



Community Action Opportunities

HELPING PEOPLE. CHANGING LIVES.

25 Gaston Street, Asheville, NC 28801

Telephone (828) 252-2495 Fax (828) 253-6319

Job Number _____

WEATHERIZATION / HARRP APPLICATION

APPLICANT

FIRST NAME _____ MI ____ LAST NAME _____

HEAD OF HOUSEHOLD

FIRST NAME _____ MI ____ LAST NAME _____

APPLICANT ADDRESS

Street

City State Zip County

Mailing Address
if Different From Above _____

City/State/Zip _____

Home Telephone _____ Work Phone _____

Alternate phone? Name/Relationship _____ Phone _____

Directions to your residence from nearest Interstate or state highway: include street names, marker numbers, landmarks (schools, churches, stores, etc.)

Have you been Weatherized before? _____ If so, when? _____

Have you received HARRP services before? _____ If so, when? _____

Are you applying for **Heating Assistance Repair and Replacement** services at this time? _____

Why do you need Weatherization and/or furnace repair or replacement? _____

What action have you taken to fix the problem(s)? _____

How did you hear about this program? _____ Referral

Have you applied for assistance with another agency, organization, neighbor, church, public agency, etc?

Yes ____ What happened? _____ No ____

Why not? _____

Do you have friends or relatives able or willing to assist you with your needs? Yes ____ No ____ If not, why not? _____

Do you own your residence? Yes No If "no" is it owned by a member of your family? _____

Describe relationship: _____

Whose name is on the deed or title? _____

If rented, we require your landlord's written permission to enter and work on the premises. We supply forms for the landlord to fill out, sign, and return to us along with the proof of ownership.

Landlord's Name/Address/Phone# _____

Residence is: House, Single or Double wide Mobile home (circle one)

Approximate year built _____ Number of rooms _____ Baths _____

What is your primary heat source? _____ Is it in good working condition? _____

Check all **Heating Sources** that apply : Natural Gas _____ Propane _____ Oil _____

Kerosene Furnace _____ Electric _____ Coal _____ Wood Stove _____

Portable Kerosene Heater _____ None _____

Are you planning any repairs or renovations, or is such work underway at this time? If so what type, and when do you expect to be finished? _____

Is there a life threatening risk to your health related to your heating or air conditioning? _____

What utility operates your Hot Water Heater ? Gas or electric

What utility operates your cooking stove / oven ? Gas or electric

Read the following information about proof of income, ownership and energy usage carefully.
Without proper documentation we cannot proceed with your application.

Proof of Income

Proof of income is needed for **all** members of your family eighteen or over, and for minor children receiving disability or other benefits.

This may be computer printouts or statements on letterhead from employers showing gross income; printouts from the Social Security office, or other federal, state, or local agencies; statements of Veterans Administration benefits; pension statements; copies of your Federal tax return, or income statements from other sources.

If self-employed, a notarized statement of your total income for the twelve months is required. If any household member over eighteen received **no income** from any source a notarized statement to that effect is also required.

Proof of Ownership

Any **one** of the following forms of documentation will provide proof of ownership:

A copy of the client's deed or title to the property.

A copy of the client's mortgage statement.

A copy of the client's Homeowners Insurance Policy.

A copy of the client's property tax bill.

Verification of "Life Estate" AS REGISTERED IN THE COURTHOUSE RECORDS.

Proof of Energy Usage

A record of Electric and Heating Energy Usage for the past 12 months is needed. This can be obtained by requesting a usage history from your electric company and from your heating fuel supplier.

Weatherization Assistance Program is available to owners and renters.

If the applicant listed is not an owner, then the owner is required to supply proof of ownership and complete the **Permission to Enter Premises / Owner Agreement form.**

Renter (Non- Owner)

Have you applied for weatherization before for another residence? _____

If so, when _____, who was the owner _____

and what was the address? _____

Owner (Non -Applicant)

Is the person applying a family member? _____

If yes , describe the relationship: _____

Do you live in the same home as the person applying? _____

What are the weatherization repairs or needs for this property? _____

Has anyone ever applied or received weatherization assistance for this property before? _____

If so, when, and who applied? _____

Do you own other properties that have applied for or received weatherization assistance? _____

If so, when, and who applied? _____

I further certify that all information provided herein is true to the best of my knowledge. I am aware that this information is subject to review and verification and that I may have to provide documentation to support it. I am aware that I may be denied assistance if I am found ineligible. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance.

I allow the release of information contained herein for the purpose of verifying of my situation and coordinating services.

BY MY SIGNATURE BELOW I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INCOME FOR MY HOUSEHOLD DOES NOT EXCEED THE AMOUNT INCLUDED ON THIS APPLICATION.

APPLICANT'S SIGNATURE _____ DATE _____

AUTHORIZED REPRESENTATIVE'S SIGNATURE _____ DATE _____

SIGNATURE OF INTERVIEWER _____ DATE _____

HOUSING SERVICES PROGRAM MANAGER _____ DATE _____

HOUSEHOLD INFORMATION

FAMILY MEMBER INFORMATION (List All Persons Living in the Household Beginning with the Head of Household)

First Name	Last Name	Date of Birth	Age	GENDER M / F	RELATIONSHIP		Disabled /Elderly D / E	Social Security Number	Highest Grade Completed	MONTHLY INCOME	
					to Head	Race				AMOUNT	SOURCE
TOTAL NUMBER IN HOUSEHOLD										TOTAL INCOME	

I certify that to the best of my knowledge, the total income for my family for the past _____
months did not exceed _____

OTHER CHARACTERISTICS (Circle all that apply)

- | | | |
|----------------------------|----------------------|---------------------|
| SINGLE PARENT HOH (FEMALE) | FOOD STAMP RECIPIENT | FARMER |
| SINGLE PARENT HOH (MALE) | MEDICAID RECIPIENT | SEASONAL FARMWORKER |
| TWO-PARENT HOUSEHOLD | NO HEALTH INSURANCE | MIGRANT FARMWORKER |
| SINGLE PERSON | WORK FIRST RECIPIENT | |
| ADULTS (NO CHILDREN) | SSI RECIPIENT | |
| | DISABLED | |
| OTHER | VETERAN | |

Staff Use Only Below

Monthly Energy Cost _____ Annual Energy Cost _____ Income verified by: _____
 Energy Burden = Energy Cost / Income
 Energy Burden = _____ Income eligible? Yes No

150% Federal Poverty Guideline for household size is _____
 Percentage of Federal Poverty Guideline _____ Ownership verified by: _____