

# WEATHERIZATION ASSISTANCE PROGRAM

## APPLICATION CHECKLIST

Complete and submit the attached Weatherization Assistance Program Application (Form WAP-01). In addition, submit the following documents and forms with the Application. All documents and forms will be required in order to quickly process your application and determine eligibility. Furthermore, upon submittal of the application, the applicant shall have available all social security cards for each individual named on the application.

### Application

- Weatherization Assistance Program Application (**FORM WAP-01**)
- Client Questionnaire (**FORM WAP-01B**)
- Map - Directions to Residence (**FORM WAP-01C**)
- Privacy Act Information

### Income Verification

- Paycheck stubs (2 consecutive pay period check stubs)
- Retirement/Disability Award Letter
- Social Security Award Letter
- Household Members Income
- Others: ( ) Food Stamps ( ) Welfare ( ) Others

### Other Required Documents

- Homeownership/Rental Agreement:  
(i.e, Property Deed, Current homeowner's insurance policy, or Mortgage Agreement)
- Copies of electric bill (past 12 months) - (**IF AVAILABLE**)
- Utility Information Release Form (**FORM WAP-07**)
- Identification - Photo ID (current within the last 6 months)
- Social Security Number cards for all occupants

To submit your completed application with the required documents or  
if you have questions about the program please contact:

**Ms. Alice James AT 477-9851 (Guam Housing & Urban Renewal Authority)**

**Mrs. Mercy Muna, AT 646-4361 (Guam Energy Office)**







# WEATHERIZATION ASSISTANCE PROGRAM

## CLIENT QUESTIONNAIRE

(to be submitted with Form WAP-01 Application)



### Applicant Name

\_\_\_\_\_

*First Name*

\_\_\_\_\_

*Last Name*

\_\_\_\_\_

*Initial*

1) How many refrigerator(s) in home?

Location \_\_\_\_\_ Type \_\_\_\_\_ (e.g., top-mount freezer)  
Location \_\_\_\_\_ Type \_\_\_\_\_  
Location \_\_\_\_\_ Type \_\_\_\_\_

2) Do you have a water heater?

YES  NO

If Yes, pls select type and how many hours per day it is turned on.

Type: Electric  Hours/day \_\_\_\_\_  
Gas   
Other \_\_\_\_\_

3) Do you have window air conditioner(s)?

YES  NO

If Yes, indicate location of A/C unit in home and how many hours per day the unit is turned on?

Location \_\_\_\_\_ Hours/day \_\_\_\_\_  
Location \_\_\_\_\_ Hours/day \_\_\_\_\_  
Location \_\_\_\_\_ Hours/day \_\_\_\_\_

# WEATHERIZATION ASSISTANCE PROGRAM MAP

(to be submitted with Form WAP-01 Application)

**Applicant Name**

*First Name*

*Last Name*

*Initial*

**DIRECTIONS TO RESIDENCE:**

**COMMENTS:**

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# WEATHERIZATION ASSISTANCE PROGRAM UTILITY INFORMATION RELEASE FORM

DATE: \_\_\_\_\_

TO: GUAM POWER AUTHORITY  
P.O. Box 21868  
Barrigada, Guam 96921

I authorize **Guam Power Authority** to release certain information to the Guam Energy Office representative(s) and/or its representative(s) having a direct interest in the Weatherization Assistance Program. The information released will be limited to the monthly electric consumption at the residence listed below for the past twelve months from the date of this form and for the next two years. Such release will not include any information regarding customer credit, account status, or who pays for electricity used.

*I understand my information is used only to provide data for internal evaluation purposes and is held in accordance with Guam EPA/Guam Energy Office and/or their representative Confidentiality Regulations.*

**Name(s) on Account:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Meter Number** (stated on billing): \_\_\_\_\_

**Service Location** (stated on billing): \_\_\_\_\_  
\_\_\_\_\_

Customers named on the account must sign below:

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

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

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

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

Reference: JOB ID \_\_\_\_\_

FORM WAP-07 (05/10)

## **PRIVACY ACT INFORMATION**

### **Privacy Act Provisions**

Under section 3(e)(3) of the Privacy Act 1974, 5 USC 552a(e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested on the application for weatherization. You may

### **Program Authority**

The specific authority for the maintenance of weatherization client information is sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94-385. These sections direct the U.S. Department of Energy (DOE), which is a sponsor of this program, to monitor the effectiveness of this program, and to require a weatherization agency implementing this program to keep records

Weatherization Assistance Program is the recipient of weatherization funds from DOE, and is required by 10 CFR 440 to document the eligibility of every dwelling unit weatherized and to maintain records for program monitoring and evaluation. The Guam EPA/GEO and/or its representative shall demonstrate that such records shall be kept confidential and would have been exempted from disclosure pursuant to the Freedom of Information Act (5 U.S.C. 552) if the records had belong Guam EPA/GEO and its representative.

### **Voluntary Disclosure**

Your responses to the request for information on the Weatherization Assistance Application, Utility Information Release form, and the Homeowner/Renter Authorization Agency Certification and Agreement form are entirely voluntary. However, should you decline to provide the information requested you will not be considered for assistance.

### **Principal Purpose of Information**

The information will be used by the local weatherization agency to implement the weatherization program. It will be used by DOE to monitor the effectiveness of the program.

***I understand my information is used only to provide data for internal evaluation purposes and is held in accordance with applicable Federal, state, and local statutes.***

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date