

New North Carolina Project's Helping Homes & 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 2023 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 2023/2024 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 2023 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

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



New North Carolina Project's Helping Homes & 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 _____

OFFICE USE ONLY:			
Service Provider ID# _____	Application Received: _____	Interview Date: _____	Application Complete: _____



New North Carolina Project's Helping Homes & 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 Helping Homes & 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 Helping Homes & 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
Helping Homes & 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 Helping Homes & 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 _____