

Applicant Name: _____

Chapter: _____

**COMMUNITY HOUSING AND INFRASTRUCTURE DEPARTMENT
NAVAJO WEATHERIZATION ASSISTANCE PROGRAM
APPLICATION**

COVER SHEET CHECK LIST

A. INTRODUCTION OF PROGRAM

Welcome to the Navajo Weatherization Assistance program (NWAP). Through federal funding from U.S. Department of Energy (DOE), NWAP provides assistance to low income families through out the Navajo Nation to reduce heating and cooling cost for low income families to improve their energy efficiency of their homes.

B. IMPORTANT NOTICE

The NWAP requests you to complete the entire application and ensure you sign your signature(s) on the application. Provide the following required documents per the check list below. If you should fail to submit the required documents or sign your signature(s), your application process will be delayed.

C. CHECK LIST OF REQUIRED DOCUMENTS

Date Received:

- _____ 1. **NWAP Application:** (all questions must be answered, completed and signed)
- _____ 2. **Photo Identification/Applicant & Co-Applicant:** (i.e. ID cards, Drivers License)
- _____ 3. **Social Security Cards:** (Applicant & Co-Applicant)
- _____ 4 **CIB for all household members:**
- _____ 5 **Income Verification:** One of the items as follows is sufficient.
Check stubs; W-2, Social Security, Supplementary Security Income Award Letter and/or Tax Statement, Program for Self-Reliance, and/or Food Stamp/Food Distribution.
Need income verification of all household members.
- _____ 6 **Utility Bill:** Need a copy of a billing statement, not a payment receipt. And/or statement from other heating sources.
- _____ 7 **Referrals:** A written evaluation or statement indicating your disability from your physician or an a official representative from a governmental agency.
- _____ 8 **Detail Map of your Home Site:** Draw directions to your home/residence.



NAVAJO WEATHERIZATION ASSISTANCE PROGRAM
 Post Office Box 2389, Window Rock, Arizona 86515
 Phone (928) 729-4290 Fax (928) 729-4288

CLIENT APPLICATION

A. APPLICANT:

Applicant's Name: _____ Soc. Sec. #: _____
 Address: _____ City: _____ Phone #: _____
 State: _____ Zip Code: _____ Chapter Enrollment: _____
 Have you ever received weatherization Assistance? Yes No When: _____

B. FAMILY COMPOSITION: (Household Members including Applicant)

NAME OF FAMILY MEMBERS: (Include Applicant)	DATE OF BIRTH Mon. - Day - Yr.	Age	Relationship	Client Characteristics:						Source of Income Employment, social security, railroad retirement, unemployment compensation, annuity payments, etc.	Annual Income
				Elderly	Disabled	Child (Under 18)	Unemployed	Employed	Non-Native American		
1											
2											
3											
4											
5											
6											
7											
8											
TOTAL											

C. CURRENT FAMILY RESIDENCE STATUS:

Type of Residence:
 Do you own your home? Yes No What is the approximate age of your home? _____
 The home I live in is: Mobile Home House Cabin Hogan NHA House

Home ownership may be verified through:
 Home site Lease Land Use Permit Grazing Permit Other: _____

Type of Primary Heating Fuel: Fuel that provides the most space heat in the home. (Check one only)
 Wood/Coal Kerosene Natural Gas Propane Electric Other: _____

Type of Heating System: (Check all that apply)
 Electric Baseboard Heat Space Heater Pellet Stove Wood/Coal Forced Air Furnace Other: _____

D. CERTIFICATION OF RESIDENCY:

I/WE _____, certify that I/we am/are the owner(s) of the property
 at _____ (Applicant)
 at _____ of _____ Chapter.
 (Project Location; residence house number, etc.)

E. PROOF OF RESIDENCY: Chapter Certification

I, as a Chapter Official/Employee of _____ Chapter and with vested authority to act on Community matters, have reviewed the information stated above which is correct to the best of our knowledge and hereby certify this document accordingly on this _____ day of _____, 20_____.

Chapter Official and/or Community Service Coordinator's Signature: _____
(Name and Title)

F. APPLICANT CERTIFICATION AND AGREEMENT:

1. I/We subscribe and affirm that the information provided to the Navajo Weatherization Assistance Program on this application, including statements are true and correct to the best of my/our knowledge .
2. Prior to any weatherization work, I/We agree to notify the Program of any changes on this application. I/We understand that by signing this application, I/We consent to waive the provision of the Privacy Act to verify or confirm my eligibility.
3. I/We certify that no household member holds a Temporary Resident Status granted under section 245A or 210A of the Immigration and Nationality Act as amended under the Immigration and Control Act of 1986 (Public Law 99-603).
4. I/We will not be held liable for any injury or damage occurring on my property which is not a result of my negligence, wrong doing or misconduct.
5. I/We certify that I/we have given my/our permission to enter this premises to allow work and monitoring on the property listed on this application.
6. I/We understand that this information will be used in determining eligibility for the program.
7. I authorize the NWAP and/ or DOE representatives to obtain information regarding my utility usage as needed from the appropriate utility company.

Signature: _____ Date _____
Head of Household (Applicant)

Signature: _____ Date _____
Spouse (Co-Applicant)

G. INTENT FOR LABOR COMMITMENT:

Upon Eligibility, I/We _____ of _____ chapter will be responsible to obtain labor for my/our project to install the weatherization material. I/We will commit to completing this project in a timely manner from the date of the Award Letter. I/We will pursue labor from:

- Chapter Public Employment Program Extended/Family Members Friends Church Group
- Job Corp. Non-Profits: (please specify) Other:(please specify)

H. FOR OFFICE USE ONLY

Eligible: _____ Ineligible: _____ Reason for ineligibility: _____
NWAP Intake Signature: _____ Date: _____

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Fort Defiance Chapter Compound, Building # F004007
Phone (928) 729-4290 Fax (928) 729-4288

Applicant Name: _____ Social Security No.: _____
Address: _____

SALARY VERIFICATION

Dear Sir/Madam:
The Navajo Nation Weatherization Assistance Program is required to verify all household income to determine income eligibility for Weatherization Assistance. Sources of income may include SSI/SS, General Assistance, NPSR, Retirement, Disability, Payroll, etc. The information provided will remain confidential at all times. Your cooperation in supplying the necessary information is appreciated.

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION FOR INCOME VERITICATION TO THE NAVAJO NATION WEATHERIZATION ASSISTANCE PROGRAM FOR WEATHERIZATION ASSISTANCE.

Applicant Signature: _____ Date: _____

**TO BE COMPLETED AND SIGNED BY AN AUTHORIZED REPRESENTATIVE
VERIFICATION OF EMPLOYMENT**

Employer: _____
Position Title: _____ Date of Employment: _____ To: _____
Hourly Rate: \$ _____ Hours Per Week: _____ Monthly Income: _____ Annual Income: _____
Information provided by: _____ Title: _____
Telephone Number: _____ Date: _____

VERIFICATION OF OTHER INCOME OR BENEFITS

Type of Benefit: _____
Effective Date of Other Income or Benefits: From: _____ To: _____
Benefit Payment Schedule:
 Weekly Bi-Weekly Monthly Other (Specify): _____
Average Monthly Benefits: \$ _____
Information provided by: _____ Title: _____
Telephone Number: _____ Date: _____

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MAP TO PROPERTY

Draw directions to the actual project site location. (I.e., include highway numbers, route numbers, mile post markers,

Project detail description to your homesite, indicate house color, roof color, etc.

APPLICANT NAME: _____

CHAPTER: _____

GPS ID: N

W

A large empty rectangular box for drawing directions to the project site. The box is oriented with North (N) at the top, South (S) at the bottom, West (W) on the left, and East (E) on the right.