



I-CARE, Inc.

WEATHERIZATION APPLICATION INSTRUCTIONS

Thank you for your interest in the North Carolina Weatherization Assistance Program. **Applying for Weatherization services is easy AND FREE.**

ELIGIBILITY REQUIRED DOCUMENTATION:

Please submit application along with the required verification documents (use checklist below to determine what documents we need). ANY application that is not completely filled out and failure to provide the required documents will delay the application process. If you need help completing this application contact us at (704) 872-8141.

- All adult members of the household must sign the application and release information form; and submit a photo identification card** (i.e. NC valid driver's license or ID card issued by the State).

HOUSEHOLD INCOME DOCUMENTATION

Income information for all individuals in the household must be provided and cover a 12 month period from the date of application. This would include minors who receive SSA, SSI or have a part-time job. (We cannot accept bank statement as proof of income) Submit ALL benefit/income that apply to each HOUSEHOLD MEMBER.

- Most recent Federal Income Tax returns (including W-2 copies) and copies of pay stubs for the last 2-months (including YTD pay)
- Copy of final pay stub, if lost of employment in the last 12-months
- Schedule C or F with complete Income Tax return for all self-employed household members for the last 2-years **and Either** most recent signed and dated quarterly or YTD profit and loss statement
- Documentation of worker's compensation and unemployment benefits for the last 12-months
- Social Security benefit award letter (SSA and SSI) must cover a period of 12-months
- Retirement, Pension, IRA, Dividend, or Annuity income history for the last 12-months
- Documentation of Alimony, TANF, Work First, child support, or OTHER income history for EACH household member for the last 12-months
- No income for the last 12-months from any source a notarized statement is required. The form is provided by the agency and it must be requested.

PROPERTY OWNERSHIP DOCUMENTATION—the following documents may be accepted:

- Property Tax Notice/Statement **or**
- Deed recorded and stamped at the county court house
- Certification of Title for a Mobile home. If the land or property where the mobile home is located is not owned by same person, proof of ownership for the land must be provided.
- FOR RENTERS ONLY:** The owner is required to provide proof of ownership, complete the Landlord Participation Agreement form and include a copy of the rental lease agreement. This form is provided by the agency and it must be requested.

FUEL/UTILITY CONSUMPTION HISTORY

- 12-months of fuel/energy consumption history from each fuel/utility company that service your dwelling. The information must include days in the billing cycle, date the meter was read, cost and consumption for the last 12-months. This information can be obtained by calling your electric company or your heating fuel supplier and request a 12-months consumption history.

HOW TO SUBMIT THE APPLICATION

Mail the application and your documents to I-CARE, Inc., Post Office Box 7049, Statesville, NC 28687. If you prefer not to mail, our physical address is 1415 Shelton Avenue in Statesville.



I-CARE- Inc. WEATHERIZATION APPLICATION

Please complete all sections, sign and date where applicable.

County: Iredell Lincoln OCCUPANCY STATUS Owner Renter Other (explain) _____

Structure Type: mobile home single family dwelling apartment other _____

Name: _____ Gender: Female Male
Last First Middle

Property Address: _____
Physical Street City State Zip Code

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: _____ Telephone: _____ Relationship: _____

Email Address (if any) _____ Primary Language _____

Has applicant received Weatherization Assistance services before? Yes No If so, when? _____

Why do you need weatherization? _____

Have applicant received HARRP services before? Yes No If so, when? _____

Are you applying for Heating Assistance Repair and Replacement services at this time? Yes No

If yes, why? _____

What is your primary heat source? _____ Is it in good working condition? YES NO

Check ALL HEATING SOURCES that apply: Electric Natural Gas Propane Fuel Oil

Kerosene Furnace Coal Wood Stove Portable Kerosene Heater None

DWELLING OWNER INFORMATION

**** RENTERS ONLY ** MUST INCLUDE LANDLORD PARTICIPATION AGREEMENT**

OWNER NAME(S): _____ TELEPHONE No. _____

OWNER ADDRESS: _____
Street/PO Box City State Zip

If applicant does not own the home, is it owned by a family member? Yes No

Describe relationship: _____ Whose name is on the deed or title? _____

OFFICE USE ONLY:

JOB NO.

Application Received:

Interview Date:

Application Complete:

HOUSEHOLD DEMOGRAPHIC INFORMATION

**** All persons living in the dwelling must be reported ****

HOUSEHOLD MEMBER NAME (first, middle initial, last)	Date of Birth (MM/DD/YYYY)	Relationship to applicant	US Citizen	GENDER M/F	RACE	Marital Status	Highest Education	Social Security No.
		APPLICANT						

HOUSEHOLD INCOME INFORMATION

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

HOUSEHOLD MEMBER NAME	EMPLOYER NAME	Period Received		MONTHLY AMOUNT
		FROM	TO	
				\$
				\$
				\$
				\$
				\$

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"/> Supplemental Security Income		\$	
<input type="checkbox"/> Social Security	1.	\$	
	2.	\$	
<input type="checkbox"/> Unemployment Comp.		\$	
<input type="checkbox"/> SS Disability		\$	
<input type="checkbox"/> Pension	1.	\$	
	2.	\$	
<input type="checkbox"/> Other		\$	

AUTOMATIC ELIGIBILITY CERTIFICATION

A household automatically meets income eligibility requirements if any member of the household has received income from the Temporary Assistance for Needy Families (TANF) program or Supplemental Security Income (SSI) within 12-months of the date of application. If either income type applies to your household, please indicate the type and provide documentation.

Temporary Assistance for Needy Families (TANF)

Supplemental Security Income (SSI)

DWELLING/HOUSEHOLD CHARACTERISTICS

Has the applicant previously received WAP/HARRP services at this dwelling or at any other location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the utility accounts for the dwelling listed in the name of a person other than the applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the dwelling currently at risk of foreclosure or has it been condemned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the dwelling currently for sale or has it been listed for sale within last 12months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there pets living inside the dwelling or elsewhere on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate dwelling areas where major repairs may be needed:	<input type="checkbox"/> Roof <input type="checkbox"/> Floor <input type="checkbox"/> Walls <input type="checkbox"/> Heat/AC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing

APPLICATION CERTIFICATION STATEMENT

The information on this application will be used to determine program eligibility. I have provided acceptable verification and I understand that this information is subject to review. I understand that recertification of my eligibility will take place a minimum of once every 12-month and I agree to notify I-CARE, Inc. should any of the information provided change prior to receive of service.

Under penalties of perjury, I CERTIFY that all the information presented in this application is true, accurate, and to the best of MY knowledge and belief. I understand that false information herein constitutes an act of fraud. False, misleading or any attempt to fraudulently cover information may be grounds for denial for the requested assistance and may result in liability for repayment of program resources, or upon conviction to a fine, imprisonment, or both.

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Adherence to Program Guidelines

I further understand and agree, if approved for services, that I and the members of my household will adhere to the guidelines of the Weatherization Assistance Program; such guidelines may include, but are not limited to, providing I-CARE, Inc. with ready access to all areas of the dwelling at mutually agreed upon times, for the purposes of planning services, performing work, and conducting quality assurance inspections of the services provided.

Applicant Printed Name: _____

Signature Date

Household Member Printed Name: _____

Signature Date

Household Member Printed Name: _____

Signature Date

Household Member Printed Name: _____

Signature Date

North Carolina Weatherization Assistance Program
I-CARE, INC.

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

ACCT or ID No: _____

Name of Customer: _____

Verification of Information Authorization

I have applied for assistance from the Weatherization Assistance Program, part of I-CARE, Inc. As part of the process for considering my household for assistance, I-CARE, Inc. may verify information contained in my application of services and any documents provided in connection with the request for assistance.

I, as an applicant for weatherization services, hereby authorize the verification of any and all information, include, but shall not be limited to:

- Employment or income records.
- Benefit Statement/Award Letters on Social Security, Supplemental Security Income, Veterans Administration, and/or other federal, state, or local agencies;
- Documentation of unemployment benefits, worker's compensation, pensions, annuity, child support;
- Fuel/Energy Consumption
- Property Owner/Present landlord information
- Other _____

I understand and agree, that pursuant to federal law, identifying information provided by me for determination of my household eligibility for weatherization assistance will be considered confidential and, unless otherwise authorized or required by law, will be used only for purposes directly relation to the administration of the North Carolina Weatherization Assistance Program.

Media/Photos Authorization

I grant permission to the Agency listed above, the NC Department of Environmental Quality, and its agents or employees, to use any photographs that it has obtained about me due to my participation in the NC Weatherization Assistance Program. This information may be used for a variety of purposes by I-CARE, Inc., the US Department of Energy and NC Department of Environment and Natural Resources, Division of Energy, Mineral, and Land Resources. It may also be used by news media; other state, local and federal agencies; and other public or private organizations.

I waive any right to royalties or other compensation arising from or related to the use of the information. I hereby agree to release and hold harmless I-CARE, Inc., the US Department of Energy and NC Department of Environmental Quality, and its agents or employees, from and against any claims, damages or liability arising from or related to the use of the information.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Signature (Applicant or Adult Household Member)

Date



I-Care, Inc. Is An Equal Opportunity Employer

North Carolina Weatherization Assistance Program
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