

# Community Development

1398 Carrollton Crossing Drive  
Kernersville, NC 27284  
Phone Number: (336)904-0338



## Introduction & Application Process

Piedmont Triad Regional Council's Community Development Department offers a variety of repair programs and services to suit the needs of the community.

The mission of the **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)**, which is also part of Weatherization focuses specifically on the repair or replacement of unsafe inoperable, and inadequate heating and cooling systems. You **DO NOT** have to own the home to be eligible. Renters **MUST** have written permission from the property owner.

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.

These programs are available in different counties, and eligibility criteria may vary between programs.

**Completed applications with original signatures must be returned via mail or in person.**

**Faxed and/or emailed applications will NOT be accepted.**

## **ELIGIBILITY DOCUMENTATION REQUIREMENTS**

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

**Please provide a copy with your application**

### **HOUSEHOLD INCOME DOCUMENTATION**

- Government issued photo identification copy (**applicant only must have valid, current address listed**)
- Any and all income for each person in the home for the last 12 months. Please see list of documents below:
- If employed please provide 2 of your most recent check stubs (including YTD pay) **and** final check stub from each job if it ended within the last 12 months, include Income Tax Returns (Include W-2 copies).

Unemployment benefits history

Social Security Administration benefits history (SSA and SSI)

Veterans Administration benefits history

Disability Pension income history

Retirement, Pension, IRA, Dividend, or Annuity

Alimony payment history

Rental property income history

- If self-employed please provide a Profit & Loss Statement for all **self-employed** household members for last 2-years (must be professionally prepared)

### **DWELLING OWNERSHIP DOCUMENTATION**

- Property Tax Record Card recorded at the county court house 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)

### **IF APPLYING FOR ESFR or URP PLEASE INCLUDE THE FOLLOWING DOCUMENTS:**

- Bank statements (current 2 months)
- Marital status verification- Marriage certificate, Divorce decree, Death certificate of spouse.

**Please note, ESFR and URP are not available in Forsyth county, Person county, or inside the city limits of Greensboro.**

**\*\*You must be residing in the home for at least one year to receive any services.\*\***

**APPLICANT INFORMATION (please print)**

Last Name:	First Name:
Middle Initial:	Other Alias (Names Used):
Race:	Marital Status:
Street Address: (location of home)	
Unit # or Mobile Lot #	
City:	County:
Zip:	
Home Phone:	Work Phone:
Cell Phone or Message #:	Email:
Mailing Address (PO Box)	City:
Zip:	
Contact Person:	Phone Number:

**PLEASE LIST YOUR REPAIR CONCERNS.**

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**Faxed and/or emailed applications will NOT be accepted.**

**Date Received: \_\_\_\_\_ Phone Interview Date: \_\_\_\_\_ Job #: \_\_\_\_\_**

**HOUSEHOLD INFORMATION:**

Name (List yourself and all household members. Please attach separate sheet if more is needed.)	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. If so please list all.

Name and Type of pet
1.
2.
3.
4.
5.

**Please note:**

**\*\* ALL animals will need to be put away while we are in the home. \*\***

**QUALIFICATION INFORMATION:**

**Do you receive any of the following public assistance? Check all that apply:**

***You must provide proof for ALL of the following that apply to you by submitting a copy.***

- TANF     HUD
- LIEAP     SSI (Supplemental Security Income)

***To Income Qualify***

You must provide proof of all income including:

Household income is received from:

- Job income     Social Security     Retirement (all types)     Disability
- Alimony     Workers Comp     Net Rental Income     Net gambling or lottery winnings
- Unemployment     Food Stamps/SNAP     Child Support     Royalties
- Periodic payments from estates or trusts
- Self-employed (Please provide last 2 years income taxes with profit/loss statement)

If employed, what date did you start your current job? \_\_\_\_\_

**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 Program	_____	_____	_____
Community Development Block Grant (CDBG) Funding	_____	_____	_____
Weatherization Assistance Program	_____	_____	_____
Duke Energy Helping Homes Funds	_____	_____	_____
United States Department of Agriculture (USDA) – The 504 Home Improvement & Repair Program	_____	_____	_____

**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 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

**\*\*\*Year home built:** \_\_\_\_\_

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

**\*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

**\*Attached Garage:**  Yes  No

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

**\*Type of hot water heater**  gas  propane  electric  
**\*Type of cooking stove**  gas  propane  electric

**\*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 any allergies for individuals 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:** \_\_\_\_\_  
\_\_\_\_\_

**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. I understand and agree that failure to comply with the program guidelines and authorizations contained herein, or to knowingly give false information for the receipt of Community Development 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 the Community Development’s Weatherization Assistance Program the AR4CA system will be utilized to calculate a priority score. This score determines when services will be rendered. I understand that the funding and services provided are dependent on the county in which I live.

By signing this form, I agree that all information stated in this application is true to the best of my knowledge. I have received PTRC’s Community Development program guidelines, client rights and responsibilities, and a copy of the appeals process (page 11).

**All adults in the household age 18 and older please sign below.**

**Applicant Printed Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Household Member Printed Name:** \_\_\_\_\_

**Household Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Household Member Printed Name:** \_\_\_\_\_

**Household Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Household Member Printed Name:** \_\_\_\_\_

**Household Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Household Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Household Member Printed Name:** \_\_\_\_\_

**Household Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Household Member Printed Name:** \_\_\_\_\_

**Household Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# HOME ACCESS AUTHORIZATION

**Before service can begin,  
ALL homes must meet minimum standards of housekeeping.**

**Housekeeping:**

I agree

*Do you agree to and understand that all areas are to be free of debris, clutter, and pets and your home must be reasonably hygienic where work is to be completed?*

**Access to your home:**

I agree

*Do you agree to and understand that inspectors, auditors and contractors must be given access to all rooms in your home while work is being conducted?*

**Permission to photograph home:**

I agree

*Do you agree to allow the Piedmont Triad Regional Council Community Development staff and its designees to photograph your home for pre- and post-work documentation?*

**Pets:**

I agree

*Pets are to be put away at all stages of the work process. No animal(s) are allowed to roam free during the time we are in your home. This applies to any Auditor, Inspector, or Contractor that is part of the work process. If you cannot put your animal(s) away during the time we are in your home you will be dismissed from the program, and you will be unable to reapply.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*The home must be occupied for at least a year to receive any services.\*\***



## Energy Utility Release

I \_\_\_\_\_(client name) hereby authorize piedmont Triad Regional Council, the North Carolina Weatherization Assistance Program (NCWAP) and its representatives to obtain my household energy usage information from any of the utility providers listed below for the purpose of tracking my Pre-and Post-Weatherization energy data for the period beginning \_\_\_\_\_(date) until the most recent. I understand that NCWAP is not responsible for the status of my account.

Company Name:

Account Number:

Electric company \_\_\_\_\_

\_\_\_\_\_

Gas or Oil company \_\_\_\_\_

\_\_\_\_\_

Propane company \_\_\_\_\_

\_\_\_\_\_

Other utility company \_\_\_\_\_

\_\_\_\_\_

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**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, and Zip Code** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



## Piedmont Triad Regional Council Community Development Programs

### Permission to Enter Premises Form

To the Dwelling Owner:

The U.S. Department of Energy (DOE), North Carolina Energy Office, and other state agencies fund the housing services programs offered through Piedmont Triad Regional Council.

Listed below is a form requesting your permission for Piedmont Triad Regional Council to enter you dwelling to perform an energy audit in order to determine what work needs to be done to your home to decrease energy usage.

I, as the owner/authorized tenant \_\_\_\_\_ of the dwelling located at: \_\_\_\_\_ have read and understand the above and hereby grant permission for the representatives of Piedmont Triad Regional Council to enter his premises for the purpose of conducting an energy audit for the residents.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Agency Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

Applicant Copy: **(Please take out and keep for your records)**

**PLEASE READ THIS SECTION CAREFULLY:**

My signature below authorizes the Piedmont Triad Regional Council Community Development Staff and Contractors to enter my home as needed to perform weatherization. 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, sub-contractor staff, local, state, and federal officials to inspect said work. **I understand a final inspection of the work provided as well as a city and/or county inspection are necessary. I will be responsible for payment of services rendered if I refuse to allow work to be completed or the final inspection(s) of my home.**

I understand Community Development 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 members of my home, that the state of North Carolina, weatherization auditors, it's sub grantees 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 Piedmont Triad Regional Council Community Development programs to document my eligibility. Pursuant to 5 U.S.C. 552(b)(6), of the Freedom of Information Act, the Piedmont Triad Regional Council Community Development 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 Piedmont Triad Regional Council Community Development 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 Program Director of the local Community Development agency. Appeals to Community Development should be in writing and addressed to: **Attn: Michael Blair 1398 Carrollton Crossing Dr. Kernersville, NC 27284.** 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.

**Office copy**

**PLEASE READ THIS SECTION CAREFULLY:**

My signature below authorizes the Piedmont Triad Regional Council Community Development Staff and Contractors to enter my home as needed to perform weatherization. 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, sub-contractor staff, local, state, and federal officials to inspect said work. **I understand a final inspection of work the provided as well as a city and/or county inspection are necessary. I will be responsible for payment of services rendered if I refuse to allow work to be completed or the final inspection(s) of my home.**

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My signature below indicates that I have read, understand 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 # \_\_\_\_\_ this home has

**not** been previously assisted

has been previously assisted

**(Recertification must occur every 12 months.)**

Date Income Eligibility Expires \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date approved \_\_\_\_\_



**Piedmont Triad Regional Council Community Development  
Declaration of No Income**

Job#: \_\_\_\_\_

I, \_\_\_\_\_, as applicant/member of an applicant household making application to **Piedmont Triad Regional Council**, as a Community Development 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 way:

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: \_\_\_\_\_

Piedmont Triad Regional Council Community Development Program

LANDLORD-TENANT AGREEMENT

PERMISSION TO ENTER PREMISES/RENTAL AGREEMENT

Instructions:

- Landlord: Please complete this page and the Landlord Certification on the next page.
- Tenant: Please complete the Renter Certification on the next page.

I, \_\_\_\_\_ certify that I am the  
**Name (please print)**

Owner/authorized agent, herein referred to as "owner" for the property located at:

**Property Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**ZIP**

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 **Piedmont Triad Regional Council** as provider of the Weatherization Assistance Program; to conduct energy related building inspections and assessments, repairs, and improvements to the rental property listed above. Any materials installed under this agreement shall remain as part of these premises.

**The owner of the rental property will be responsible for ensuring that the home the client is requesting service for has functioning heat. If it is determined that the heating/cooling system(s) are in need of repairs and/or replacement, the landlord must contribute 50% of that cost.**

