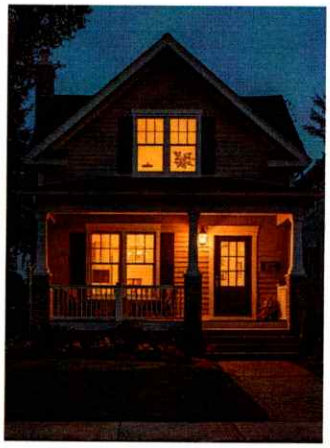
STATE OF LOUISIANA WEATHERIZATION ASSISTANCE PROGRAM

HELPING FAMILIES SAVE ENERGY AND IMPROVE COMFORT EFFICIENTLY







MISSION

Louisiana's Weatherization Assistance Program reduces energy costs for low- income households by increasing the energy efficiency of their homes, while ensuring their health and safety.

WHO'S ELIGBLE

Low-income households in Louisiana may be eligible, including renters or homeowners, with priority for seniors, people with disabilities, and families with children.

WEATHERIZATION SERVICES

Local agencies use energy audits and diagnostic tools—such as blower doors and infrared cameras—to identify the most effective improvements. Services may include sealing air leaks, insulation, repairing ducts, and tuning or repairing heating systems.

CONTACT

St. Mary Community Action Agency

Jeffery Beverly, CEO
Weatherization Department
1407 Barrow Street
Franklin, LA 70538
(337) 828-5703



STAFF

Andrea Broussard-Landry
Jason Francis
Bryan Jack
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ENERGY IMPACT

Weatherization lowers energy costs, saves about $413 yearly, improves health and safety, and provides long-term, lasting savings.

COMMUNITY IMPACT

Weatherization strengthens communities by keeping energy dollars local, improving housing affordability, reducing pollution, and supporting better public health.

TECHNICAL ADVANCEMENTS

Advanced energy audits and blower door-guided air sealing increase efficiency, delivering $2.72 in benefits for every $1 invested.

2026-2027 ELIGIBILITY

1 Person	$2,660.00
2 People	$3,607.00
3 People	$4,553.00
4 People	$5,500.00
5 People	$6,447.00
6 People	$7,393.00
7 People	$8.340.00
8 People	$9,287.00
9 People	$10,233.00
10 People	$11,180.00

PARISHES COVERED:

ACADIA
AVOYELLES
EVANGELINE
IBERIA
JEFF DAVIS
LAFAYETTE
LAFOURCHE
POINTE COUPEE
ST. LANDRY
ST. MARTIN
ST. MARY
VERMILION
CALCASIEU
BEAUREGARD
ALLEN
CAMERON
VERON
TERREBONNE

Helping People. Changing Lives.
Community Action PARTNERSHIP
ST. MARY COMMUNITY ACTION AGENCY, INC.
Serving St. Mary & Vermilion Parishes

LOUISIANA HOUSING CORPORATION

BUILDING PERFORMANCE INSTITUTE INC. BPI

SM

ST. MARY COMMUNITY ACTION AGENCY IS A "EQUAL OPPORTUNITY AGENCY".



ATTENTION



THESE ARE THE DOCUMENTS THAT ARE NEEDED ALONG WITH THE COMPLETED APPLICATION.

NOTE: IF YOU ARE MISSING ANY OF THESE STATE REQUIRED DOCUMENTS, YOUR APPICATION WILL NOT BE PROCESSED!

1. A DRIVER'S LICENSE OR STATE ID FOR EVERYONE IN THE HOME OVER 18.

2. PROOF OF INCOME FOR EVERYONE IN THE HOME OVER 18. (IF YOU RECIEVE SOCIAL SECURITY, THAT WILL BE YOUR MOST CURRENT SOCIAL SECURITY AWARD LETTER. OR IF EMPLOYED, THAT WILL BE 4 CURRENT CONSECUTIVE CHECK STUBS.)

3. A COPY OF ORIGINAL SOCIAL SECURITY CARDS FOR EVERYONE IN THE HOME (NO MEDICAID CARDS AS A SUBSTITUTE.)

4. PROOF OF OWNERSHIP

5. A COMPLETE (NO STUBS) ELECTRIC BILL, GAS BILL, OR (2) PROPANE RECEIPTS.

NOTE: ALL BILLS MUST BE FOR CURRENT MONTH.



EXAMPLE: IF YOU DATE YOUR APPLICATION FOR MARCH, YOUR BILLS MUST BE FOR MARCH. ANY BILLS THAT ARE A MONTH BEHIND IS OUTDATED AND CANNOT BE USED.

FOR PROOF OF INCOME NO BANK STATEMENTS OR 1099'S IF YOU ARE NOT SELF EMPLOYED





ATTENTION



Applications may be mailed to:
1407 Barrow Street
Franklin, LA 70538
Or
emailed to:
abroussard@stmarycaa.org





Louisiana Housing Corporation

Weatherization Assistance Program (WAP)
Application for Assistance

1. Application Information:

Date: _____ **Parish:** _____

Contractor: _____

Applicant: _____

Street Address/Mailing: _____ City/St/Zip

Phone: _____ **Alternate Phone:** _____

Email: _____

To be completed by the Contractor:

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: _____

4. Household Information:

Name	SSN	Disabled	Race	Sex	Date of Birth	Age

5. Family Income Information:

Name	Income Type	Employer Name	Monthly Income	Frequency
Total Family Income				

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

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

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 _____

Louisiana Housing Corporation

Lessor / Owner Agreement

Contractor: **St. Mary Community Action**

I am the lessor/owner of the dwelling unit located at _____

for which the lessee/applicant, _____

has applied to receive Weatherization Assistance Program services through the above named Contractor agency.

I give my permission for the above contractor to install weatherization measures to the dwelling unity in accordance with the Department of Energy and State of Louisiana regulations.

I agree to release the above contractor of all liability while weatherizing the dwelling unit described above.

I confirm that the lessee/applicant (or a person in his/her household) is responsible for the payment of all cost associated with the utilities at the above address.

The lessee/applicant authorizes any utility vendor(s) to make the billing records available to the contractor or its designee, prior to and subsequent to the installation of weatherization measures, for the purpose of evaluating the effectiveness of the energy savings measures of the weatherization assistance services. The vendor(s) is (are):

Vendor # 1._____ Acct. # _____

Vendor # 2._____ Acct. # _____

I, and the lessee/applicant, grant permission for photographs and non-confidential information concerning the above unit to be used to document and/or publicized the weatherization assistance program.

I, and the lessee/applicant acknowledge that the current monthly rent is $ _____. For one year, I will not evict the tenant unless the tenant is in violation of a valid lease agreement clause. In the event of a rent increase and/or unlawful eviction, I will reimburse the contractor the total cost of the weatherization work done on the unit.

This agreement becomes effective on the date when the weatherization assistance work has passed a satisfactory post inspection by the contractors' inspector, and is acceptable to and approved by the lessee/applicant as verified by their dated signature. It expires on the date the first rent payment is due after the 365 days have passed following the acceptance and approval date of the work performed.

_____ _____

Signature of Lessee/Applicant Date

_____ _____

Signature of Lessor/Owner Date

_____ _____

Signature of Contractor Representative Date

This form must be attached to the application.

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.**