

Economic Improvement Council, Inc. Weatherization Application

Applicant Information (please print)

Last Name:	First Name:	Middle Initial:
Street Address: (location of home)		Unit # or Mobile Lot#
City:	County:	Zip:
Home Phone:	Work Phone:	Cell Phone or Message #:
Mailing Address (PO Box)	City:	Zip:

Utility Information:

Natural Gas or Propane Provider: _____	Account #: _____
Electric Company Provider: _____	Account #: _____

*Please Provide 12 Consecutive months of Utility Bill.

Qualification Information:

To AUTOMATICALLY QUALIFY through PUBLIC ASSISTANCE, check all that apply. You must provide proof for one of the following by submitting a copy of a recent approval letter with this application.

TANF AND OAP SSI (Supplemental Security Income)

LEAP LEAP Household Number: _____

To Income Qualify:

You must send income proof if you are not on one of the programs listed above. Send in pay stubs for the past 3 months of each employed household member.

Household income is received from: Job income Social Security Retirement Disability
 Alimony Workers Comp Unemployment Self-employed

If employed, what date did you start your current job? _____ Gross monthly Income: \$ _____
 (before tax and other deductions)

Household Information:

Name (List yourself and all household members.) Please attach separate sheet if more than six people.)	Race	Gender	DOB	Age	SSN #	Do you have an Income?		Are you disabled?		Are you Native American?		Are you a single parent?	
						Yes	No	Yes	No	Yes	No	Yes	No

*Please attach income verification for all household members.

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Description of Home:

Do you own or rent your home? OWN or RENT

If you are renting your landlord will need to fill out the Weatherization Permission Form

If this home is currently for sale weatherization services cannot be provided

Has this address been weatherized before? Yes No If yes, name of Agency: _____ (year) _____

*The home I live in is: Ranch style (one level) Bi-Level Tri-Level House divided into 2 units

Mobile Home Singlewide Doublewide House Townhouse Apartment Condo Duplex Multiplex Cabin ,

Modular Other: _____

*What is the approximate age of your home: _____

*The home I live in has: Finished Basement Unfinished Basement Crawlspace Pitched roof Flat roof

*The exterior siding of my home is: Brick Wood Stucco Vinyl Aluminum Other: _____

*Location of Furnace: Basement Crawl space Wall Floor Closet Other: _____

*Type of Heating System (check all that apply): Oil Wood Coal Electric

Natural Gas Kerosene Propane Other: _____

Propane Other: _____

*Type of hot water heater: gas propane electric

*Type of cooking stove: gas propane electric

*Is the heating unit operational? yes no

*Are you currently remodeling or doing construction on any part of your home? No Yes

*Please Describe _____

*Is anyone in the household on oxygen Yes No

Please list allergies in the household including dust, fiberglass, cellulose, mold, chemical sensitivity and latex.

Home Access Authorization:

Do you agree to and understand that areas are to be free of debris, clutter, and pets and be reasonably hygienic where work is to be completed? (Where these conditions exist because of disability, reasonable accommodations may apply.)

Before Weatherization work can begin, all homes must meet minimum standards of housekeeping.

I agree

Disability present (please describe in comments below)

Do you agree to and understand that Economic Improvement Council contractors must be given access to all rooms in your home during business hours and on a reasonable schedule for any work to proceed?

Access to your home:

I agree

Do you agree to allow the Economic Improvement Council Weatherization Program and its designees to photograph the unit for pre-and post-work documentation?

Permission to photograph home:

I agree

Comments: _____

Signature: _____ Date _____

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LEGAL RESIDENCY AFFIDAVIT

I, _____, swear or affirm under penalty of perjury under the laws of the State of North Carolina that (check one):

____ I am a United States citizen, or

____ I am a Permanent Resident of the United States, or

____ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of North Carolina.

Signature

Date

Applicant MUST send with application a copy of current picture identification.

Acceptable forms of identification include:

- A valid North Carolina driver's license or a valid North Carolina identification card
- A valid United States military card/Common Access Card
- A valid United States passport

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PLEASE READ THIS SECTION CAREFULLY:

My signature below authorizes Economic Improvement Council weatherization Staff and Crew to enter my home as needed to perform weatherization work. My signature verifies this residence is not currently for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs. Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work. I understand the warranty is one (1) year of workmanship with materials being covered by manufacturer's warranties only. My signature below authorizes the Economic Improvement Council Weatherization Program and its designees to inspect heating, fuel usage and utility billing records for up to 5 years before and after completion of weatherization work and authorize pertinent utility and fuel companies to make such records available to them solely for obtaining data for evaluation of subsequent energy conservation effectiveness. I agree, on behalf and for all who stand in my stead, that the Economic Improvement Council, its sub grantees and weatherization crews will not be held liable for any injury or expense incurred by me while participating in this program. I attest to the best of my knowledge that the information on this form is correct and complete. This service is free of charge but if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received. I authorize the release of income and benefits information to the Economic Improvement Council Weatherization Program to document my eligibility. Pursuant to 5 U.S.C. 552(b)(6), of the Freedom of Information Act, the Economic Improvement Wx program is required to keep confidential any specifically identifying information related to an individual's eligibility application for weatherization services, or the individual's participation in weatherization services, such as name, address, or income information. The State of North Carolina in conjunction with the Economic Improvement Council may, however, release information about recipients in the aggregate in a manner which does not identify specific individuals.

My signature below indicates that I have read, understood and agree to the conditions of this application.

Applicant Signature _____ Date _____

Client Appeals Process:

Once you have completed the application for services, you have the right for your application to be processed within 30 days. If your application is not processed within 30 days or if you are denied services, you may appeal the decision using the following appeals procedure: You may appeal to the Program Manager or Executive Director of the local weatherization agency. The Program Manager or Executive Director will issue a decision in a written letter within 15 days receipt of the notice of appeal. If the Program Manager or Executive Director denies services and you still are in disagreement, you have 15 days after receiving the written notification by the Program Manager or Executive Director to appeal to the Economic Improvement Council Office Weatherization Program. Appeals to the Economic Improvement Council should be in writing and addressed to: Economic Improvement Council Weatherization Program, 712 Virginia Road/P.O. Box 549, Edenton, North Carolina 27932. The Economic Improvement Council will have 15 days to respond in writing to all appeals and the decision will be considered final.

How did you hear about the Economic Improvement Council Weatherization Program? (Check all that apply)

<input type="checkbox"/> LEAP	<input type="checkbox"/> Utility Company	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Social Services Office	<input type="checkbox"/> Brochure	<input type="checkbox"/> Television
<input type="checkbox"/> Heat Help Line	<input type="checkbox"/> Friend/ Family Member	<input type="checkbox"/> Radio
<input type="checkbox"/> Website	<input type="checkbox"/> Other Assistance Program	<input type="checkbox"/> Bus ad/Billboard

(Do Not Write Below This Line---For Office Use Only)

I certify that this client is eligible under the appropriate funding guidelines JOB # _____ <input type="checkbox"/> unit has not been previously wx'ed				
<input type="checkbox"/> has been previously weatherized Date: _____				
Authorized WX Agent Signature	Date Approved	Income Verification	POV Level %	HHN or Program
Date Eligibility Expires _____				

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To the HOMEOWNER:

If the walls and/or ceiling cavities are found to be in need of insulation, with your permission, the insulator may drill holes in the interior or exterior surfaces in order to fill these cavities with insulation. While all holes will be plugged, patched and prepared for finish similar to the existing finish, it may not be practical to match textures or materials. Painting, texturing and/or wallpapering part or all of the surfaces will not be the responsibility of the Economic Improvement Council or its sub-grantees. There are several different methods that can be used to install insulation in enclosed cavities and it is sometimes necessary to use more than one method. The method(s) used will depend on what type of interior or exterior finish of your home. Methods can be explained to you and portfolios are available for your viewing, request more information below. The agency may attempt to resolve minor roof leaks; however, the final and full responsibility for roof leaks rests with the property owner.

- Use any method(s) necessary to install insulation in wall and/or ceiling cavities.
- Call me with more information at _____ Best days & times _____
- Various methods have been presented to me and I decline all methods for wall insulation.
- Use the following method(s) to insulate: _____

Signature of Homeowner	Phone	Date
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Printed Name	Address
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Do you have any relatives working at EIC? yes no
If so, please list the names and relationship _____

Agency Contact Information:

Economic Improvement Council, INC

Weatherization Program
712 Virginia Road / P.O. Box 549
Edenton, North Carolina 27932
Phone: (252) 482-4458
Ext. 123, Ext. 124, or Ext. 126
Fax: (252) 482-0810