



Step Up Suncoast, Inc. Weatherization Assistance Program

6428 Parkland Drive, Sarasota, FL 34243

Telephone: (941) 827-2887 ext.7806

Fax: (941) 827-0193

Email: weatherization@stepupsuncoast.org



PRE-APPLICATION FORM

The Florida Weatherization Assistance Program (WAP) is an energy efficiency program to help lower energy costs for residents in Manatee, Sarasota or Charlotte counties. Depending on the energy audit, improvements your home MAY be eligible for include:

- Attic insulation
- Solar window screens
- Water heater wrap
- Replacement of inefficient refrigerators or heating/cooling units (ONLY if testing recommends)
- Caulking
- Ventilation
- Door repair or replacement
- Duct sealing
- LED bulbs
- Window repair or replacement

WAP is NOT an emergency program or home rehabilitation program. Repairs to roofing, plumbing, electrical, wells, septic systems, ramps, etc. are not part of WAP services.

Please provide the following information. **ALL eight (8) questions must be completed.**

1. Name: _____ Phone: _____ Email: _____
Address: _____
2. In what county do you reside? Manatee Sarasota Charlotte
3. Did WAP assisted you in the past or was your home weatherized any time after Sept. 30, 1994?
No Yes (and Date):
4. How many people live in the household? How many zero income adults in the household?
5. Do you rent or own your home? Rent Own
6. What is the total **GROSS** monthly household income (all persons before tax deductions)?
7. Is anyone is your household disabled? No Yes (Please complete "Self-Certification of Disability" form)
8. Does your home have any of the following?
Roof Leaks Pest control issues (roaches, rodents, etc.) Excessive clutter Mold
To my knowledge, my home has none of the indicated issues.

Weatherization staff will review your information and contact you for further information. When you receive the application, fill out ALL information requested. Failure to submit the required documentation will result in processing delays or the inability of Step Up Suncoast to verify your eligibility for the program.

<u>FOR WAP STAFF USE ONLY</u>	
Application was sent:	<input type="checkbox"/> Yes <input type="checkbox"/> No (and reason):
WAP staff Initials:	Date:
LIHEAP Staff Name (for referrals only)	