

ECONOMIC OPPORTUNITIES ADVANCEMENT CORPORATION  
OF PLANNING REGION XI  
500 Franklin Ave  
Waco, Texas 76701-2111  
(254) 753-0331

## Weatherization Assistance Program

***WEATHERIZATION ASSISTANCE IS NOT A REHABILITATION PROGRAM AND DOES NOT DEAL WITH THE WAY YOUR HOUSE LOOKS.***

The Weatherization Assistance Program makes repairs to your home to prevent air from escaping or entering the house. Weatherizing helps you maintain a more comfortable temperature level in your home and save you energy dollars. Homes that need weatherization will typically have cracks, holes, and other places where air leaks in and out. Here is a list of the types of work that the weatherization program may address:

- Repair or replace low energy efficient heaters
- Repair or replace low energy efficient air conditioners
- Install attic and/or wall insulation
- Repair or replace doors
- Repair or replace windows
- Replace broken glass and glaze around loose panes in windows
- Weather strip around doors and attic hatches
- Patch holes in the walls where air is coming in or out of the house
- Patch holes in floors and ceilings
- Caulk around window and door frames
- Wrap exposed water pipes

The weatherization program does not provide funds for painting your house, installing new carpet or vinyl flooring, or storm doors.

### **\*How much assistance does the program provide?**

EOAC is required to explain all the possible services provided by the Weatherization Assistance Program as part of its client education. EOAC has a limited amount of money that can be spent on any particular home. Therefore, the work done on each home will be different based on the homes condition and the amount of energy used to heat and cool the residence. The initial assessment of your home **DOES NOT** guarantee that you will be eligible for weatherization services.

**\*How does the Weatherization Assistance Program help me save energy and money?**

The Texas Department of Housing and Community Affairs (TDHCA) through EOAC administer the Weatherization Assistance Program to help you conserve energy in your home. The program makes minor repairs to increase the energy efficiency of the home.

Having an energy efficient home will help you save money. It will take less energy to keep the temperature in your home at a comfortable level and using less energy will reduce your utility bills.

Weatherization also improves the livability of your home by helping it stay warmer in the winter and cooler in the summer.

Conserving energy:

- Saves money through lower utility bills
- Helps keep the temperature in your home at a comfortable level

The Texas Department of Housing and Community Affairs is dedicated to helping Texans achieve an improved quality of life through the development of better communities.

**\*How do I qualify for Weatherization Assistance?**

If the whole house income is less than the amount shown below for your family size, or you receive SSI or TANF, you may qualify.

<u>Family Size</u>	<u>Yearly Income</u>
1	\$ 14,363
2	\$ 19,388
3	\$ 24,413
4	\$ 29,438
5	\$ 34,463
6	\$ 39,488
7	\$ 44,513
8	\$ 49,538

**Add \$5,025 for each additional family member above 8.**

# EOAC

## Weatherization Assistance Program

*500 Franklin*

*Waco, TX 76701*

*254-753-0331*

**THIS IS NOT AN ENTITLEMENT PROGRAM.** Enclosed is an application for the Weatherization Assistance Program. Applications will NOT be processed unless **All information is provided by client.** Please use the checklist below to ensure that you have provided all of the required documents if they are applicable to your household.

- **Income for the last 30 days for everyone 18 years old and older: All income must be dated within the last 30 (thirty) days from date on application. Award letters must be dated 2013.**

Employment Check Stubs       Social Security Award Letter       Workers Comp. Letter  
 Disability Award Letter       TANF Letter       Pension Letter  
 Retirement Letter       Unemployment Printout  
 Notarized Declaration of Income       All Other Household Income

- Name, General Information, and Date of Birth for Each Person Living in the Household
- Utility Bill  
 Current Electric Bill       Current Gas bill       Current Propane bill
- **We are unable to accept Pay-As-You-Go Utilities due to the inability to obtain a 12 month Usage history.**
- Landlord Agreement with signatures and date if residence is rented
- Completed Application packet
- All attached forms complete with signature and date

**All financial assistance is made based upon Federal Guidelines and Regulations of Poverty and Documentation Need. All assistance is subject to the Availability of Funds.**

WEATHERIZATION ASSISTANCE PROGRAM – APPLICATION FOR WEATHERIZATION SERVICE  
PROGRAMA DE CLIMATIZACION DEL HOGAR SOLICITUD PARA SERVICES

A.			
Name of Applicant or Head of Household Nombre del Solicitante O Responsable de la Case			Home Telephone Telefono de la Casa
Mailing Address Direccion Postal	Street/P.O. Box, City Calle o Apdo/Postal, Ciudad	County Zip Condado	Work Telephone Telefono del trabajo
Residence Address – If Different		County	Zip
Has this residence ever received services from the Weatherization Program? ¿Ha esta residencia recibido servicios desde el programa de climatización		Yes/Si	No
If "Yes", When?/ Si "Si", ¿ cuando?			

GIVE THE FOLLOWING INFORMATION ABOUT EACH HOUSEHOLD MEMBER, INCLUDING YOURSELF  
PROPORCIONAN LA SIGUIENTE INFORMACIÓN SOBRE CADA MIEMBRO DE LA FAMILIA, INCLUIDO USTED

B.	Name Nombre	Date of Birth Fecha de Nacimiento	Sex Sexo	Race* Raza*	U. S. Citizen Ciudadano De U.S.	Handicapped Incapacitado	Social Security Number** Numero do Seguro Social**

List additional members on back or separate page

Lista de miembros adicional en la página de espalda o por separado en la página de espalda o por separado

\*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 para garantizar beneficios se proporcionan sin respecto a raza, color u origen nacional. Esto no afectará su nivel de elegibilidad o 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 el procesamiento de equipo correcto

GIVE THE FOLLOWING INFORMATION ABOUT HOUSEHOLD MEMBERS WHO WORK:  
PROPORCIONAN LA SIGUIENTE INFORMACIÓN SOBRE LOS MIEMBROS DE LA FAMILIA QUE TRABAJAN:

C.	Name of Person Working Nombre del trabajo de la persona	Employer's Name, Address, and Telephone Number Nombre, dirección y número de teléfono del empleador	Total Monthly Income Total de ingresos mensual

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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.

Si los miembros del hogar reciben cualquiera de los siguientes tipos de beneficios o ingresos no devengados, comprobar el tipo de beneficio recibido. Donde se proporciona el espacio, escriba el caso o número de cuenta y el importe recibido.

DO NOT INCLUDE FOOD STAMPS AS INCOME / NO INCLUYEN LOS INGRESOS COMO CUPONES DE ALIMENTOS

Type of Assistance/Tipo de asistencia	Case Number Numero Del Caso	Monthly Amount Cantidad Mensual
AFDC/Asistencia AFDC		
SSI/Ingreso de Seguridad Suplimental		
Social Security/Seguro Social		
Veteran's Benefits/Beneficios de Retiro		
Retirement Benefits/Beneficios de Retiro		
Military Allotments/Reparto de Sueldo Militar		
HUD Utility Supplement/Suplemento par alas Utilidades de HUD		
Child Support/Sostenimiento para Ninos		
Unemployment Compensation/Compensacion de Desempleo		
Workman's Compensation/Compensacion de Trabajadores		
Contributions/Regalos		
Other (specify)/Otro (especifique)		

Please check here if you are employed as a migrant or seasonal farm worker \_\_\_\_\_  
 Por favor marque aquí si usted es empleados como un trabajador migrante o trabajador agrícola estacional

E. What year was your home built?/ ¿Qué año construyó su casa? \_\_\_\_\_

Do You  Own or  Rent your residence? If owned, go to #1 If rented, go to #2  
 ¿Te  Dueño o  Renta su residencia? Si es dueño dirígese al Si renta, dirígese a#2  
 se #1

1. Types of housing owned:  
Tipos de casas propias

- Private House  
Hogar
- Mobil home  
Casa Movil

2. Types of housing rented:  
Tipos de casas rentadas:

**MUST HAVE OWNER'S APPROVAL!**  
**DEBE TENER LA APROBACIÓN DEL PROPIETARIO**

- Private Home  
Hogar
- Mobile Home  
Casa Movil
- Low Rent Federally Subsidized Housing  
Bajo alquiler viviendas subvencionadas por el Gobierno Federal
- Apartment  
Apartamento
- Rented Room  
Cuarto Rentado
- Type (Section 8, etc.)  
Tipo (Seccion 8, etc.)

Type of energy used to heat household (check one):  
 Tipo de energía utilizada en los hogares de calor (Marque uno):

- Natural Gas  
Gas Natural
- Electricity  
Electricidad
- Bottled Gas  
Gas embotellado
- Other (specify):  
Otra (especifique):

Type of air conditioning used (check one):  
 Tipo de aire acondicionado usa (Marque uno):

None  
 Ninguno

Central Unit  
 Unidad central

Window Unit  
 Unidad de ventana

Evaporative Cooler  
 Enfriador evaporativo

**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 statement or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

**AUTORIZACIÓN DEL SOLICITANTE DE WAP, EL ENTENDIMIENTO Y ACUERDO**

Mis respuestas a todas las preguntas anteriores y a las declaraciones que he hecho son la verdadera y correcta a mi leal saber y entender. Autorizo a la Texas departamento de vivienda y Asuntos de la comunidad y sus organismos contratados ponerse en contacto con cualquier fuente con el fin de solicitar la información necesaria para una determinación de elegibilidad de verificar. También estoy de acuerdo proporcionar el departamento de vivienda de Texas y de Asuntos de la comunidad y de sus organismos contratantes a cualquier necesario de información para verificar mi elegibilidad.

Si soy elegible para servicios de climatización, doy mi permiso para permitir el trabajo en la residencia enumerada en este formulario. Cooperará plenamente con el Estado y el personal federal para obtener información de cualquier fuente para verificar las declaraciones que hice. Cooperará plenamente con estado o federal personal en un examen de control de calidad.

I han sido informados y entender que esta aplicación se considerará sin respecto a raza, color, religión, credo, origen nacional, sexo o creencia política.

**SANCIONES POR FRAUDE!**

Quien obtiene o intenta obtener servicios de climatización para el que no tiene derecho, por medio de declaración falsa intencional o otros medios fraudulentos, puede considerarse culpable de una ofensa criminal y a la convicción podrán ser multados o encarcelados

**BEFORE YOU SIGN BE SURE EACH ANSWER IS COMPLETE AND ACCURATE  
 ANTES DE ESTAR SEGURO DE QUE CADA RESPUESTA ES COMPLETA Y EXACTA DE SIGNO**

\_\_\_\_\_  
 Signature – Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature – Spouse

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature – Individual making application  
 On applicants behalf or caseworker who

\_\_\_\_\_  
 Date  
 Fecha

\_\_\_\_\_  
 Signature – Witness (if signed with "x")  
 Firma – Del Testigo (Si se firma con "x")

\_\_\_\_\_  
 Date  
 Fecha

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

FOR AGENCY USE ONLY

Is the household eligible for weatherization based on income?

Yes

No

Documentation/verification of income provided:

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Calculation of Income:

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Denied – Reason:

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Date Notice of denial was mailed to household:

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\_\_\_\_\_  
Signature – Worker

\_\_\_\_\_  
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: E.O.A.C. Waco (agency)

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 E.O.A.C. Waco 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.

\_\_\_\_\_  
Landlord/Agent's Signature

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





## LANDLORD AGREEMENT

It is agreed by and between E.O.A.C. Waco  
(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 \_\_\_\_\_

# EOAC

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Texas Department of Housing and Community Affairs requires that ALL 18 years and older household members that do not have any income, complete the attached Declaration of Income statement and have the Statement of No Income form notarized before eligibility can be determined on your case.

Please ensure that this form is complete and notarized prior to your appointment.

Thank You,

EOAC

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

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

• I have no documented proof of income due to the following: \_\_\_\_\_  
*(No tengo documentación que compruebe mis ingresos por la siguiente razón:)*

• I am applying for assistance with the agency: \_\_\_\_\_  
*(Deseo aplicar para recibir asistencia de la agencia:)*

My household consists of \_\_\_\_\_ persons and the following household members, 18 years and older that have earned the following gross income during the 30 day period prior to the date of this application for assistance.  
*(En mi hogar viven \_\_\_\_\_ personas. Los siguientes miembros de mi hogar tienen 18 años de edad o más y, durante los últimos 30 días antes de llenar esta aplicación, han recibido ingresos. (Indique el nombre y los ingresos de cada miembro)*

Name/		Gross Amount	
Nombre	_____	Ingresos	_____
Name/	_____	Gross Amount	_____
Nombre	_____	Ingresos	_____
Name/	_____	Gross Amount	_____
Nombre	_____	Ingresos	_____
Name/	_____	Gross Amount	_____
Nombre	_____	Ingresos	_____
Name/	_____	Gross Amount	_____
Nombre	_____	Ingresos	_____

• My household's gross income, for all household members 18 years and older, for the 30 day period prior to the date of the application for assistance is \$ \_\_\_\_\_;  
*(El total de los ingresos de mi hogar durante los últimos 30 días antes de la fecha de esta aplicación es de \$ \_\_\_\_\_, y representa los ingresos para todos los miembros de mi hogar que tienen 18 años de edad o más.);*

• and my household's gross annualized income based on the 30 day period prior to the date of this application is \$ \_\_\_\_\_  
*(El ingreso anual de mi hogar basado en los últimos 30 días antes de la fecha de mi aplicación es de \$ \_\_\_\_\_)*

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.  
*(Certifico que la información de ingresos proveída de los miembros de mi hogar que tienen 18 años o más es verdadera y correcta según mi saber y entendimiento.)*

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 proveída en esta aplicación será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa o fraudulenta.)*

Applicant Signature/Firma _____			Date/Fecha _____
Street Address/Dirección _____	City/Ciudad _____	County/Condado _____	Zip/Código Postal _____
Subrecipient Representative _____			Date _____
Reviewed by _____	Signature and File _____	Date _____	

**ECONOMIC OPPORTUNITIES ADVANCEMENT CORPORATION  
Weatherization Assistance Program**

**STATEMENT OF NO DOCUMENTED  
PROOF OF INCOME**

I, \_\_\_\_\_, do hereby declare on \_\_\_\_\_  
(Print name here) (Date)

That I have no documented proof of income due to the following situation:

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I certify that the above information is true and correct.

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

\_\_\_\_\_  
Date

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

Economic Opportunities Advancement Corporation  
Weatherization Assistance Program

**INFORMATION RELEASE FORM**

I, \_\_\_\_\_ participated in the Economic Opportunities Advancement Corporation of Planning Region XI's Weatherization Assistance Program.

**EMPLOYMENT:** I authorize my employer to provide any relevant information that may be required for program documentation concerning my employment.

**COMMUNITY AGENCIES:** I authorize release of any relevant information that may be required for program documentation concerning my eligibility for services.

**EDUCATION:** I authorize my education institution to provide any relevant information that may be required for program documentation concerning my educational status relating to my financial aid status.

**LEGAL:** I authorize release of any relevant information that may be required for program documentation concerning my legal status.

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

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

**ECONOMIC OPPORTUNITIES ADVANCEMENT COPRPRATION  
Weatherization Assistance Program**

**Release of Information**

I, \_\_\_\_\_ authorize E.O.A.C. Weatherization Department to release information included in my application for weatherization assistance to the following entities;

- Texas Department of Housing and Community Affairs
- The Department of Energy (DOE)
- The Department of Health and Human Services
- The Texas Association of Community Action Agencies
- Frontier and Associates
- Oncor

I further give EOAC permission to contact any source in order to solicit/verify information necessary for an eligibility determination.

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Signature

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Date



**ECONOMIC OPPORTUNITIES ADVANCEMENT COPRPRATION  
Weatherization Assistance Program**

**RENOVATE RIGHT**

Important Lead Hazard Information for Families, Child Care  
Providers and Schools

I have received the Environmental Protection Agency Publication EPA-740-K-10-001,  
“Renovate Right”, from an EOAC representative.

I understand that, because my home may have been built before 1978, lead-based paint  
may have been used to paint some or the entire house and I should read this publication  
and take proper precautions, especially to protect any small children from contact with  
worn or damaged paint areas.

I also understand that the proposed weatherization work may cause lead-based paint  
chips, dust, or other residue to be left in my house.

If, after reading this publication, I do not wish to have the proposed weatherization work  
done, I must call EOAC Weatherization Department at (254) 753-0331 immediately to  
cancel the proposed work. If I do not call, and the work is done, EOAC will not be  
responsible for any lead-based paint problems or illness occurring after the  
Weatherization service is provided.

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

Date Signed prior to Weatherization Service: \_\_\_\_\_

ECONOMIC OPPORTUNITIES ADVANCEMENT CORPORATION  
Weatherization Assistance Program for Low Income Persons  
Comprehensive Energy Assistance Program

Customer Billing/Consumption Release Form

Agency: E.O.A.C. Waco (Weatherization)

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street  
City State Zip

Telephone: \_\_\_\_\_  
Day Evening

\*\*\*\*\*

Electric Utility Co: \_\_\_\_\_

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

Gas Utility Co: \_\_\_\_\_

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

Propane Company: \_\_\_\_\_

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

**INCLUDE A COPY (FRONT & BACK) OF YOUR UTILITY BILLS**

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.

\_\_\_\_\_  
Signature Date

.....  
**FOR AGENCY USE ONLY:**

Subgrantee must record Weatherization completion data in box before mailing to TDHCA

Weatherization Completion Date