

2009 Windstorm Exemption Program (WEP-AC) application 2009

Please complete this form, attach your documentation (1-2pp) and four photographs.

Submit to ACHC, 1919 Hwy 35 N, POB #2, Rockport TX 78382

Address number      Address Street      Zip code +4

Date of construction/document

Owner: Last Name      First Name

Mailing address      City      state zip code +4

Owner Signature      Printed Name      Date

*For office use:*

*Reviewer signature      Date      Eligibility*

*Reviewer signature      Date      Eligibility*