



# GUAM WEATHERIZATION ASSISTANCE PROGRAM

~Providing ENERGY SAVING SERVICES to eligible clients~

## WHAT IS IT?

The Weatherization Assistance Program can help reduce energy costs for income-eligible applicants by improving the energy efficiency of their homes while ensuring their health and safety. Upon qualification, priority will be given to the elderly, individuals with disabilities, families with children, high residential energy users, and households with a high energy burden.

## WHAT DOES IT DO?

The Weatherization Assistance Program conducts a full house assessment to determine if your home meets program standards and if it requires any or all of the following:

- Replace Refrigerator
- Replace Air Conditioners (mini splits and /or windows)
- Install Light-Emitting Diode (LED) bulbs
- Apply Weather-strips/door sweeps to seal air leaks
- Install Low-flow Shower Heads and Faucet Aerators
- Install Smoke Detectors and/or Carbon Monoxide Detectors

## DO I QUALIFY?

Weatherization services\* are FREE to individuals who have met the eligibility criteria based on total household income. Provided below are the income limits based on family size. To qualify, the total household income shall not exceed the maximum income stated below.

## DOCUMENTS NEEDED

- Valid photo ID for Applicant
- Social Security cards for all household members
- Verification of all household income (latest check stubs, verification of employment, social security checks, etc.)
- Proof of home ownership (property tax, property deed, mortgage agreement, home insurance policy, etc.) OR rental agreement

**(Renters & Section 8 clients can be eligible.)**

FAMILY SIZE	MAXIMUM INCOME (not to exceed)
1	\$37,620
2	\$51,080
3	\$64,540
4	\$78,000
5	\$91,460
6	\$104,920
7	\$118,380
8	\$131,840

*Note: Income limits subject to change without notice.*

### 2024

For families with more than 8 people, add \$13,460 for each additional person.

## HOW DO I APPLY?

Please contact the Guam Energy Office at 671-646-4361 for more information.

Download the application at [energy.guam.gov](http://energy.guam.gov).





# WEATHERIZATION ASSISTANCE PROGRAM APPLICATION CHECKLIST

**Applicant Name** \_\_\_\_\_

*First Name*

*Last Name*

*Initial*

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 FORMS

- Weatherization Assistance Program Application (*FORM WAP-01*)
- Client Survey (*FORM WAP-01B*)
- Map - Directions to Residence (*FORM WAP-01C*)
- Privacy Act Information
- Utility Information Release Form (*FORM WAP-07*)
- Homeowner/Renter Certification & Authorization Form (*FORM WAP-08*)

**PROOF OF INCOME: All earned income information for everyone 18 years and older who resides in the household. Unearned income is counted for every member of the household.**

- Paycheck stubs: If paid twice a month or every two weeks, include 2 consecutive paystubs; if paid weekly, submit paystubs for last 4 consecutive weeks.
- Pension, veteran and disability, Social Security or SSI benefits (including children benefits): copy of checks or benefit award letter.
- Rental Income: Lease for all tenants and/or rent receipts, or notarized vacancy agreement letter.
- TANF or General Assistance (welfare): Award letter

## OTHER REQUIRED DOCUMENTS

- If you own your home: Proof of ownership: Copy of mortgage, tax bill, or deed.
- If you rent: Current lease agreement; Landlord Proof of ownership: Copy of mortgage, tax bill, or deed.
- Public Housing/Rental Assistance: Your Housing Authority Letter of Adjustment, Summary Application and related documents.
- Copies of electric bill (last 3 months). Not applicable to Pre-paid GPA customers.
- 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 the Guam Energy Office at 646-4361/649-4362











# WEATHERIZATION ASSISTANCE PROGRAM CLIENT SURVEY

*(to be submitted with Form WAP-01 Application)*

**Applicant Name** \_\_\_\_\_

*First Name*

*Last Name*

*Initial*

1) House type: **Single**  **2-Storey**  **Split-Level**  **Ceiling Height:** \_\_\_\_\_

2) How many bedrooms? \_\_\_\_\_ 3) How many bathrooms? \_\_\_\_\_ 4) How many handheld showerheads? \_\_\_\_\_

5) How many refrigerator(s) in home?

Location \_\_\_\_\_ Type \_\_\_\_\_ Cubic Feet \_\_\_\_\_

Location \_\_\_\_\_ Type \_\_\_\_\_ Cubic Feet \_\_\_\_\_

Do you own the refrigerator(s)?

YES  NO

6) Do you have any gas appliances?

YES  NO

i. If Yes, pls select type.

Type:  Stove  Dryer  Other \_\_\_\_\_

ii. Is the gas appliance(s) in an enclosed area?

YES  NO

7) Do you have fluorescent lightbulbs?

YES  NO

Location \_\_\_\_\_ Quantity \_\_\_\_\_

Location \_\_\_\_\_ Quantity \_\_\_\_\_

Location \_\_\_\_\_ Quantity \_\_\_\_\_

8) Do you have ceiling fans with lightbulbs?

YES  NO

If so, what are the total number of lights? \_\_\_\_\_

9) Do you have a water heater?

YES  NO

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

Type: Electric  Hours/day \_\_\_\_\_ Tank Size \_\_\_\_\_

Gas

Other \_\_\_\_\_

ii. Do you own the water heater?

YES  NO

iii. Is the water heater in an enclosed area?

YES  NO

If yes, pls. state location: \_\_\_\_\_

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

YES  NO

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

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

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

Do you own the air conditioner(s)?

YES  NO

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Client Survey Form

11) Do you have a split air conditioner system?

YES  NO

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

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

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

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

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

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

12) Do you own the air conditioner(s)?

YES  NO

13) Do you have a central air conditioner system?

YES  NO

14) Do you or any household members have any health issues or medical conditions that we should be aware of prior to conducting weatherization of your home? If Yes, please explain.

YES  NO

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15) Have you noticed mold/mildew growing on windows, walls or in corners?

YES  NO

If Yes, please explain:

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# WEATHERIZATION ASSISTANCE PROGRAM MAP

*(to be submitted with Form WAP-01 Application)*

**Applicant Name** \_\_\_\_\_

*First Name*

*Initial*

*Last Name*

**DIRECTIONS TO RESIDENCE:**

**COMMENTS:**

<b>Year House Built:</b>
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Home Phone: _____
Work Phone: _____
Cell Phone: _____
Other Contact: _____



# **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 retain this statement for your records.

## **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 for DOE monitoring.

The Guam Energy Office (GEO) 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. 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 belonged to 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 and any other required documents relating to this program are entirely voluntary. However, should you decline to provide the information requested you may 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 - Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Rep. - Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Form WAP-12 (Rev. 7/8/14)**

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





# 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 and/or their representative Confidentiality Regulations.*

**Name(s) on Account:**

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

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

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Customers named on the account must sign below:

Signature

Signature

Signature

Signature

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

FORM WAP-07 (Rev. 07/14)

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





# WEATHERIZATION ASSISTANCE PROGRAM HOMEOWNER/RENTER CERTIFICATION & AUTHORIZATION FORM

I, \_\_\_\_\_, certify that I am the Homeowner/Tenant of the property located at:

- Own     Rent  
 Single     Duplex     Triplex     4-Plex     5 or more units  
(not to exceed 25 units)

Property information is required and must be completed.				Apt No.
Apartment Name (If applicable)				
Physical Street Address		City	State	Zip Code
Property Description (Lot, Tract, Block)			Lot Size	Year Built

I/we authorize Guam Energy Office staff and/or its representatives to conduct a home energy audit on the property stated above for the purpose of installing energy saving devices.

Furthermore, I/we hereby release and pledge to hold harmless the Guam Energy Office staff and/or its representatives and its staff from any liability in connection with the weatherization work or any act or eventuality arising from this work.

Homeowner/Tenant Signature	Contact No.	Date
Authorized Representative Signature	Contact No.	Date
Landlord/Authorized Agent Signature	Contact No.	Date

**APPLICABLE TO LANDLORD:** I understand that the benefits of weatherization will accrue primarily to low income tenants, that no undue or excessive enhancement will occur to the value of the dwelling unit as a result of weatherization, and that the monthly rent for this property will not increase due to improvements resulting from weatherization. (10 CFR Part 440.22)

Landlord/Authorized Agent Signature	Date
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**FOR AGENCY USE ONLY**

Must meet the following conditions at all extent possible in order to provide weatherization services to all units:

Duplex to 4-plex Units <input type="checkbox"/> Yes – meets 50% Income Eligibility	<input type="checkbox"/> No – Written documentation required <small>(Refer to WAP Multifamily Policy dd 5/7/12)</small>
5 or more units <input type="checkbox"/> Yes – meets 66% Income Eligibility <small>(Not to exceed 25 units)</small>	<input type="checkbox"/> No – Written documentation required <small>(Refer to WAP Multifamily Policy dd 5/7/12)</small>

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

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### **AUTHORIZATION TO WEATHERIZE**

*Note to auditor: Upon completion of the home energy audit, check below the type of measures to be installed and have the appropriate parties sign prior to installation.*

I/we authorize Guam Energy Office staff and/or its representatives to install the following measures checked below on the property stated above:

- |   |   |
|---|---|
| <input type="checkbox"/> Low-Flow Showerheads and Faucet Aerators | <input type="checkbox"/> Water Heater Timer   |
| <input type="checkbox"/> Light-Emitting Diode (LED) Bulbs         | <input type="checkbox"/> Carbon Monoxide Detector   |
| <input type="checkbox"/> Air Conditioner(s)                       | <input type="checkbox"/> Smoke Detector(s)  |
| <input type="checkbox"/> Refrigerator                             | <input type="checkbox"/> Other: _____<br><small>(e.g., energy savings power strips)</small> |

Comment: \_\_\_\_\_

_____ Homeowner/Tenant Signature	_____ Date
_____ Authorized Representative Signature	_____ Date
<b>Landlord/Authorized Agent Signature</b>	<b>Date</b>

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### **REFUSAL TO WEATHERIZE**

*Note to auditor: Upon completion of the home energy audit, check below the type of measures that will not be installed and have the appropriate parties sign.*

Property Owners Waiver\*: I/we refused the following measures:

- |   |   |
|---|---|
| <input type="checkbox"/> Low-Flow Showerheads and Faucet Aerators | <input type="checkbox"/> Water Heater Timer   |
| <input type="checkbox"/> Light-Emitting Diode (LED) Bulbs         | <input type="checkbox"/> Carbon Monoxide Detector   |
| <input type="checkbox"/> Air Conditioner(s)                       | <input type="checkbox"/> Smoke Detector(s)  |
| <input type="checkbox"/> Refrigerator                             | <input type="checkbox"/> Other: _____<br><small>(e.g., energy savings power strips)</small> |

Comment: \_\_\_\_\_

I/we understand that I/we will not be eligible for the aforementioned measures in the future once the dwelling has been weatherized.

*\* Guam Energy Office strongly recommends installation of the measures summarized to you by our staff or contractor. A refusal of any one of the above measures does not constitute refusal of all weatherization services.*

_____ Homeowner/Tenant Signature	_____ Date
_____ Authorized Representative Signature	_____ Date
<b>Landlord/Authorized Agent Signature</b>	<b>Date</b>

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