

## **New North Carolina Project's HVAC & Weatherization Assistance Program Application Instructions**

To determine your eligibility, please review the guidelines below and use it as a checklist to determine which of the attachments are needed. The application must be completed and returned with all the documents to process your application.

- Verification of Identity:** Picture identification for each adult household member (i.e., state driver's license or ID card; US passport or other official ID badge).
- Income verification for the last 12-months:** For all household members listed on the application at least 18 years of age or older, and for minor children receiving disability or other benefits, attach the following:
  - Completed 2022 Income Tax Returns (including W-2s) and copies of consecutive pay check stubs for past 12-months and/or the last cumulative pay check stubs for 2021/2022 that reflects the gross YTD income; benefit award letters for Social Security and SSI benefits, award letters for VA pension; documentation of other forms of Retirements benefits (i.e., Pension, IRA, Dividend, and or Annuity income); documentation of Worker's Compensation; Unemployment benefits with last check stub from job ending within the past 12-months; Alimony, Work First/TANF, Child Support or other proof of how much the household member received from other federal, state, or local agencies for the past 12-months.
  - For self-employed workers, please provide your 2022 Schedule C/C-EZ or F along with Schedule SE and the Form 1040.
  - For Seasonal Workers, send IRS Form 1040 and W-2 forms.
- Fuel/Utility Consumption History:** A recent Duke Energy bill statement.
- Signed "Permission to Enter Premises" form**
- Signed "Utility Authorization Release" form**
- If renting, signed "**Landlord Participation Agreement**". This form is provided by Charlotte Area Fund, Inc. upon approved application.

For further assistance or any questions regarding the application or the program, please feel free to contact us at: [info@newnorthcarolinaproject.org](mailto:info@newnorthcarolinaproject.org)

Thank you for your interest in the New North Carolina Project's HVAC & Weatherization Assistance Program.



# New North Carolina Project's HVAC & Weatherization Assistance Program Application

Please Complete All Sections, Sign and Date Where Applicable

Occupancy status:  Owner  Renter

Structure Type:  Single Family  Multi Family  Mobile Home  Townhouse/Condo

Name: \_\_\_\_\_ Gender: Female  Male   
Last First Middle

Property Address: \_\_\_\_\_  
Physical Street City State Zip Code

County: \_\_\_\_\_ Duke Energy Account Number: \_\_\_\_\_  
Annual kWh: \_\_\_\_\_

Mailing address, if different from property address:

\_\_\_\_\_  
Street or P.O. Box City State Zip Code

Primary Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Other Telephone: \_\_\_\_\_  Cellular \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Email Address (if any) \_\_\_\_\_ Primary Language \_\_\_\_\_

Total conditioned square footage of your home? \_\_\_\_\_ Year your home built? \_\_\_\_\_

Foundation Type:  Crawl  Slab  Basement Hot Water Heater fuel source:  Gas  Electric

Number of Stories: \_\_\_\_\_ Age of Heating System: \_\_\_\_\_

Primary Heat Fuel Source:  Electric  Natural Gas  Kerosene  Oil  Propane  Wood  
 Other \_\_\_\_\_

Existing Heating System Type:  Baseboard  Gas Pack  Furnace  Heat Pump  Mini Split  
 Monitor  Space Heaters  Other \_\_\_\_\_

Heating System Function:       Functioning  Non-Functioning

*Note: if the unit will power on, but not heat properly, it is considered functioning*

*Note: if the unit is non-functioning (will not power on), please explain how the home is being heated.*

**Old Refrigerator Info** *\*Completing this section does not guarantee appliance replacement.*

Old refrigerator make/model #: \_\_\_\_\_

Approx. age of old refrigerator: \_\_\_\_\_

Is the refrigerator working:    Yes     No

SIR: \_\_\_\_\_

<https://www.energy.gov/scep/wap/articles/refrigerator-and-freezer-energy-rating-online-search-tool>

Old refrigerator size:    15 Cu. Ft.  18 Cu. Ft.  21 Cu. Ft.  Other  \_\_\_\_\_

Reason for replacement: i.e. damage, leaking, poor seals, age, etc.

**Old HVAC Info** *\*Completing this section does not guarantee appliance replacement.*

Manufacturer: \_\_\_\_\_

Make/Model: \_\_\_\_\_

Reason for Replacement:

**DWELLING OWNER INFORMATION \*\*RENTERS ONLY\*\***

Owner Name(s): _____ Telephone No. _____			
Owner Address: _____			
Street / P.O. Box	City	State	Zip

**HOUSEHOLD DEMOGRAPHIC INFORMATION**

**\*\* All persons living in the home must be reported \*\***

Applicant's household annual income \$ \_\_\_\_\_ Number of occupants in home # \_\_\_\_\_

Household Member Name	Date of Birth (MM/DD/YYYY)	Relationship to Applicant	US Citizen Y/N	Gender M/F	Race	Marital Status	Highest Education	Social Security No.

**HOUSEHOLD INCOME INFORMATION**

**\*\* All income earned by ALL household members for last 12 months must be reported \*\***

Household Member Name	Employer Name	Gross Monthly Amount

**NON-EMPLOYMENT SOURCES**

Type of Income	Household Member Name	Amount Received	How often received (Monthly, Weekly, etc.)
<input type="checkbox"/> Work First or TANF			
<input type="checkbox"/> Social Security Income			
<input type="checkbox"/> Supplemental Security Income			
<input type="checkbox"/> Unemployment Comp.			
<input type="checkbox"/> SS Disability			
<input type="checkbox"/> Pension			
<input type="checkbox"/> Other			

**CERTIFICATION**

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 I may have to provide documents 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 release of information contained herein for purposes of verification.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewer Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY:</b>			
Service Provider ID# _____	Application Received: _____	Interview Date: _____	Application Complete: _____



## New North Carolina Project's HVAC & Weatherization Assistance Program Permission to Enter Premises

To the Dwelling Owner or Tenant:

Your home is being considered for services through the New North Carolina Project's HVAC & Weatherization Assistance Program.

This form needs to be completed to allow permission for representatives to enter your home to evaluate for services. Photos of current and replacement appliances will be taken for reporting purposes.

I, as the owner/tenant of the dwelling located at the following address

\_\_\_\_\_

grant permission for the representative of NNCP to enter the premises for an assessment of my home and to take photos of the replacement appliances, if applicable.

I hereby authorize Duke Energy Progress / Duke Energy Carolina to release any information on my current and past energy usage to **New North Carolina Project**. This information will be kept confidential and will only be used to verify energy usage and potential for energy savings.

\_\_\_\_\_

Signature of Owner or Tenant

\_\_\_\_\_

Date

\_\_\_\_\_

Agency Representative

\_\_\_\_\_

Date



## New North Carolina Project's HVAC & Weatherization Assistance Program Utility Authorization Release Form

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_ Last 4 Digits of Social Security #: \_\_\_\_\_  
\_\_\_\_\_  
 DEC or  DEP  
Utility Account #: \_\_\_\_\_

I hereby authorize Duke Energy Progress / Duke Energy Carolina to release any information on my current and past energy usage to **New North Carolina Project**. This information will be kept confidential and will only be used to verify energy usage and potential for energy savings.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_





**New North Carolina Project's  
HVAC & Weatherization Assistance Program  
Media Consent Release Form**

(e.g., photography, film, print news, social and electronic media or videotape)

I hereby consent to participate in interviews, photography, or videotapes for the purpose of highlighting NNCP's HVAC & Weatherization Assistance Program.

The consent grants permission to edit, use or reuse information, photographs or videotaped material – in print, broadcast or other forms of media.

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