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 energyefficiency 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 lowincome 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.
- 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.

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 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 EQUIREMENTS

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

PROVIDE A COPY WITH YOUR APPLICATION

- ☐ Government issued photo identification copy **(applicant only, and must have current address)**
- ☐ Social Security card copy **(applicant only)**
- ☐ Social Security Administration benefits history (SSA and SSI) for last 12 months **(award letter)**
- ☐ 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 DOCUMENATION

- ☐ 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)

Head of Household

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** ☐ **No** ☐	

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 preform final inspections after construction is complete and up to one-year-and-a-half after.***

Permission to photograph home:

☐ I agree

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

☐ I agree

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 individuals

OfficeCopy

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

☐ 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 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.

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 Executive Director. Appeals to Housing and Weatherization should be in writing and addressed to: **Attn: Melissa Soto, 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.

WAMY Community Action Housing and Weatherization
Declaration of No Income

Job# _____

I, _____, as an applicant/member of an applicant household making application to WAMY Community Action, as a Housing and Weatherization Provider, certify that I have received zero income during the 12-month period beginning _____ and ending _____.

The reason that I have received no income for the period referenced is as follows:

_____

_____

_____

I have been meeting my basic living needs for food, shelter, and utilities in the following ways:

Food: _____

Shelter: _____

Utilities: _____

I swear/affirm that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance being received for which I and/or my household am not eligible.

Declarer's Signature: _____ Date: _____

Notary Public:

_____ County, North Carolina

Sworn/Affirmed to and signed before me this day by: _____
Name of Principal

Date: _____
(Official Seal)

_____
Official Signature of Notary

_____, Notary Public
Notary's Printed or typed name

My commission expires:

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 Supplier(s):	Utility Name	Account
Number: Electric supplier	_____	_____
Gas or Oil supplier	_____	_____
Propane supplier	_____	_____

_____

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: _____

North Carolina Weatherization Assistance Program

LANDLORD - TENANT AGREEMENT

PERMISSION TO ENTER PREMISES/RENTAL AGREEMENT

Landlord, complete this page and the Landlord Certification on the next page.
Also, provide proof of ownership.
Tenant, complete the Renter Certification on the next page.
Copies must be provided to all parties.

I, _____, certify that I am the owner/authorized agent,
Name (Please print.)

herein referred to as "owner" for the property located at:

_____
Residence or Physical Address City State

The property is presently rented to the following:

Primary tenant _____

for $ _____ rent ___ per month ___ year.

Number of rental dwelling units in this structure: _____.

Owner/Agent authorizes _____ as provider of weatherization services; to conduct energy related building inspections and assessments, repairs, and improvements. Any materials installed under this agreement shall remain as part of these premises. Owners are required to contribute $275 toward the cost of weatherization services for each unit. If heating/cooling system(s) repairs and replacement are involved, the landlord must contribute 50% of that cost. An addendum defining the scope of work to be accomplished on this building will be attached to this agreement following the weatherization assessment, should the owner participate financially.

Please indicate the option you select below.

a. _____ Cash contribution ($275) toward weatherization services (materials costs).
b.
c. _____ Waiver of owner contribution based on verification by the weatherization provider that the owner's gross household income does not exceed the program income guidelines, non-profit or HUD supported property, or other documented extenuating circumstance exists.

d. _____ Landlord does not wish to participate.

Only eligible weatherization measures as defined by the North Carolina Weatherization Assistance Program shall be applied to any building. No undue enhancement shall occur to the value of the dwelling units as a result of weatherization work performed. Undue enhancement is defined as any enhancement to a building that increases the value of the property and does not provide energy conservation or health and safety benefits to the tenant.

Commencing on the date the owner and/or tenant signs that work is complete and continuing for a period of twenty-four (24) months, owner agrees not to increase rents on units weatherized. If a lease in effect expires prior to the end of the twenty-four month period, a new lease may be signed, but rents will remain at the previous level until the expiration of the twenty-four month period, unless demonstrably related to matters other than weatherization work. (10CFR 440.22(b) (3) (ii)) "Demonstrably related to matters other than weatherization work performed" is defined as an increase in excess of 25% per year in (1) Fair Market Value of rental units or (2) an increase in property taxes.

Owner also agrees not to terminate or evict any covered tenants or any subsequent tenants, commencing on the date the owner and/or tenant signs that work is complete and continuing for a period of twenty-four (24) months. This provision is in effect provided the tenant complies with all obligations owed to the owner in accordance with any leases or rental agreements between the owner and tenants.

This agreement applies to present tenants and any subsequent tenants for the twenty-four month period.

If a tenant feels they have had rents increased contrary to the provisions of this agreement, or feels they have received an eviction notice without cause, they may contact the local Legal Services Agency or the Weatherization Service Provider.

This agreement shall run with the land and/or weatherized unit in the case of sale or transfer to other owner/agents. The owner is responsible to give official notice of this agreement to any subsequent owners.

Either party to this agreement may bring an action for specific performance of its terms. Tenants residing in dwelling units covered by this agreement are intended third-party beneficiaries of any of the provisions of the agreement related to rental increases, evictions, and terminations of tenancies.

1. RENTER Certification

I, _____,
Name (Please print.)

certify that I am currently renting a dwelling unit located at:

_____
Residence or Physical Address City State

I have read and understand the terms of this agreement.

_____
Signature Date

LANDLORD (Owner or Authorized Agent) Certification

I have read and agree to the terms of this agreement.

_____
Signature of Owner or Authorized Agent Date

_____
Mailing Address City State Zip

Phone No.: _____ Fax No.: _____

WEATHERIZATION SERVICE PROVIDER Certification

I have read and agree to the terms of this agreement.

_____
Signature of Weatherization Service Provider Authorized Agent

(DoNotWriteBelowThisLine---ForOfficeUseOnly)

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.					
		$			
Total Annual Household Income for Prior 12-Months from all Sources					$