



*Weatherization  
Works*

## **Johnston-Lee- Harnett Community Action, INC.**

### **Weatherization Application**

Weatherization is grant funded in part by NC Dept of Environmental Quality. The Weatherization grant is designed to address energy efficiency of households of low, and very low-income homeowners, and renters. The Weatherization program is an energy home audit designed to address air infiltration in the home. The grant is put in place to address the following:

1. Weatherstrip and threshold doors where air leaks detected
2. Insulate attics and water heaters
3. Caulk and seal where air leaks are detected
4. Install smoke and carbon monoxide detectors
5. Address certain health and safety and certain home energy efficiency issues.
6. No longer replace windows or doors as of July 1, 2004.

*The above-mentioned are only performed if the home assessment dictates a need.*

*Please note this program is not intended for total rehabilitation repairs such as: roof repair /replacement, major floor repair/replacement or siding and window unit replacement.*

**ALL APPLICANTS MUST SUBMIT REQUESTED DOCUMENTATION BEFORE APPLICATION CAN BE PROCESSED!!**  
**APPLICATION MUST BE COMPLETED IN ITS ENTIRETY IN ORDER FOR PROCESSING. PLEASE DO NOT REMOVE ANY PAGES OF APPLICATION.**

## INTAKE CHECKLIST

**Effective August 14, 2009**, the following documents will be needed for the Weatherization and HARRP Program basic intake application:

- **Proof of Ownership (*only one source required*):** *copy of deed, mortgage payment, taxpayer's receipt or lifetime rights registered in the court.*
  
- **ALL Proof of household income for the past 12 months (month to month) or W-2 form for last yr and last pay stub of the week/ month.** *If receiving Social Security, Retirement or Veteran's Benefits you must provide income statement. **If you indicate no income source, you must provide notarized statement indicating such. Please no bank statements***
  
- **Social Security numbers for ALL family members in the household must be provided if not than your application will be incomplete.**
  
- **Copy of 12 months electric bills. If you are a member of Duke Progress Energy please supply account number only**
  
- **Permission to Enter Premises Form – If you rent the home or lease to own: the Landlord must sign our Rental Agreement. Please request form.**

**The above documents are put in place to better serve the community at large.**

***Please note:***

- 1. ALL APPLICANTS MUST HAVE THE ABOVE DOCUMENTATION BEFORE APPLICATION CAN BE PROCESSED!!**
- 2. APPLICATION MUST BE COMPLETED IN ITS ENTIRETY IN ORDER FOR PROCESSING. PLEASE DO NOT REMOVE ANY PAGES OF APPLICATION.**

**For additional information, please contact JOHNSTON-LEE HARNETT COMMUNITY ACTION, INC. at 919-934-2145**

# RESIDENTIAL ENERGY EFFICIENCY SERVICES PROGRAM

Mail Application To:

**Johnston-Lee Harnett Community Action, Inc.**  
P. O. Box 711 ~ 1102 Massey Street ~ Smithfield, NC 27577  
919-934-2145 phone~ 919-934-6231~fax

DATE: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M. I. \_\_\_\_\_

Living Address (City, State, Zip) \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_

County \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Telephone (\_\_\_\_) \_\_\_\_\_ Other Telephone-specify (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Elderly (60 yrs of age & over) \_\_\_\_\_ Yes \_\_\_\_\_ No

Handicapped \_\_\_\_\_ Yes \_\_\_\_\_ No Total # persons in household \_\_\_\_\_

Family Type (check one) \_\_\_\_\_ Single Parent \_\_\_\_\_ Two Parents \_\_\_\_\_ Single Person \_\_\_\_\_ Two Adults - no children  
\_\_\_\_\_ Grandparent(s) \_\_\_\_\_ Guardian(s)

Race (check one) \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Native American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asians

Is applicant Migrant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has this home been weatherized before by JLHCA, Inc.? (Check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Approximate Date \_\_\_\_\_ Name, if different from above \_\_\_\_\_

Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widow

Housing Status (check one) \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ Year Dwelling Built \_\_\_\_\_

Dwelling Type \_\_\_\_\_ House: \_\_\_\_\_ One Story \_\_\_\_\_ Two Story \_\_\_\_\_ Split Level \_\_\_\_\_ Sq. ft.

\_\_\_\_\_ Mobile Home: \_\_\_\_\_ Single Wide \_\_\_\_\_ Double Wide

# of Bedroom(s) \_\_\_\_\_ # of Bathroom(s) \_\_\_\_\_ Attic Access: Hatch \_\_\_\_\_ Stairway \_\_\_\_\_ None \_\_\_\_\_

Exterior of Home Type (Select One): Alum. Siding; Asbestos Siding; Brick; Cinder Block; Masonry; Stucco;  
Vinyl Siding; Wood Siding

Primary Heat Source (Electric, Gas, Propane, Kerosene, Etc) \_\_\_\_\_

Heat in good working condition (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

Hot Water Heater (check one) \_\_\_\_\_ Electric \_\_\_\_\_ Gas Stove (check one) \_\_\_\_\_ Electric \_\_\_\_\_ Gas

Hardship Factors (specify all that apply) \_\_\_\_\_ # Disabled Persons in the home \_\_\_\_\_ # Aged Persons in home  
\_\_\_\_\_ Principal breadwinner employed \_\_\_\_\_ # Children under 6yrs. of age \_\_\_\_\_ # Children in school

Other hardship factors (Chronically ill persons, etc) \_\_\_\_\_

Is house owner occupied? \_\_\_\_\_ Yes \_\_\_\_\_ No Name Deed Recorded in \_\_\_\_\_

Explain if different from head of household \_\_\_\_\_

Describe conditions/problems in house \_\_\_\_\_

**FAMILY SERVICE RECORD**

HOW DID YOU HEAR ABOUT THIS PROGRAM? \_\_\_\_\_

*Please complete information below for each household member. Thank You*

FIRST NAME	LAST NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	MALE OR FEMALE	Birth date	EDUCATION Highest level	EMPLOYED Yes or no
		<b>APPLICANT</b>				

**CERTIFICATION & WAIVER OF PRIVACY RIGHTS**

My signature below indicates my reading and understanding the following statement.

*I understand that I can be penalized by fine and/or imprisonment for making false statements on my application. I also understand that I have a right to a fair hearing if I am not satisfied with the action taken on my application. I hereby WAIVE my rights under the Privacy Act and Confidentiality Provision and give consent to Johnston-Lee Harnett Community Action, Inc. to examine my confidential information. Further, I hereby grant permission and authorize employer, utility company, fuel company, Veterans Administration, Department of Social Services and any other public and/or private institution to disclose to JLHCA and/or its agents full information regarding my past and/or present financial situation in order to determine whether or not I am income eligible for services.*

Applicant's Printed Name: \* \_\_\_\_\_

Applicant's Signature: \* \_\_\_\_\_

Living Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*\*\*\*\*

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_

INCOME VERIFICATION DATE: \_\_\_\_\_ TOTAL HOUSEHOLD INCOME: \$ \_\_\_\_\_

PRIORITY SCORE: \_\_\_\_\_ STATUS: PENDING \_\_\_ WAITLIST \_\_\_ DENIED \_\_\_ ELIGIBLE \_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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

To the dwelling owner:

Your dwelling has been approved for weatherization services under the Weatherization Assistance Program (WAP). The North Carolina Dept. of Environmental Quality funds the weatherization program.

At the bottom of this page is form granting your permission for Johnston-Lee- Harnett Community Action to enter your dwelling to perform an energy audit in order to determine what work needed to be done to your building to decrease energy usage.

**Permission to Enter Premises**

I, as the owner/authorized agent of the dwelling located at \_\_\_\_\_  
\_\_\_\_\_.

I have read and understand the above, and hereby grant permission for the representatives of Johnston Lee Harnett Community Action to enter this premise, for the purpose of conducting an energy audit for the residents.'

Applicant's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: Housing Technician

**Contractor Disclosure**

I, the undersigned, certify that I am aware that the Johnston-Lee-Harnett Community Action Inc. Weatherization Assistance Program will use the contractors listed below, as needed to provide the labor and equipment necessary to accomplish the work as listed on the Authorization and Release Form#ELA-290 which I have and signed allowing the unit to be weatherized.

Contractors

Climate Control, Inc  
Carolina Weatherization

Asheboro, NC 27203  
Wake Forest, NC 27587

Signature:\* \_\_\_\_\_  
**Owner/Authorized Agent** \_\_\_\_\_  
**Date**

Signature: \_\_\_\_\_  
JLHCA, Inc Representative

**AUTHORIZATION TO WEATHERIZATION DWELLING**

**TO BE COMPLETED BY OWNER:**

I, \_\_\_\_\_ certify that I am the owner for the property located at:

\_\_\_\_\_

I do hereby authorize Johnston-Lee-Harnett Community Action to weatherize my dwelling, with the understanding there shall be no charge to anyone for either labor or materials; and I do hereby release and pledge to hold blameless Johnston-Lee-Harnett Community Action, its staff from any liability what so ever in the performance of this authorization or eventually arising there from. Any complaints arising from the repairs or the performance of the assisting agency, its staff shall be reported to the NC Dept. of Environmental Quality in writing, which in accordance with rules and regulations will verify the complaint. I further certify that I have given my permission to allow work on the property listed above.

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Housing Technician \_\_\_\_\_

**TO BE COMPLETED BY LANDLORD:**

I \_\_\_\_\_ certify that I am the Owner for the property located at \_\_\_\_\_

I do hereby authorize Johnston-Lee-Harnett Community Action to weatherize said dwelling as stated in the landlord agreement.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

By signing, I have read Landlord  
Package