



Job Number

Community Action Opportunities

HELPING PEOPLE. CHANGING LIVES.

25 Gaston Street, Asheville, NC 28801

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

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 household eighteen (18) or over, and for minor children receiving disability or other benefits for the most recent twelve (12) months.

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 (VA) benefits; Pension statements; printouts from the ESC Office, verification of Work First, or statements of income from other sources; net rental income; or two years copies of your Federal Income Tax Return with all **Schedules, W-2s and 1099s**

Note: We Cannot Accept Bank Statements or Bank Printouts

If self-employed, a notarized statement of your total income for the most recent 12 months is required. If any household member eighteen (18) or over 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. (A receipt for payment will not be accepted)

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

Proof of Energy Usage

A record of **Electric** and **Heating** Energy Usage and Billing for the past 12 months is needed.

This can be obtained by requesting a usage and billing 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.

If approved for services I agree to grant permission for the representatives of Community Action Opportunities to enter these premises for the purpose of conducting an energy audit.

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 SIGNATURE _____ DATE _____

AUTHORIZED REPRESENTATIVE SIGNATURE _____ DATE _____

SIGNATURE OF INTERVIEWER _____ DATE _____

WEATHERIZATION EXECUTIVE ASSISTANT _____ DATE _____