

Central Piedmont Community Action, Inc.

Weatherization Director – Douglas Dixon
Chatham County
P.O. Box 626
1401 Ross Ave.
Siler City, NC 27344
Phone (919) 742-2277
Fax (919) 742-2299

WEBSITE: www.cpcanc.org



Items needed **before** your weatherization application
can be processed:

You must provide everything on the front cover that pertains to the house hold. Even if you get put on the waiting list, it could be years before you get service depending on the county you reside in. **And even though you qualify your house may not once the audit is done**

* Application filled out **and** signed. with Heat and electric release form filled out and signed. For future access

* Past 12 month printout of electric billing history

• Past 12 month printout of heating billing history – propane, oil, wood, kerosene, natural, gas, etc. **If different than electric**

• Copy of **all** income that comes into the home.

If adults have no income, must have no income statement field out

And **Self declaration of income signed and notarized.**

If working, and you get paid weekly Four consecutive pay stubs.

If working, and you get paid bi-weekly three consecutive pay stubs.

If working and you get paid monthly two pay stubs.

If working we need the date you started

If there is no income in the home, self declaration has to be

notarized

⚙ Copy of tax card.

If you have a Land Lord, have land lord agreement papers instead of tax card OR Life time rights paper signed and notarized.

⚙ .Copy of Picture I.D.

Copy of Social Security cards

“If you are denied services due to ineligibility, you have sixty (60) calendar days from denial date to ask for a hearing.”

WEATHERIZATION APPLICATION

Central Piedmont Community Action, Inc.

Date: ___/___/___

Head of Household: _____
Last First Mid. Int.

Address: _____ Phone: _____
Street City State Zip

Date of Birth: ___/___/___ Sex: _____ SS#: _____ - _____ - _____ Race: _____

Handicapped: Yes / No American Indian: Yes / No

Owner: Yes / No Mobile Home: Yes / No Number living in home: _____

What year was the house / mobile home built: _____ Square foot _____
Exterior siding type _____

Bed Rooms _____ # Baths _____ access to attic (hatch, pulldown stairs, etc.) _____
House inside city limits _____yes_____no

Landlord Information (If renting)

Name: _____
Last First Mid. Int.

Address: _____ Phone: _____
Street City State Zip

List all persons living in home and their income:

Name	DOB	Soc. Sec.	Income	Source	how long
_____	___/___/___	_____-_____-_____	_____	_____	_____
_____	___/___/___	_____-_____-_____	_____	_____	_____
_____	___/___/___	_____-_____-_____	_____	_____	_____
_____	___/___/___	_____-_____-_____	_____	_____	_____
_____	___/___/___	_____-_____-_____	_____	_____	_____

Repairs Needed: _____

Directions to home: _____

*As the applicant, I certify that the above information is true and correct to the best of my knowledge.

Signature

Office use only

Total Family Income Per Month \$ _____ X 12 Months = \$ _____

Applicant Copy: (Please keep for your records)

PLEASE READ THIS SECTION CAREFULLY:

My signature below authorizes the Central Piedmont Community Action Weatherization Program staff and contractors to enter my home as needed to perform weatherization and furnace 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, subcontractor staff, local, state, and federal officials to inspect said work. **I understand final inspections are necessary and I will be responsible for payment of services rendered if I refuse to allow work to be completed or the final inspection of my home.** I understand Weatherization regulations prohibit warranties as an allowable program expense. Materials and labor will be covered by the installer for one year. I agree on behalf and for all who stand in my stead that the state of North Carolina it's subgrantees and housing services 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 Central Piedmont Community Action Weatherization Program to document my eligibility. Pursuant to 5 U.S.C. 552(b)(6) of the Freedom of Information Act, the Central Piedmont Community Action Weatherization 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 and weatherization services such as name address or income information. They state of North Carolina in conjunction with the services of Central Piedmont Community Action 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 in this application.

Applicant Signature _____ Date _____

Recertification of income information provided must occur every 12 months.

CLIENT APPEALS PROCESS:

Once you have completed the application for services you have the right for your application to be processed within 60 days. If your application is not processed within 60 days or if you are denied services, you may appeal the decision using the following appeals procedure: You may appeal to the Program Director of the local Community Development agency. Appeals to Central Piedmont Community Action should be in writing and addressed to: **Attn: Natasha J Elliott; PO Box 626; Siler City, NC 27344.** The local office will have 15 days to respond in writing to all appeals and the decision will be considered final. If you are unsatisfied with their results of your appeal, you will be given the appropriate state or local contact information.

Office Copy

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My signature below authorizes the Central Piedmont Community Action Weatherization Program staff and contractors to enter my home as needed to perform weatherization and furnace 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, subcontractor staff, local, state, and federal officials to inspect said work. **I understand final inspections are necessary and I will be responsible for payment of services rendered if I refuse to allow work to be completed or the final inspection of my home.** I understand Weatherization regulations prohibit warranties as an allowable program expense. Materials and labor will be covered by the installer for one year. I agree on behalf and for all who stand in my stead that the state of North Carolina it's subgrantees and housing services 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 Central Piedmont Community Action Weatherization Program to document my eligibility. Pursuant to 5 U.S.C. 552(b)(6) of the Freedom of Information Act, the Central Piedmont Community Action Weatherization 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 and weatherization services such as name address or income information. They state of North Carolina in conjunction with the services of Central Piedmont Community Action 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 in this application.

Applicant Signature _____ Date _____

(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 assisted				
<input type="checkbox"/> has been previously assisted Date: _____				
_____	_____	_____	_____	_____
Authorized Signature	Date Approved	Income Verification	POV Level %	Household #
_____ (Recertification must occur every 12 months)				
Date Income Eligibility Expires				

Privacy Act Notification & Acknowledgement

It is the policy of Central Piedmont Community Action Inc., to ensure that any information obtained from our clients is kept confidential. By my signature I acknowledge receipt of CPCA's Privacy Act.

Client: _____

CPCA

Staff: _____

**Central Piedmont Community Action, Inc.
Weatherization Services**

**Self-declaration of Income Eligibility for
Weatherization Services & Information Release
Authorization**

As of _____ (today's date), the total household income for my family is estimated to be \$_____ (family Income at intake).

I understand that federal income eligibility guidelines for CPCA Weatherization have been set at \$_____, (Poverty Income Guidelines), per year from my household of _____ (#of Family Members). To the best of my knowledge all sources of income for my present household does not exceed the income guidelines during the past 12 months. No one else in my household had applied for CPCA Weatherization services in this program year_____.

I give permission to Central Piedmont Community Action Inc., to secure whatever information is necessary for the purpose of verifying my household's income disclosed above and /or from any additional sources the agency may discover on its own.

I further give my permission to Central Piedmont Community Action Inc., to discuss the full particulars of my family situation with any agencies, offices, groups or organizations that Central Piedmont Community Action Inc., believes may assist with the resolution of my household issues and concerns. I authorize these same agencies, offices, groups or organization to disclose what they know about me and my household to Central Piedmont Community Action Inc.,

Client's Signature

Date

Notary

CPCA Weatherization Program
“No Income” Statement

I _____ [name] Verify that I am
unemployed as of _____ [date].

I am seeking employment going to school

I receive assistance from

- Housing (amount) _____
- Food Stamps (amount) _____
- Family member (amount) _____
- Child's Father/Mother (amount) _____
- Boyfriend/Girlfriend (amount) _____
- Other _____ (amount) _____

Client's Signature: _____

Date: _____

Intake Person: _____

Date: _____

**Central Piedmont Community Action, Inc.
Weatherization Program / Energy Auditor**

Release of information for energy

I _____, give Central Piedmont Community Action, Inc. and it's staff permission to obtain a copy of my energy usage history for up to 15 months from the date I am Weatherized.

Account Name: _____
Please print name

Account Address: _____
address exactly like it is on your electric bill

Account Number # _____

Applicants Signature

Date

Please fax or mail a printout of this applicant's information to:

**Central Piedmont Community Action
Attn: Doug Dixon
P. O. Box 626
Siler City, NC 27344**

**Phone: (919) 742-2277
Fax: (919) 742-2299**

**Office use only
Year Weatherized: _____**

**Central Piedmont Community Action, Inc.
Weatherization Program / Energy Auditor**

Release of information for energy gas, oil, wood, etc.

Has your home ever been weatherized before?

Yes / No If yes what year? _____

**I certify that the above information is true and there are # _____
people living in the household.**

Applicant's Signature: _____ Date: _____

Signature of person taking application: _____

ENERGY CONSUPTION

1. What is your primary heat source? (That's what the house came with when it was built) **central, vented space heater, un-vented space heater**

2. Type of fuel: **Oil, LP Gas, Natural Gas, Wood, electric, etc...** _____
circle one

3. What is your secondary heat source? **Central, vented space heater, un-vented space heater**
Type of fuel: **Oil, LP Gas, Natural Gas, Wood, electric, etc...** _____
circle one

MAKE SURE YOU FILL IN ALL AREAS AND SIGN EVEN IF ALL ELECTRIC

FUEL BILLING INFORMATION RELEASE

I hereby authorize _____ to release information of my fuel bills for the years of _____ and of _____ to the following agency or designee:

Central Piedmont Community Action, Inc.
PO Box 626 – Siler City, NC – 27344

Applicant Signature: _____ Date: _____

**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). At the bottom of this page is a form granting you permission for CPCA to enter you dwelling to perform an energy audit in order to determine what work needs 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

have read and understand the above and hereby grant permission for the representatives of CPCA to enter this premises for the purpose of conducting and energy audit for the residents.

Name: _____ Date: _____

Agency Representative: _____ Date: _____

Title: _____

By signing this form I hereby authorize CPCANC to enter my information into a collaborative project management database.

Airtable is a collaborative initiative in Chatham County with multiple organization that work on different aspects of minor home repair, home modification, weatherization, and additional services. This is an effort to more effectively serve the residents of Chatham. I understand that this release of personal information does not mean it will be sold to any third party, nor does it mean faster service delivery. By having my information in this database I understand another organization may call or contact me about service delivery, my project may be taken on by a different organization, or by multiple.

Client's Name

Date

CPCA Representative

Date

NCWAP Applicant Eligibility Hearing & Appeals Form

Applicant Eligibility Hearing & Appeals Process:

1. If you disagree with our decision, you have sixty (60) calendar days from the date of this letter to ask for a hearing.
2. Your appeal must be made in writing to the Weatherization Coordinator at the agency.
3. The agency will schedule a hearing within ten (10) business days of your request.
4. The agency will render a final decision to you in writing within ten (10) business days of the hearing.