



Government of the Virgin Islands of the United States
Virgin Islands Energy Office
Weatherization Assistance Program

Client Application

The VI Weatherization Assistance Program (VI WAP) is federally funded, and it is required that we obtain current documentation of household composition and income. This is a list of the documents required to determine your household's eligibility for VI WAP assistance. Please do not send or bring originals because we will not be responsible if they get lost, nor will we be able to mail them back.

Please submit copies of the following documents with your application.

- Income Verification from Employer** – For every household member, provide verification (two paycheck stub) for the past 30 days of income issued by the employer.
- Income Verification from Other Source(s)** – Provide **income verification for everyone in the household** 16 years old and older who receive income from any source. Please provide an award letter, check stub, or other third-party verification if receiving any of the following:
 - Disability
 - AFDC/ TANF
 - Retirement/pension/annuity
 - Unemployment income
 - Other _____
 - Disability income
 - Alimony
 - Veteran's Administration Benefits
 - Social Security
- Proof of Ownership/Occupancy** – Verification that the applicant either owns or rents the dwelling (deed, lease agreement, rent receipt, mortgage payment, etc.)
- Household Verification** – Verification of all additional household members' occupancy (ex. guardianship papers, tax returns, pay stubs, photo ID with address, etc.)
- Taxes** – Previous year's complete federal taxes filed with the IRS (*include all pages and W-2 forms*), or the last three years of complete taxes if self-employed. If you have had earned income in the past two years but have **not** filed taxes, please submit a notarized statement attesting to that.
- Utility Bill** – Current utility bills. If the person listed on the utility bill does not currently reside at the property, documentation to that effect is needed (death certificate, divorce decree, lease agreement or utility bill in that person's name at another address).
- Picture Id (Back & Front)** – Provide a copy of each household member's picture ID.

Copies of your supporting documents must be submitted with the application.

Incomplete and unsigned applications will not be processed.

For questions, call 340-714-8436 (STT) or 340-713-8436 (STX).

DEFINITION OF INCOME

Refers to total annual cash receipts before taxes from all sources, with the exceptions noted below.

INCOME INCLUDES: money, wages and salaries before any deductions; net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses).

INCOME ALSO INCLUDES regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

INCOME EXCLUDES capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury. **INCOME ALSO EXCLUDES** non-cash benefits, such as the employer-paid or union paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such Federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches, housing assistance and combat zone pay to the military.

Note: **CHILD SUPPORT PAYMENTS AND COLLEGE SCHOLARSHIPS ARE EXCLUDED.**

HOUSEHOLD VERIFICATION

For office use only	Client #:	Intake Agency:			
Applicant Information					
Full Name		Social Security		Birth Date	
Physical Address				Yrs. at address	
Mailing Address					
Home Phone			Work Phone		
Current Employer			Date Hired		
GROSS (before taxes) MONTHLY INCOME	Applicant	Household Mem #1	Household Mem #2	Household Mem #3	Household Mem #4
Wages, salary, tips, etc.	\$	\$	\$	\$	\$
Business income					
Interest & dividend income					
Social Security/Disability					
Retirement/pension/annuity					
Unemployment income					
Disability income					
Veteran's Admin. Benefits					
Alimony					
Rental property income					
Other:					
Other:					
Other:					
Total Gross Monthly Income	\$	\$	\$	\$	\$

HOME OCCUPANT INFORMATION

(Please list all occupants of the home, including you)

Name (List Applicant First)	Social Security	Relationship to you	Birth date	Male or Female	Disabled? Yes / No

- Are you head of household? Yes No
- Do you own the property¹ listed on this application? Yes No
If yes, have you occupied it as your primary residence for the past 12 months? Yes No
- Do you rent?² Yes No
If yes, list Landlord's full name, address, and telephone number:

- Indicate type of building: Single Family House Apartment Duplex Mobile/Home/Trailer
- What type of exterior? Masonry/Veneer/Stucco Wood Siding Cement Block
 Vinyl or Metal Other _____
- How many stories? One Story Two Story Three Story
- Who owns the refrigerator? Self Landlord Other: Explain _____
- Who pays for the electricity? Self Landlord Other: Explain _____
- Do you have air conditioning? Yes No
If yes, who owns the air conditioner? Self Landlord Other: Explain _____

¹ If yes, Homeowner must sign a Homeowner's Consent Form.

² If yes, Landlord must sign a Landlord Permission and Rental Release Form.

Liability Release

I release VI WAP of all liability while weatherizing my home, and grant permission for photographs and information to be used to document Weatherization success stories via the news media. **This includes permission to inspect utility billing records up to 12 months before and 12 months following Weatherization work performed for the sole purpose of obtaining data to evaluate the energy conserving effectiveness of the work done, and direct WAPA to make records available to the above mentioned VIEO Weatherization Assistance Program.**

My WAPA Account is _____

Disclaimer

The undersigned hereby acknowledge that any discussion with any VI WAP or VIEO employee about the WAP regarding eligibility or energy measures to be installed is only for information and may not be considered a binding commitment on the part of the VIEO to provide funds or technical assistance to the household.

Any person who knowingly makes a false statement or a misrepresentation in an application or in support of an application for federal financial assistance or causes such a false statement or misrepresentation to be made shall be subject to a fine of not more than \$5,000 or by imprisonment for not more than two years, or both, under provisions of the United States Criminal Code.

Applicant Signature _____ **Date** _____

Application Taken By _____ **Date** _____

Agency _____

Privacy Policy

VI WAP needs to collect, use, retain, and disclose personal information to provide services to our clients. We will request from you only the personal information necessary to provide our services, and will tell you how we intend to use this information. VI WAP has given certain of its employees the responsibility for addressing your privacy concerns and ensuring VI WAP's compliance with the ten privacy principles. Should you have concerns about how your information is handled, or any questions about our privacy policy, feel free to contact us at 340-714-8436 (STT) or 340-713-8436 (STX). You should also receive a Privacy Act statement with this application for weatherization services.

I acknowledge that I have received a copy of the Privacy Act.

Application Signature _____ **Date** _____

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

Virgin Islands Energy Office
No. 41 Mars Hill, Frederiksted
St. Croix, U.S. Virgin Islands 00840-4474

Telephone: (340) 713-8436
FAX: (340) 772-0062

Virgin Island Water and Power Authority
P.O. Box 5997
Christiansted, St. Croix
U.S. Virgin Islands 00823
(340) 773-2250

I _____ of _____
(Name) (Address)

give permission to the Virgin Island Water And Power Authority to release the last 12 months of my WAPA bill, to the Virgin Island Energy Office (VIEO). My Account Number is _____.

I release WAPA of all liability regarding providing the last 12 months of my WAPA bill information to the Virgin Island Energy Office. This information will be used by the Weatherization Assistance Program (WAP) for the sole purpose of obtaining data to evaluate the correctional measures needed to lower my energy consumption and energy conserving effectiveness of the service they are providing.

My WAPA Account is _____

Thank you.

Print _____
(Name) (Date)

Signature _____