

North Carolina Weatherization Assistance Program
1110 Navaho Drive, Fourth Floor
Raleigh, NC 27609
(919) 713-1570
Fax: 919-872-6683
Email: maryt@rfsnc.org



Thank you for your interest in the NC Weatherization Assistance Program. We hope to make your home more energy-efficient, which will lower your utility bills and make your home a safer, healthier place to live.

Please complete the enclosed application and supplemental forms

Also, please include a copy of Valid Photo Identification for Head of Household and verification of income for the past 12 months, for everyone that lives in your home. Some examples of income verification are:

1. If you are receiving Social Security: a copy of your 2023 Social Security benefit award letter AND a copy of your 2022 SSA-1099 from the Social Security Office. If you don't have these documents, you may contact the Social Security Office at 1-800-772-1213.
2. If you are receiving a pension, a copy of a current pension benefits letter. Usually this can be obtained by calling the company from which you receive your pension, and requesting a "proof of pension" letter.
3. If you are employed, or have been employed in the last 12 months, a copy of your W-2 from 2022 (or 2022 tax return) AND your most recent pay stub.
4. If you are receiving unemployment benefits, a copy of your full unemployment benefit history, and when you began receiving these benefits.
5. If you are receiving SSI (Supplemental Security Income) or TANF (Temporary Aid for Needy Families) services from Wake County Human Services, please have your case manager verify the amount of your income in writing for the past 12 months.

****We cannot accept bank statements as valid proof of income.****

Mail the application to our office, Fax to 919-872-6683 or email to maryt@rfsnc.org. If you have any questions, please feel free to call Mary Taylor 919-713-1587.

After reviewing your completed application, we will notify you to let you know if you qualify for the Weatherization Assistance Program. If you are denied services due to ineligibility, you have sixty (60) calendar days from denial date to ask for a hearing.

Thank you!

Sophia

Sophia Olson
Program Coordinator

North Carolina Weatherization Assistance Program
1110 Navaho Drive
Fourth Floor
Raleigh, NC 27609
Fax: 919-872-6683
For assistance in completing, please call:
919-713-1570



administered by:



Application for Weatherization Services

Date _____

ABOUT THE HEAD OF YOUR HOUSEHOLD

Name _____ Date of Birth _____

Address _____ City _____ Zip Code _____

County: Durham _____ Wake _____

Email (please print clearly): _____

Home Phone _____ Cell Phone _____

Are you a US Citizen? Yes () No () Race _____

Do you receive SSI? Yes () No () Do you receive Work First? Yes () No ()

ABOUT YOUR HOME

Type of Heat Electrical () Natural gas () Propane gas () Oil / Kerosene ()

Type of Water Heater Electrical () Natural gas ()

Type of Cook Stove Electrical () Natural gas () Propane gas ()

Your PSNC Gas Account Number (if applicable) # _____

Your Duke Energy Account Number# _____

Other Oil or Propane Gas Company Account Numbers# _____

Is your heating and cooling system currently working? _____

RFS will request 12 months of your billing and usage information from all utility companies that serve you.

Has this home been Weatherized before? _____ If yes, what year? _____

Do you have any animals? _____

Do you own your home: Yes () No () If you answered no, who is your landlord?

Landlord Name: _____ Address _____

Landlord's Phone Number: _____ Cost of Rent: \$ _____ per month

Is your home a part of a Home Owner's Association (HOA)? Yes () No ()

SOURCES OF ALL HOUSEHOLD INCOME

Head of Household's Name: _____

Total Gross Monthly Household Income: \$ _____

Type of Income Verification & Date of Document: _____

(PLEASE REMEMBER TO ATTACH THESE DOCUMENTS)

Please list all members of your household, starting with yourself.

Name	Social Security Number	Date of Birth	Age	Relationship to Applicant	Gender (M/F)	Handicap/Disabled	Income and Source
				SELF			

Income for the past twelve months: _____

How did you hear about this program? _____

SELF-DECLARATION OF ELIGIBILITY FOR SERVICES AND AUTHORIZATION

I give my permission to the North Carolina Weatherization Assistance Program, a service of Resources for Seniors, Inc. to secure whatever information is necessary for the purpose of verifying my household income, authorizing full disclosure in my behalf from those sources of household income disclosed above and/or from any additional sources the agency may discover on its own.

I understand that it is unlawful to willfully withhold information or make false statement regarding this declaration and that I am subject to prosecution if I do so.

I certify that to the best of my knowledge, the information provided in this application is true and correct.

Signed _____ Date _____

Signature of all persons 18 years or older, living in this home is required. _____

**North Carolina Weatherization Assistance Program
Permission to Enter Premises Form**

To the dwelling owner or tenant:

Your dwelling is being considered for weatherization services under the Weatherization Assistance Program (WAP). The North Carolina State Energy Office, funds the weatherization program.

At the bottom of this page is a form granting your permission for Resources for Seniors to enter your dwelling to perform an energy audit in order to determine what work needs to be done to your home to decrease energy usage.

Permission to Enter Premises

I, as the owner/ tenant of the dwelling located at _____
_____, have read and understand the above. I hereby grant
permission for the representatives of Resources for Seniors to enter this premises
for the purpose of conducting an energy audit for the residents.

Signature of owner or tenant

Date

Resources for Seniors Representative

Date

Title

If you are denied services due to ineligibility, you have sixty (60) calendar days from denial date to ask for a hearing



Utility Information Release Authorization

I, _____ (*client print name*), authorize Resources For Seniors, Inc., the North Carolina Weatherization Assistance Program ("NCWAP") and its representatives to obtain my household energy usage information from _____ (*utility company*) for the purpose of tracking my Pre- and Post-Weatherization energy data for the period beginning _____ (*date*) until the most recent. I understand that NCWAP is not responsible for the status of my account.

Client Signature: _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Phone: _____ Email: _____

Electricity Provider: _____ Account #: _____

**ACKNOWLEDGEMENT OF RISK AND
AUTHORIZATION TO PERFORM WORK**
Please Return with Completed Application

Resources For Seniors (RFS) is committed to the health and safety of the community and its staff.

I understand the risk and I authorize RFS to perform work in my residence.

I agree to maintain at least 6 feet of social distance from RFS staff, contractors, and any other necessary personnel while services are being implemented and construction is taking place.

I agree to allow RFS staff and contractors the use of exterior water sources for hand washing and interior sinks for hand washing during construction.

It has been explained to me that all reasonable precautions will be made by RFS staff, contractors, and any other necessary personnel while services are being implemented and construction is taking place.

I accept and understand that these actions may increase my exposure to COVID-19 even with safety precautions used and social distancing and all other CDC recommended practices such as frequent hand washing. I accept that neither the RFS nor its contractors are liable for any future infections or illnesses.

Client Printed Name	Signature	Date
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RFS Staff Signature	Date
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Weatherization Assistance Program Guidelines

Please read carefully!

Important Information: Getting Ready For Your Energy Audit

PLEASE SUBMIT LAST PAGE ALONG WITH YOUR APPLICATION

Thank you for your interest in weatherization services. We want you to know that our staff and contractors will do everything possible to make your home a more comfortable and economical place to live. While there is no out of pocket financial cost to you, we all know that everything in life comes at some cost. The cost involved here is not financial but the cost of your time. You will need to make yourself available for the series of appointments that are necessary to provide weatherization service to you. The first visit will involve a 3 to 4 hour audit of your home. There will be appointments for contractors to complete the work, for code officials to examine and approve the work, and a final audit by our staff to ensure that all the work has been completed properly. **This could involve from 6 to 8 appointments that you will have to be present for.** We cannot work in your home unattended. If you cannot be present for these appointments anyone you appoint to be present for you must be over the age of 18 years old. We will try to be mindful of your time but, this is the investment you will have to make to receive these services. Please mindfully consider if you will be able to make the commitment and investment of your time so that we will be able to assist you as quickly as possible.

When it is time for your home to be weatherized, an energy auditor will contact you to schedule a time to visit your home, and conduct an energy audit. An energy audit is the process that evaluates the amount of energy your home consumes. Results from the audit will allow us to determine what services will most benefit your home. Some measures include installing attic, floor and wall insulation, installing a vented mechanical fan to reduce the risk of mold, weather stripping and the sealing of doors and ducts.

Because this ***is NOT a home repair program***, your auditor will be looking for conditions which may cause your home to be temporarily deferred from consideration. Please note the following list of program deferral conditions:

- A) The dwelling has been condemned or major dwelling mechanical systems have been "red tagged" by a licensed subcontractor, local or state code enforcement officials, or utility providers.
- B) The dwelling structure or its mechanical systems, including electrical and plumbing, are in such a state of disrepair that failure is imminent and the conditions cannot be resolved within cost limitations.
- C) The primary heating system at the dwelling is nonfunctioning or is functioning improperly and is deemed unsafe and must be replaced, or major repairs are needed and there are insufficient resources available.
- D) Dangerous conditions exist due to high carbon monoxide levels in combustion appliances which cannot be resolved within weatherization program guidelines.
- E) Moisture problems are so severe they cannot be resolved within program guidelines.
- F) Unsanitary conditions are present in the dwelling that may endanger the health and safety of dwelling occupants or weatherization personnel should weatherization work be performed.
- G) Household members report documented health conditions that prohibit the installation of insulation and other weatherization materials.

(Continued on other side)

H) Household members, guests, or pets maintained at the dwelling are uncooperative, abusive, or threatening to weatherization staff or contractors.

I) The extent and condition of lead-based paint or similar hazards in the dwelling may potentially create health and safety risks if weatherization work is performed.

J) Illegal activities are being conducted in the dwelling unit.

K) The dwelling has a dryer that cannot be vented to the outdoors.

In Wake County, we ***may have*** other programs that are available to resolve some of these issues. If you are already aware that any of these conditions exist, please report them to our office staff so that we can try to assist you through other programs. We cannot guarantee that repair assistance will be available so you may have to resolve the issues yourself, before weatherization can take place.

Please have your home ready for the energy audit:

- Be sure we can **easily access all areas of your home**, especially the attic, crawl space, and basement. **All rooms** must be cleared enough to allow the auditor to access the air vents for purposes of measuring the airflow and leakiness of the duct system **Excessive clutter must be removed from the home prior to the energy audit.**
- All utilities and energy sources **must** be hooked up at the time of the audit or we will be unable to proceed.
- If you have propane gas, please be sure that there is enough fuel in the tank for testing.
- In compliance with program guidelines we may request **updated** proof of income.
- **All pets must be confined while our staff and contractors are in your home working. No exceptions.** Auditors need to access all rooms, pets **must** be kept in crates/cages **or** off property during the entire audit and during contractor work.
- Please fill out, sign and date the attached “Acknowledgement of Weatherization Assistance Program Guidelines form. **This must be signed and returned with your application before any services can be provided!**

If your home has any conditions that may prevent us from weatherizing, or if you would like to discuss any other concerns, please contact the Weatherization Assistance Program at 919-713-1543.

Thank you,

Resources For Seniors, Inc. Weatherization Staff

Acknowledgement of WAP Program Guidelines

I acknowledge that I have read and understand the guidelines set forth in the letter I received entitled, "Important Information: Getting Ready for Your Energy Audit". I further acknowledge that I will make every effort to be available for weatherization related appointments so that the process can move forward in a timely manner.

Printed Name: _____ Date: _____

Signature: _____

Address: _____

RFS Staff Person: _____

Acknowledgement was received with the Application on this date: _____