

WAMY Community Action, Inc.

Housing and Weatherization

225 Birch Street Suite #2, Boone, NC 28607

Application Assistance call 828-264-2421

Fax Number: (828) 264-0952



Introduction & Application Process

WAMY Community Action's Housing and Weatherization department offers a variety of repair programs and services to suit the needs of the community. The **Essential Single-Family Rehabilitation (ESFR) Program** finances major repairs for North Carolina homeowners who are elderly or have disabilities and whose incomes are below 80% of the median for their area. This program addresses essential and critical repairs for health, safety, reasonable energy-efficiency measures, and increases the life-expectancy of a home. ESFR is currently only available in Mitchell County. The **Urgent Repair Program (URP)** finances emergency home repairs for North Carolina homeowners who are elderly or have special needs and whose incomes are below 50% of the median for their area. Through this program we strive to provide accessibility modification and other repairs necessary to prevent displacement of very low-income homeowners with special needs, such as the frail elderly and persons with disabilities. The mission of the **North Carolina Weatherization Assistance Program (WAP)** is to improve household energy efficiency and energy related health and safety, for low-income NC residents. **This program is at no cost to the client.** It focuses primarily on serving the elderly, disabled, families with young children, high-energy users, and the heavily energy burdened. The **Heating and Air Repair and Replacement Program (HARRP)**, focuses specifically on the repair or replacement of unsafe inoperable, and inadequate heating and cooling systems, administered by the Weatherization Assistance Program. You **DO NOT** have to own a home to be eligible. Renters **MUST** have written permission from the property owner.

In addition to the above state programs, WAMY has additional housing partners. Eligibility criteria varies between programs and all services are based on fund availability. Completing this application does not guarantee service.

Completed applications with original signatures must be returned via mail or in person. Faxed or emailed applications will NOT be accepted.

What can these programs do?

- Evaluates homes for energy-related efficiency and safety upgrades.
- Educate clients on energy reduction techniques.
- Make minor repairs to address energy-related health & safety issues.
- Insulates attics, floors, and walls as needed.
- Work to improve indoor air quality and heat loss.
- Repairs or replaces heating/cooling systems if required.

What are the steps in the process?

1. Complete application package reviewed during the intake interview.
2. Household notified in writing of income eligibility status per program.
3. Client is placed on the waiting list which can range from 6 months to a year.
4. Energy assessment or other inspection completed on the dwelling.
5. Dwelling deemed eligible for services or deferred based on condition.
6. A reservation is created and submitted to our funder to grant

- Repair and replace roofing.
- Lead paint and asbestos remediation. **(ESFR & URP Only)**
- Door/window replacement. **(not WAP)**
- Well replacement. **(ESFR & URP Only)**
- Plumbing and electrical work. **(minor only for WAP)**
- Other general repairs.

final approval. **(ESFR & URP Only)**

7. Work orders/Work Write Ups are created identifying appropriate measures
8. An invitation to bid is sent to WAMY approved contractors— Contractor with the lowest bids is awarded the project.
9. Construction / Weatherization process begins.
10. Completed work inspected for quality and accuracy.
11. Client accepts work & begins employing energy education.

ELIGIBILITY DOCUMENTATION REQUIREMENTS

****Check ALL benefits/income that apply to each HOUSEHOLD MEMBER**

PROVIDE A COPY WITH YOUR APPLICATION

- Government issued photo identification copy (**applicants 18 and over, and must have current address**)
- Social Security card copy (**applicants 18 and over**)
- Social Security Administration benefits history (SSA and SSI) for last 12 months (**award letter for current year**)
- Veterans Administration benefits history for last 12-months
- Disability Pension income history for last 12-months
- Retirement, Pension, IRA, Dividend, or Annuity income history for last 12-months
- Alimony and/or child support payment history for last 12- months
- Rental property income history for last 12- months
- Complete Income Tax Returns (Including W-2 copies) for **all** required to file for last 2 years (**self-employed**)
- Paycheck stubs for last **2-months** (including YTD pay) **and** final check stub from each job ended in last 12 months
- Unemployment benefits history for last 12-months
- Profit & Loss Statement for all **self-employed household** members for last 2- years (professionally prepared)
- All other income history **for each eligible household member** for last 12- months
- Name, Birthdate, and Social Security number **for each eligible household member**

DWELLING OWNERSHIP DOCUMENTATION

- Parcel Tax Record Card or Property Tax Notice issued by the county tax administration **or**
- Deed recorded at the county courthouse in the county where the dwelling is located **or**
- NC DMV issued Motor Vehicle Certificate of Title for a Mobile Home

DWELLING FUEL/UTILITY CONSUMPTION HISTORY

- 12 months fuel/energy consumption history for each fuel/utility provider serving the dwelling (oil, natural gas, kerosene, propane, wood/coal, and electric if applicable)
 - Electric statement must include monthly KWH usage, date meter was read, number of days in billing cycle, and cost for usage. (Please request this information in spreadsheet form).
 - Gas statement must include monthly number of therms, date meter was read, number of days in billing cycle, and cost for usage. (Please request this information in spreadsheet form)

APPLICANT INFORMATION (PLEASE PRINT)

Household Information:

Last Name: Middle Initial: Other Alias (Names Used):	First Name:
Race:	Marital Status:
Street Address: (location of home) Unit # or Mobile Lot #	
City: Zip:	County:
Home Phone: Cell Phone or Message #: Email:	Work Phone:
Mailing Address (PO Box): Zip:	City:
Contact Person:	Phone Number:
Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Household Information

Name (List yourself and all household members. Please attach separate sheet if more than six people.)	Age	Gender	Race	Highest Level of Education	Date of Birth	Relationship to Head of Household	Social Security Number

Do you have any pets? Yes No

- Any pets that do not react well to visitors must be put up in a location that will not disrupt inspections or construction.

DESCRIPTION OF HOME:

Do you own or rent your home? OWN RENT Other: _____
Do you own or rent the land/lot? OWN RENT Other: _____

*** If you are a renter the owner must complete permission forms and landlord / tenant agreement***
*** If this home is currently for sale housing services cannot be provided***

***The home I live in is:** House (one level) Bi-Level Tri-level Mobile Home Singlewide
 Doublewide Townhouse Condo Duplex Cabin Modular Other: _____

*** Year home built:** _____

***The home I live in has:** Finished basement Unfinished basement Crawlspace Pitched roof
 Flat roof Permanent foundation Skirting Brick

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

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

***Type of Heating System** (check all that apply): Heat Pump Electric Baseboard Heat
 Gas Furnace Space Heater Wood Stove Coal Heater No Furnace Propane
 Other: _____

***Attached Garage:** Yes No

***Is your heat currently working?** Yes No

***Type of hot water heater?** gas propane electric

Indicate dwelling areas where major repairs may be needed:

Roof Leak Floor Walls Heat/AC Electric Plumbing

***Please describe your repair concerns:**

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

***Is anyone in the household on oxygen?** Yes No

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

***Please describe:**

***Does anyone in the household have a disability or Medical Condition?** Yes No

***If yes, please list:** _____

HOME ACCESS AUTHORIZATION

Before housing services 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 areas are to be free of debris, clutter, and pets and be reasonable hygienic where work is to be completed?
(Where these conditions exist because of a disability, reasonable accommodations may apply.)*

Access to our home:

- I agree

*Do you agree to and understand that housing specialists, inspectors, auditors, and contractors must be given access to **all rooms** in your home during business hours and on a reasonable schedule for any work to proceed? **Inspectors and monitors must have the ability to perform final inspections after construction is complete and up to one-year-and-a-half after.***

Permission to photograph home:

- I agree
- I agree

Do you agree to allow WAMY Community Action staff and its designees to photograph the unit for pre-and post-work documentation?

Do you agree to allow WAMY staff to photograph/video you, your family, and the housing project for publicity/fund raising purposes?

Permission to coordinate on your behalf:

- I agree

Do you agree to allow WAMY Community Action to contact Community Partners on your behalf for the purpose of project coordination and fund-raising? This may include your church, churches in your community, or your family.

Comments: _____

PREVIOUS ASSISTANCE

Have you received previous assistance with home repairs through any of the following programs? If yes, please indicate the year in which you received assistance.

	Yes	No	Year
North Carolina Housing Finance Agency – Single Family Rehabilitation	_____	_____	_____
North Carolina Housing Finance Agency – Urgent Repair	_____	_____	_____
Community Development Block Grant (CDBG) Funding	_____	_____	_____
Weatherization Assistance Program	_____	_____	_____
United States Department of Agriculture (USDA) – 504 Home Improvement & Repair Program	_____	_____	_____
Duke Energy Helping Homes Funds	_____	_____	_____

Signature: _____

APPLICANT CERTIFICATION STATEMENT

I certify that all of the information provided in this application for services is accurate and complete to the best of my knowledge. I have read, understand, and agree to comply fully with the Privacy Guidelines and/or Authorization Provisions of this application. I further understand and agree that failure to comply with the program guidelines and authorizations contained herein, or any attempt to fraudulently cover up a material fact or to knowingly give false information for the receipt of Housing and Weatherization Services may result in my being liable for repayment of program resources, or upon conviction to a fine, imprisonment, or both. If receiving assistance through WAMY's Weatherization Assistance Program, the AR4CA system is utilized to calculate priority scores. This score determines when services will be rendered. I understand that funding and services provided are dependent on the county in which I live, and that my submission of application in no way guarantees services. By signing this form, I agree that I have received WAMY's Housing and Weatherization program guidelines and a copy of the appeals process.

Everyone in the household age 18 or above please sign below:

Applicant Printed Name: _____

Date: _____

Applicant Signature: _____

Household Member Printed Name: _____

Date: _____

Household Signature: _____

Household Member Printed Name: _____

Date: _____

Household Signature: _____

Household Member Printed Name: _____

Date: _____

Household Signature: _____

Household Member Printed Name: _____

Date: _____

Household Signature: _____

Household Member Printed Name: _____

Date: _____

Household Signature: _____

*****North Carolina may release information about recipients in the aggregate, which does not identify specific individual**

PLEASE READ THIS SECTION CAREFULLY:

My signature below authorizes the WAMY Community Action, Inc. Housing and Weatherization 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 WAMY, contractor, sub-contractor 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 Housing and 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, its sub grantees, 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 WAMY Community Action, Inc. Housing and Weatherization programs to document my eligibility. Pursuant to 5 U.S.C. 552(b)(6), of the Freedom of Information Act, WAMY Community Action Housing and Weatherization programs are 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 WAMY Community Action Housing and Weatherization programs 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** _____

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

I certify that this client is eligible under the appropriate funding guidelines JOB # _____				
Unit has not been previously assisted				
<input type="checkbox"/>	Unit has been previously assisted	Date of prior assistance: _____		
_____	_____	_____	_____	_____
Authorized Signature	Date Approved	Income Verification	POV Level % &/or Priority Score	Household #
(Recertification must recur every 12 months.)				
Date Income Eligibility Expires _____				

Applicant Copy: (Please keep this paper for your records)

PLEASE READ THIS SECTION CAREFULLY:

My signature below authorizes the WAMY Community Action, Inc. Housing and Weatherization 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 WAMY, contractor, sub-contractor 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 Housing and 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, its sub grantees, 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 WAMY Community Action, Inc. Housing and Weatherization programs to document my eligibility. Pursuant to 5 U.S.C. 552(b)(6), of the Freedom of Information Act, WAMY Community Action Housing and Weatherization programs are 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 WAMY Community Action Housing and Weatherization programs may, however, release information about recipients in the aggregate in a manner which does not identify specific individuals.

Recertification of income information provided must occur every 12 months.

CLIENTS APPEAL 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 Executive Director. Appeals to Housing and Weatherization should be in writing and addressed to: **Attn: Brittany Luxton, 225 Birch Street, #2, Boone, NC 28607.** 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 the results of your appeal, you will be given the appropriate state or local contact information.

Energy Utility Release

I _____ hereby authorize the release of energy utility bills as requested by WAMY Housing and Weatherization department for my address at:

Address

City, State and Zip Code

My signature below authorizes the WAMY Community Action, Inc. and its designees to inspect heating, fuel usage and utility billing records for up to five years before and after completion of weatherization and/or rehabilitation 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 understand my personal information obtained through this release shall not be made public in that the dwelling or occupants may be identified. I understand that WAMY's Housing and Weatherization Assistance Programs are not responsible for the status of my account.

Fuel Suppliers: Utility Name Account Number

Electric Company: _____ _____

Gas or Oil Company: _____ _____

Propane Company: _____ _____

Client Signature

Date

WAMY Community Action, Inc. Housing and Weatherization
Release and Indemnification

WAMY Community Action's Housing Department commonly works with Community Partners (churches, volunteer groups, participating agencies, and organizations) to work on housing rehabilitation projects.

- I am aware that repairs on my home may be provided by volunteers and/or paid professionals.
- I agree in this covenant to indemnify, protect, and hold harmless WAMY Community Action, Inc. and this organization's agents, employees, Board of Directors as well as participating churches, organizations, volunteers, and agencies. This includes church members, trustees, elders, clergy, employees and agents of WAMY Community Action, and all Partner members who may be associated with WAMY on the project, from any and all losses, damages, claims, liabilities, suits, actions, judgments, cost, and attorney fees arising out of any activity directly or indirectly related to the repair project being done at my home.
- This release is effective for me, all members of my household, my personal representatives, assigns and heirs.
- I know that if I become injured while trying to assist WAMY Community Action, Inc., and its representatives, that I am responsible for all related healthcare expenses.
- I assume full responsibility for any and all claim costs, including my own, arising directly or indirectly out of activities, acts or omissions by volunteers working with WAMY Community Action, Inc.
- I certify that these statements are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release WAMY Community Action, Inc. from any liability whatsoever for supplying such information.
- I, _____, HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THIS INDEMNITY AND RELEASE AGREEMENT.

Print Name: _____

Signature: _____

Date: _____

Client Code of Conduct Agreement

Our Mission: To partner with communities and families to provide disadvantaged families the support and tools they need to become self-sufficient.

Our Vision: WAMY is a catalyst to communities working together. WAMY nurtures families in an environment that promotes a positive quality of life, and we provide hope through opportunity.

Our organization and employees are fully committed to the principle of honesty, integrity, and fairness in the delivery of services to communities, while abiding by all local and federal laws and guidelines.

Our clients will be held to the following code of conduct:

- Be respectful with all staff members.
- Communicate respectfully, honestly, and as clearly as possible.
- Do not verbally or physically threaten employees or place of business.
- Discrimination of any kind will not be tolerated.
- Vulgar, inappropriate, and/or screaming will not be tolerated.
- Do not attempt to bribe or bully staff members into providing services.

The organization will attempt to deescalate a situation involving violations of the code of conduct, if possible, and to the best of our ability. An attempt at communication may be continued if the situation calms down. Any violations to this code of conduct agreement may result in the organization declining services. At that time communication will not resume and you will be given instructions to complete a client grievance procedure if you choose to.

Print Name

Signature

Date

WAMY Community Action Employee Signature

Date

Jobsite Safety Checklist for Homeowners

- If you are feeling unwell during any time WAMY employees or contractors will be in your home, please let your assigned Housing Coordinator know to prevent the spread of infectious disease/illness. We will be happy to reschedule your visit once you are feeling better.

- At the time of initial inspection, all areas of the home must be accessible to WAMY employees. If a homeowner refuses access to a room, the home will be placed on deferral.

- Any household considered for home repair services by WAMY Community Action, Inc. must be free from the use of illicit drugs and substances. The home will be deferred if there is suspicion of illegal drug use, sale, or manufacture.

- Pets will be secured in a safe location so that they cannot disturb workers or escape as WAMY employees or contractors enter or exit the building.

- Inform your assigned Housing Coordinator of any rodent/pest infestation prior to your scheduled initial audit. Also, let your Housing Coordinator know if there are any concerns with wildlife.

- Areas of the home being worked on should be in a sanitary condition to protect the health and safety of WAMY employees and contractors (*especially* the **kitchen and bathrooms**). Pathways should be free from obstruction to allow safe movement through the home/work area.

- Areas under construction must be cleared of all debris, knickknacks, personal belongings, etc. to allow for unobstructed access.

- As able, move all furniture out of the construction area. ***WAMY can assist with this when needed. Please discuss this with your Housing Coordinator so we can plan accordingly.***

- If electrical work is to be performed, make sure the electrical panel is easily accessible. **WAMY can assist with this when needed. Please discuss this with your Housing Coordinator so we can plan accordingly.**
- **Requests for any repair items must be discussed with your assigned WAMY Housing Coordinator, NOT the contractor.**
- WAMY employees and contractors should be treated with respect. Bullying and discrimination will not be tolerated, and contractors will be instructed to pull off the worksite site if they are treated unwell. Services will be suspended, and the homeowner will be declined future services by WAMY Community Action, Inc.
- After construction is completed, the homeowner must allow WAMY employees to conduct a final inspection to ensure the quality of work performed.
- In some instances, depending on the funding used for the repair project, the homeowner must allow re-entry for State/Funder auditing purposes within 18 months of project completion.
- All contractors are third-party and are not directly employed by WAMY Community Action. Contractors make their own schedules.

Homeowner Signature Date

WAMY Community Action Employee Signature Date

**WAMY Employees are to review this document with the homeowner at the initial audit and verify that the homeowner agrees. Then, sign as the witness.*

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

Household Income Verification					
Income Source/Documentation Type		Period Received (From/To)		Calculation Method	Annual Income Subtotal
		Amount (H)(W)(M)			
1.					
		\$			
2.					
		\$			
3.					
		\$			
4.					
		\$			
5.					
		\$			
6.					
		\$			