

## Quad Area Weatherization Assistance Program (WAP)



### What is the Quad Area Weatherization Assistance Program (WAP)?

The Weatherization Assistance Program (**WAP**) is a federally funded program that weatherizes home this is done by using a systematic process of assessing the home's thermal condition, tightness, and its heating/cooling system to determine the most cost-effective energy saving modifications. The **benefits** of this program consist of reduced energy costs, decrease the nation's energy consumption, improves local air quality and avoid greenhouse gas emissions, and provides economic boost in Low-income communities.

### How Do I Apply:

To apply contact your local office at **(225) 644-8532** or visit us at **717 East Ascension, Ste. E, Gonzales, LA 70737** and ask for **Faye Watts**. Below is the required documentation for all applications to be processed. This Program is **free** to those who qualify.

- Provide Proof of Income from the past 30-day period (i.e. Weekly, biweekly, or monthly pay stub)
- Provide copy of your Social Security Cards for all family members
- Provide copy of state ID or driver's license for the Head of Household only
- Provide current copy of utility bill (gas, electric, propane, etc.)
- Return all requested documentation with the completed application.

### WAP INCOME ELIGIBILITY CHART

# of Household Members	Monthly Household Income
<b>1</b>	<b>\$2146</b>
<b>2</b>	<b>\$2903</b>
<b>3</b>	<b>\$3660</b>
<b>4</b>	<b>\$4416</b>
<b>5</b>	<b>\$5173</b>
<b>6</b>	<b>\$5930</b>
<b>7</b>	<b>\$6686</b>

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For additional Program Information

<http://www.quadarea.org/quadweatherization.html>

Download and Submit your application today at

<http://www.quadarea.org/ewExternalFiles/WAP%20Application%202022.pdf>

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# Quad Area Community Action Agency, Inc.

[www.quadarea.org](http://www.quadarea.org)

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The Weatherization Assistance Program is running at full capacity. As you know funding is allocated by the Department of Energy and administrated by Louisiana Housing Corporation. We are making every attempt to reach out to the residents in our great state of Louisiana and let them know about the Weatherization Assistance Program. We want to give all eligible families the opportunity to take advantage of this great program. Through Weatherization Assistance, families can enjoy the freedom of a lower and manageable energy bill. Any household that satisfies income eligibility for LIHEAP assistance is also eligible for Weatherization services (200% poverty scale). It is our goal to reach as many families as possible.

The Weatherization Assistance Program's primary purpose is to reduce energy consumption in residential dwellings and lower utility bills, relieving the financial burden on low-income families at **ZERO COST TO THE CLIENT**. Weatherization improves indoor air quality and provides health and safety measures for the home. Additionally, by reducing energy bills the LIHEAP Program will be able to deliver assistance to even more families.

Measures of Weatherization **MAY** include:

- |                                 |                     |
|---------------------------------|---------------------|
| -Insulation and 2-part foam     | -Refrigerator       |
| -Door sweeps & weatherstripping | -Digital thermostat |
| -A/C filters                    | -Solar screens      |
| -LED lightbulbs                 | -Junction boxes     |
| -Sealing of ductwork            | -Window A/C units   |
| -Insulate water lines           | -Heater             |
| -Water heater blanket           | -Hood vent          |
| -Showerheads                    | -Dryer vent         |

-Improvement of Health and Safety inside the home such as installing smoke and C/O detectors as well as ensuring proper ventilation of combustion appliances are also a vital part of the program. (All homes are different. An in-home energy audit will be performed by an inspector to ascertain what measures will be necessary to optimize the efficiency of each home)

According to recent statistical research regarding DOE/DHHS funds, it is apparent that far too many eligible families are unaware that this assistance available to them. This is an unfortunate circumstance when considering the staggering availability of funds allocated to improve the efficiency of homes, parish by parish. Currently the average investment on each home is \$6,500!

It is our understanding that as of late, due to Covid-19 restrictions, there is no face-to-face contact with the general public. Quad Area CAA is bound to comply with all state regulations. In light of this, we would like to offer a solution. With your consent, if any of your offices has an outdoor bulletin board, resource center, carousel etc. we would like to continually deliver a supply of applications, flyers and posters that can be noticed and collected by potential clients. Furthermore, we are available to attend communitywide events, meetings, or conferences related to LIHEAP, Head start, Foster grandparents, and food/nutrition programs etc. We want to connect not only with LIHEAP offices but with any other programs your agency may administer.

In closing, we are excited, equipped and prepared to serve the communities. If you have any information, contacts, or suggestions that would assist us in getting this information out please let us know. Our applications are available on our website at [www.quadarea.org](http://www.quadarea.org) Thank you for your time and attention.

*Best Regards – Quad Area's Weatherization Team*

\*\*The Weatherization Assistance Program is not a remodel or repair program\*\*



# Quad Area

## Weatherization Assistance Program

# IT'S FREE !!!!

Please check boxes below to ensure all information is submitted!

All documents "MUST" be returned with the Weatherization Application.

- 1.) Completed application with ALL required signatures
- 2.) Copy of picture IDs for ALL household members 18 & older
- 3.) Copy of Social Security cards for ALL household members
- 4.) Copy of current of Gas, Electric, propane bills
- 5.) Copy of All Social Security Payment/Retirement(Award Letter)
- 6.) Proof of income- last four consecutive check stub copies for ALL household members 18 & over
- 7.) Only When Household Does Not Have Income - Zero-Income Form complete attached form for ALL unemployed household members 18 & over
- 8.) Lessor/Owner Agreement OR Proof of Home Ownership

Family size	Max Monthly
1	\$2,265.00
2	\$3,051.00
3	\$3,838.00
4	\$4,625.00
5	\$5,411.00
6	\$6,198.00
7	\$6,985.00

### THE BENEFITS

The weatherization Program works to:

- Reduce energy costs
- Decrease the nation's energy consumption
- Improve individual's Health
- Improve local air quality
- Provide economic boost in low-income communities

**Pass it on - Tell a Friend about Free Weatherization !!!**

Mail or email applications to:

**Quad Area CAA Weatherization  
45300 North Baptist Rd.  
Hammond LA 70401**



225-209-0724 Baton Rouge Area & North Shore    erin.quadarea@gmail.com  
225-209-0723 Greater New Orleans Area        susan.quadarea@gmail.com

*Priority is giving to elderly, person with disabilities and families with children*



**Weatherization Assistance Program (WAP)  
Application for Assistance**

**1. Application Information:**

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

Contractor: \_\_\_\_\_

Applicant: \_\_\_\_\_

Street Address/Mailing: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**To be completed by the Contractor:**

Eligible		Eligible		Dwelling Unit Type		WAP Rank		
# of Occupants		# Disabled		# Children 0-2		# Children 3-5		# Children 6-17

**2. Fuel Usage Information:**

Utility Name	Account #	Name On Bill	Energy Cost	Utility Allowance

**3. Fuel Type for Heating:** NATURAL GAS

**4. Household Information:**

Name	SSN	Disabled	Race	Sex	Date of Birth	Age
		NO	American Indian or Alaska Native	Female		
		NO	American Indian or Alaska Native	Female		
		NO	Black or African-American	Female		
		NO	American Indian or Alaska Native	Female		
		NO	American Indian or Alaska Native	Female		
		NO	American Indian or Alaska Native	Female		
		NO	American Indian or Alaska Native	Female		

**LHC WAP: Application for Assistance**

**5. Family Income Information:**

Name	Income Type	Employer Name	Monthly Income	Frequency
	Non-Federal Salary			Bi-Weekly
	Social Security			Bi-Weekly
	Non-Federal Salary			Bi-Weekly
	Non-Federal Salary			Bi-Weekly
<b>Total Family Income</b>			0	

**6. Do any household members have pre-existing or potential health conditions to take into consideration for weatherization of the residence? Circle Yes or No**

Yes  No

Please contact the person listed below with any potential health condition issues:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**7. Type of home: (Circle One)**

- Single Family House – Owner Occupied
- Single Family House – Renter Occupied – Owner Contact: \_\_\_\_\_
- Mobile Home – Owner Occupied
- Mobile Home – Renter Occupied – Owner Contact: \_\_\_\_\_
- Duplex – Owner Occupied
- Duplex – Renter Occupied – Owner Contact: \_\_\_\_\_
- Apartment (2-4 units per building) – Renter Occupied – Owner Contact: \_\_\_\_\_
- Apartment (5 or more units per building) – Renter Occupied
- Other \_\_\_\_\_

**8. What year was the home built? \_\_\_\_\_**

**9. Has the home received any weatherization services in the past? Circle Yes or No**

Yes  No

If so, when? \_\_\_\_\_

**Who performed the past services? (Circle One)**

- The contractor listed above
- Louisiana Housing Corporation (LHC)
- U.S. Department of Housing and Urban Development (HUD)
- U.S. Department of Department of Agriculture (USDA) – Rural Development (RD)
- City or Parish Government
- Utility Company (i.e. Entergy, Cleco, Atmos, etc.) \_\_\_\_\_
- Private funds
- Other \_\_\_\_\_

**LHC WAP: Application for Assistance**

**AUTHORIZATION TO RELEASE INFORMATION:**

I understand that the personal information furnished by me to process my WAP application for assistance is confidential information. I understand that providing authorization to release information is not required for me to obtain services under the Weatherization Assistance Program (WAP) and is strictly voluntary.

I authorize Louisiana Housing Corporation to release or disclose all or parts of the information in my client file to outside sources for the purposes of statistical research only.

Yes

No

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

\_\_\_\_\_  
Date

**APPLICANT ASSURES THAT:**

- > I have furnished true and correct information regarding household income and agree to promptly report any changes in the household income or number of individuals living at the listed address.
- > I grant the Agency and the Louisiana Housing Corporation full permission to verify any and all information with both public and private sources or any entity, which may have furnished me, services.
- > I understand that if I receive services for which I am ineligible because of false information, I may be required to repay the Louisiana Housing Corporation.
- > I understand that I have a right to request a fair hearing from the Louisiana Housing Corporation if I feel that the decision regarding services requested is unfair or that my civil rights have been violated. The contractor staff person completing this application has read these assurances to me; I fully understand this agreement and have been given an opportunity to ask questions.
- > I understand that by signing this document that I attest to the truth of all information provided (either verbally or in writing) to the Louisiana Housing Corporation and the Contractor named in item # 1 of this form. I understand that failure to provide complete, accurate information may result in me having to repay cost associated with the weatherization work. I further,
  - Give permission for the agency to weatherize my home.
  - Certify that I live at the listed address and am responsible for payment of utility bills at that address.
  - Authorize utility supplier(s) to furnish billing records before and after WAP services are applied to my home.
  - Release the Louisiana Housing Corporation and the Contractor named in item # 1 of this form, from all liability while weatherizing my home.
  - Grant permission for photographs and information to be used to document and publicize weatherization.
  - Certify that property is not scheduled for acquisition or clearance under a government program.

**Right to an Appeal and Fair Hearing:** If you believe that you have been treated unfairly or a mistake has been made about your eligibility for services; you have the right to request a fair hearing. This means that you will be given an appeal hearing by the Louisiana Housing Corporation at which time you will be able to present your side for review by persons who will assure that you are treated fairly. Your right to request a fair hearing applies to any of the following.

1. Any decision made by the contractor concerning eligibility redetermination for services or the amount, continuation, termination, or reduction of services.
2. Failure by the contractor to act with reasonable promptness on a request for services.

Before you request a fair hearing, you or your representative may discuss your concerns with a worker or supervisor of the contractor agency for an explanation of the reason for the agency's action. If you are still dissatisfied, you may request a fair hearing within 30 days after the agency's decision by competing and signing below and mailing this form to the Louisiana Housing Corporation, 11637 Industriplex Blvd., Baton Rouge, LA 70809. You will be notified of the date and place of the fair hearing at which time you can represent your self or authorize someone else such as legal counsel, relative or friend. I wish to request a fair hearing because.

**Civil Rights:**

If you believe you have been discriminated against because of race, color, religion, sex, age, familial status, national origin, and/or disability status, you may file a complaint either through the contractor agency or directly to the Louisiana Housing Corporation, 11637 Industriplex Blvd., Baton Rouge, LA 70809 (225) 763-8700; or to the Office of the Governor, Louisiana Commission on Human Rights, P.O. Box 94094, Baton Rouge, LA 70804.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker's Signature \*

\_\_\_\_\_  
Date

**\*In signing this form, the worker certifies that the above stated assurances, authorizations, right to appeal and fair hearing statement and Civil Rights statement have been read, explained, and a copy given to the applicant.**