address:

Dirección:

Street/ Calle

City/ Ciudad *Zip/ C.P.*

Telephone:

Teléfono:

Electric Utility Co:/ Compañía de Serv. de electricidad:

Account Number:/Número de cuenta:

Gas Utility Co:/Compañía de Serv. de gas:

Account Number:/Número de cuenta:

Other:/Otra:

Account Number:/Número de cuenta:

I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumption histories, both past and future, to the extent the information is used only to determine program eligibility and to provide data.

Autorizo al Departamento de Vivienda y Asuntos comunitarios de Texas y a sus agencias contratadas a solicitar/verificar información acerca de mi facturación por energía e historiales de consumo, pasados y futuros, en la medida en que la información sea usada únicamente para determinar mi elegibilidad para el programa y proporcionar datos.

X

Signature/Firma

Date/Fecha

**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.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)



DALLAS COUNTY
 HEALTH AND HUMAN SERVICES
 Weatherization Assistance Program

PHILIP HUANG, MD, MPH
 DIRECTOR



Statement of Clients Rights & Responsibilities

Dallas County Health & Human Services Weatherization Assistance Program (DCHHS-WAP) forms partnership's with all the clients it serves. This partnership helps develop an understanding between DCHHS-WAP staff and client to reach the full potential of the program in addressing Health & Safety matters and maximizing the energy efficiency possibilities of each home. Each client is entitled to be treated with respect, dignity and courtesy. In return, each client has the responsibility to treat others with respect, dignity, and courtesy.

As a client of DCHHS WAP you have the right:

- To receive professional services from our staff and contractors
- To have your application and supporting documents treated with confidentiality
- To be treated with respect, dignity, and courtesy
- To be Informed what is happening through every step in the Weatherization process

As a client of DCHHS WAP you have the responsibility:

- To be honest in providing proof of eligibility
- To treat program staff and its contractors with respect, dignity, and courtesy
- To provide a workspace that supports a safe work environment in the home including removal of pets if necessary and any items that restrict access to all work areas (boxes, clutter, etc.)
- To cooperate with program staff and contractors to schedule appointments and provide access for any necessary work or inspections in a timely manner between the hours of 8 a.m. and 5 p.m. Monday through Friday.

Agreement and Release

I have read and understand the Clients Rights and Responsibilities explained above and agree to abide by these standards

I also understand that my violation of the responsibilities outlined in this statement, or violation of the program rules could result in the termination of services.

Client Signature

Date

WAP Representative Signature

Date

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SAVE and US Citizenship Certification Form Instructions

Household Member - All members of the household listed on the application must be accounted for.

US Citizen (Born or Naturalized) or U.S. National - Must provide acceptable primary or secondary forms of documentation.

Persons born in Puerto Rico, Guam, the US Virgin Islands, American Samoa, Swains Island (or their descendents) are considered citizens.

Qualified Alien - All household members answering YES to this question must provide documentation to be verified through SAVE.

Documentation Provided - List out documentation collected for each member of the household supporting their selected status. List document(s) used for citizenship **AND** identification on this form.

The SAVE Certification Form is not valid without applicant signature AND printed name and signature of agency staff person who certifies that they verified all documents.

Household members who answer "no" to the "US Citizen (Born or Naturalized) or U.S. National" or "Qualified Alien" box or who cannot provide supporting documentation are considered ineligible for CEAP and WAP.

Household Status Verification Form



Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National
 Applicant Certification Form for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, EH (political subdivision only)

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.

Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Citizenship/Qualified Alien	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.

--	--

Applicant's Signature

Date

--	--	--

Signature of agency staff certifying they verified the above documents

Print Staff Name

Date

Acceptable Documentation for Establishing United States Citizenship and Identity for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, and EH (political subdivision only)¹

Documents that Establish Both Citizenship and Identity:

- Fully-valid, undamaged U.S. passport or passport card (can be expired). If the household member has a US passport or passport card, no further documentation is needed.
- U.S American Indian or Alaska Native tribal enrollment or membership card with photo

If the household member does not have a U.S. passport or passport card, you need to establish Citizenship **AND** Identity:

Citizenship for Adult and Children Household Members

All adult and child household members must have **one** of the following:

- Birth certificate or birth record (including birth certificate cards) issued by the appropriate State Bureau of Vital Statistics or equivalent agency from a US state or local government, a US territory, or the District of Columbia
- Consular Report of Birth Abroad or Certification of Birth / US Department of State Certificate of Birth Abroad issued to US citizens born abroad (Form FS-240, DS-1350, or FS-545)
- Official adoption decree that lists the individual's place of birth in a US state, a US territory, or the District of Columbia
- Military record that lists the individual's place of birth in a US state, a US territory, or the District of Columbia

OR

two of the following:

- Hospital birth certificate (often shows baby's footprints)²
- U.S. Census record²
- Early school records²
- Doctor's records of post-natal care²
- Baptism certificate²
- Family Bible record²
- *Form DS-10: Birth Affidavit*³

Note: If a household member's citizenship documentation lists their maiden name instead of their married name, the first name and date of birth on the household member's identification must match the first name and date of birth on the citizenship documentation.

AND

Identity for Adult (18 and older) Household Members - Must Have:

one of the following:

- Texas DL or photo ID within two years of expiration
- Government employee ID (city, county, state, or federal)
- U.S. military or military dependent ID
- Current (valid) foreign passport
- Matricula Consular (Mexican Consular ID) - commonly used by a parent of a U.S. citizen child applicant
- Trusted Traveler IDs (including valid Global Entry, FAST, SENTRI, and NEXUS cards)
- Tribal Cards with photo and Native American tribal photo IDs
- Temporary driver's license with photo.
- Out-of-state driver's license or non-driver ID with photo within 60 days of expiration
- Concealed handgun license (actual card)[†]
- Unexpired foreign passport
- A valid Consular document issued by a state or national government
- Texas offender ID card or similar form of ID issued by TDCJ
- Federal inmate ID card

OR

two of the following:

- Learner's or temporary driver's permit (without a photo)
- In-state, fully valid non-driver ID (without a photo)
- Temporary driver's license (without a photo)
- Social Security card (actual card)
- Voter registration card (actual card)[†]
- Employee work ID
- Student ID
- School yearbook with identifiable photograph
- Selective Service (draft) card
- Medicare or other health card
- Original or certified copy of a birth certificate or birth record issued by the appropriate State Bureau of Vital Statistics or equivalent agency from a US state or local government, a US territory, the District of Columbia, or a Canadian province
 - Original or certified copy of the US Department of State Certificate of Birth Abroad issued to US citizens born abroad (Form FS-240, DS-1350, or FS-545)
 - Original or certified copy of the court order with name and date of birth indicating an official change of name and/or gender from a US state, a US territory, the District of Columbia, or a Canadian province

- Pilot's license (actual card)[†]
- Texas Department of Criminal Justice (TDCJ) parole or mandatory release certificate
- Professional license issued by Texas state agency
- W-2 or 1099 form
- School records (e.g. report cards, photo ID cards, etc.)[†]
- Military records (e.g., Form DD-214)
- Unexpired US military dependent ID card (actual card)
- Veteran Health Identification card (VHIC—actual card)
- Selective Service card (actual card)
- Original or certified copy of a marriage certificate or divorce decree (US jurisdiction or foreign jurisdiction - if not in English, a certified translation must accompany it)
- Any insurance policy (valid continuously for the past two years)
- Current Texas motor vehicle registration or title
- Current Texas boat registration or title
- Immunization records[†]
- Federal parole or release certificate
- Tribal membership card from a federally recognized tribe (without photo)
- Certificate of Degree of Indian Blood (CDIB)

Acceptable Documentation for Establishing United States Citizenship and Identity for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, and EH (political subdivision only)¹

Identity for Child (under 18) Household Members:

Use the same method as identifying adults (as listed on previous page)

OR

Establish parental/guardian relationship using one of the following documents (the document must list the name of the parents/guardians):

- U.S. birth certificate (also evidence of U.S. citizenship)
- Consular Report of Birth Abroad (also evidence of U.S. citizenship)
- Foreign birth certificate
- Adoption decree
- Divorce/Custody decree
- Unexpired Notarized *Authorization Agreement for Voluntary Adult Caregiver* signed by at least one of the child's parents or legal guardians⁴
- Department of Family and Protective Services Form 2085FC, 2085HCS, 2085KO, and 2085SLR are acceptable--if line 12 indicates child placement is for 50% or more of a month.

AND

The parent/guardian must present documentation listed in Identity for Adult (18 and older), to confirm they are the parent/guardian listed on the document establishing parental/guardian relationship.

1. The U.S. Department of Health and Human Services (HHS) has not provided specific guidance regarding identity or citizenship documentation. If HHS provides guidance or promulgates regulations the Texas Department of Housing and Community Affairs (the Department) will share that information with its Subrecipients. However, Subrecipient has sole responsibility under the Contract to determine Household Eligibility, and this guidance from the Department does not modify or amend its Contract with Subrecipient.

2. Early public or private documents are documents that were created and/or issued early in the applicant's life, preferably in the first five years.

3. Available from the U.S. Department of State's website at <http://eforms.state.gov>

4. Available from the Texas Department of Family and Protective Services Website at https://www.dfps.state.tx.us/site_map/forms.asp

[†]Document must be issued by an institution, entity or government agency from a US state, a US territory, the District of Columbia, or a Canadian province.