

# Weatherization vs. Remodeling

The Weatherization Assistance Program is a federal program managed by the North Carolina Department of Environmental Quality. It is designed to help residents who meet federal low-income guidelines to lower their energy usage and costs. This is achieved by home weatherization and client education.

Weatherizing a home involves conducting an energy assessment to identify the most cost-effective energy improvements that need to be performed on the dwelling, and then making those improvements at no cost to the household.

The three major improvements performed in home weatherization are:

1. Reducing excessive air infiltration
2. Reducing heat loss through attics, walls and floors
3. Tuning or otherwise making the heating and air systems more efficient.

The Weatherization Program is **not** a remodeling, maintenance or rehabilitation program. The amount that can be spent on each dwelling is limited. Incidental repairs to the home are made only to facilitate the installation and preservation of weatherization materials, not to improve the value of a home.

As a rule, the Weatherization Program does not install windows or doors. On rare occasions, a primary window may be installed, but only when necessary to reduce significant air leakage. This is considered a low priority activity because it is not as cost-effective as other improvements, such as attic, wall and floor insulation and location and sealing air leakage sites. Program regulations prohibit the substitution of low priority measures for more cost-effective ones.

Typical improvements requested that are not allowable include window and door replacements, roof or siding replacements, mobile home skirting, painting and mold remediation.

Those applying for Weatherization who assume their home will be remodeled or repaired often become frustrated. Other programs are better suited for remodeling or quick repair purposes. Other housing or human services agencies should be contacted for home rehabilitation needs.

**Weatherization Assistance Program**



**APPLICATION FOR ASSISTANCE**

Date \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Ethnicity \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

*By providing your email address, you consent to receive email notifications and information on behalf of Action Pathways. You may opt out of this email service at any time by contacting us or following the opt-out instructions included in each email you receive.*

Are you disabled?  Yes  No

Are you a veteran?  Yes  No

Are you in a wheel chair?  Yes  No

Are you home-bound?  Yes  No

Your home:  Own  Rent

Do you have transportation?  Yes  No

Has your home been previously weatherized?  Yes  No

Have you participated in other Action Pathways programs?  Yes  No

Please list: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**FAMILY COMPOSITION**

NAME	RELATIONSHIP	SS#	BIRTHDATE	HIGHEST EDUCATION LEVEL
	<i>Head of Household</i>			

RETURN TO: Action Pathways Weatherization | 325 Buie Court | Fayetteville, NC 28314 | [weatherizationapps@actionpathways.ngo](mailto:weatherizationapps@actionpathways.ngo) |

**Weatherization Assistance Program**  
**APPLICATION FOR ASSISTANCE**



**SOURCE OF INCOME**

Gross Income: \$ \_\_\_\_\_ Income Frequency: \_\_\_\_\_

Employer 1: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Employer 2: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

*Please enter an amount for each of the following:*

Employment		Food Stamps	
Retirement		Child Support	
SS		TANF	
SSI		Other	

*Income Verification:*

- Check Stubs
- Social Security
- IRS Tax Records
- Other (describe) \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Family Member Income Source: \_\_\_\_\_

**CURRENT MONTHLY EXPENSES**

Oil: \$ \_\_\_\_\_ Electricity: \$ \_\_\_\_\_ Gas: \$ \_\_\_\_\_ Rent/Mortgage: \$ \_\_\_\_\_

Will you authorize Action Pathways/WAP staff to check your utility usage after weatherizing your home?

- Yes
- No

**I hereby certify that the above information is true and accurate to the best of my knowledge.**

Signature \_\_\_\_\_

## DOCUMENTATION NEEDED FOR APPLICATION



Please ensure the following documents accompany your application so we can further assist you.

### PROOF OF IDENTITY

Drivers' License, State-issued Identification Card, Military-issued Identification Card, Passport, or other State or Federal issued official identification. Must be over 18 years old.

### VERIFICATION OF ALL INCOME

- Copy of check stubs (for 3 months)
- Proof of Current Social Security Income
- IRS documentation from prior year returns indicating amounts claimed and received
- Food stamp award letter or letter of application for services from agency
- Social Security Award letter
- **Bank statements and Deeds not accepted**

### UTILITY BILLS

Copy of electric bill and/or fuel bill for last 12 months (1 year) with usage information (kilowatts, billed amount, meter read dates), and your account number on it.

### PROOF OF OWNERSHIP

Homeowners: Copy of tax card, mortgage payment book or monthly statement.  
Renters: Signed agreement from landlord and proof of landlords' ownership.

**DON'T DELAY THE APPLICATION PROCESS!** Please be sure that you have signed all signature blanks, included social security numbers, birth dates, and income information for everyone in your household. Also, it is critical that we have a current, working telephone number where you can be reached.

If you have any questions about this application or the process, please call (910) 223-0116 and someone will reply to your inquiries as soon as possible.



**N.C. Dept. of Environment and Natural Resources**  
**WEATHERIZATION PROGRAM GUIDELINES**

<b>Family Size</b> (Please select one)	<b>Actual Income</b> (Please fill in appropriate space)	<b>200%</b>
<input type="radio"/> 1		Less than \$29,160
<input type="radio"/> 2		\$39,440
<input type="radio"/> 3		\$49,720
<input type="radio"/> 4		\$60,000
<input type="radio"/> 5		\$70,280
<input type="radio"/> 6		\$80,560
<input type="radio"/> 7		\$90,840
<input type="radio"/> 8		\$101,120

For family units with more than eight (8) persons, 200% of poverty level increases \$10,280 for each additional person.

I, the undersigned, certify that the total income received by my household for the past twelve (12) months does not exceed the amount indicated above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# UTILITY INFORMATION RELEASE FORM



Utility Supplier \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_

Fuel Supplier \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I hereby authorize you to release information on my utility bill, 12 months past and future to the date of the signing of this release, to Action Pathways.

I understand that this information will be used only to provide data for the above named agency and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SERVICE AGREEMENT**



Please read the following and check the box indicating you understand and agree to the terms of our service agreement.

- I certify that all the information provided herein is true to the best of my knowledge. I am aware that this information is subject to review and verification, and I may have to provide documents to support it. I am aware that I may be denied assistance if I am found ineligible. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance. I have been notified of my right to appeal any denial of service or assistance for which I may be eligible and the procedure for appeal.
- I understand that authorized Action Pathways staff or other with legitimate authority to monitor Action Pathways practice may review my file for quality assurance, compliance and research purposes. If such a review should occur, I understand that my identity will be kept confidential in any findings.
- I hereby agree to hold Action Pathways, its employees, officers, directors and agents harmless from any claim, suit, action or demand made by any person, which in any manner may arise from any action or inaction taken by Action Pathways in connection with services rendered by Action Pathways.

I acknowledge that I have read and understand each of the above provisions, terms and conditions of this agreement.

Head of Household Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Program Specialist Signature \_\_\_\_\_

Date \_\_\_\_\_

## PERMISSION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, henceforth referred to as "Customer," authorize Action Pathways to initiate and maintain a two-way sharing of pertinent information in my customer file between Action Pathways Weatherization Assistance Program ("WAP") and contractors selected to perform weatherization-related services in my home. The contractors performing work on my home will be the following local organizations:

Information can be shared only for the purposes of weatherizing your home and will not be sold to third-parties or other businesses.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Expiration \_\_\_\_\_

I understand that the information to be shared or disclosed will be confidential and may include family composites, income financial obligations and the nature of my situation or emergency, and that this information will be used by professional persons interested in the welfare of the above named individual. I grant this permission with the understanding that such record of the information will be made available to any person or agency other than shared or disclosed to those specified above. I agree that a photocopy or facsimile of the release form has the same validate as the original.

I acknowledge that I may rescind the consent form at any time, except to the extent that action has been taken in reliance on it, by doing so in writing by an authorized member of WAP. This permission will expire in one (1) year from the date of the original release, unless sooner rescinded. Material release by either agency is not to be re-released to third parties.

I give this consent voluntarily. I agree to hold WAP, its parent company Action Pathways, employees, and agents harmless from any liability pursuant to release of information from this document.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_





# Supportive Services CLIENT GRIEVANCE PROCEDURE



1. **The Receptionist** shall attempt to rectify the problem. If the receptionist determines that the complainant needs to speak to his/her Program Specialist, the call will be forwarded to the Program Specialist.
2. **The Program Specialist at 910-223-0116** will make contact with the complainant by phone to try to discuss and resolve the problem. If the Program Specialist determines that he/she cannot resolve the problem, the Program Specialist will refer the complainant to the Operations Manager. The complainant will also be told that he/she has the right to speak to the Operations Manager.
3. **Once referred to the Operations Manager at 910-223-0116**, a formal complaint form will be mailed. The form will request that the client return it to the Operations Manager. The Operations Manager will research the situation and send a written reply to the complainant.
4. **If the Operations Manager is unable to resolve the complaint**, he/she will refer the complainant to the Program Director at 910-223-0116.

**If you are denied services due to ineligibility, you have sixty (60) calendar days from denial date to ask for a hearing. Please see the next page for the process.**

Head of Household Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Program Specialist Signature \_\_\_\_\_

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.

# CONFIRMATION OF BROCHURES



Please read the following and check the box indicating you have received the item described.

**Confirmation of Receipt of Lead Pamphlet**

I have received a copy of the pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, informing me of the potential risk of lead hazard exposure. I have been made aware that my house may have lead hazards, and that the Weatherization Assistance Program measures installed on my home will be done in accordance with the North Carolina Lead Safe Weatherization policy.

**Confirmation of Receipt of Energy Saving Guide**

I have been briefed by an Action Pathways Weatherization representative on home energy saving techniques. I certify that I have received a copy of the pamphlet, *Energy Savers, Tips on Saving Energy & Money at Home*.

**Confirmation of Receipt of Brief Guide to Mold, Moisture and Your Home**

I have received a copy of the pamphlet, *A Brief Guide to Mold, Moisture, and Your Home*, informing me of the potential risks, clean up, and prevention of mold problems in my home. I received this pamphlet before the work began.

**Confirmation of Receipt of The Invisible Killer Pamphlet**

I have been briefed by an Action Pathways Weatherization representative on carbon monoxide poison techniques. I certify that I have received a copy of the pamphlet, *The Invisible Killer*.

**Confirmation of Receipt of Spray Polyurethane Foam**

I have been briefed by an Action Pathways Weatherization representative about tips and techniques on polyurethane foam. I certify that I have received a copy of the pamphlet, *Weatherizing with Spray Polyurethane Foam*.

**Confirmation of Receipt of A Citizen's Guide to Radon**

I have been briefed by an Action Pathways Weatherization representative on radon techniques. I certify that I have received a copy of the pamphlet, *A Citizen's Guide to Radon*.

Applicant Printed Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Program Specialist Signature \_\_\_\_\_

Date \_\_\_\_\_

# WAIT LIST FORM



Date \_\_\_\_\_

You are income qualified for the Weatherization Assistance Program; however, at the present you are on our waiting list for an energy audit to determine whether your home qualifies for the Weatherization Assistance Program (WAP). The Energy Audit will also determine the weatherization measures to install on your home. Each year WAP is allotted a limited number of slots to allow for home energy improvements. **A system has been carefully devised to prioritize all qualified WAP clients in an effort to remain fair; at present the approximate waiting period is up to 1 year or as long as funds are available.**

As your name comes up on the list for home energy improvements, you will receive a call from a Weatherization program representative to schedule an appointment to perform an energy audit on your home.

The Heating and Air Repair/Replacement (HARRP) is secondary to the Weatherization Assistance Program. The main purpose of the program is to repair your current heating/air system or to replace a non-working heating/air system with what you currently have in your home. HARRP is not designed to upgrade heating/air systems nor is it set up to do on-going maintenance of systems. **The same system that is used to prioritize the WAP clients is used to prioritize HARRP clients. Currently, the approximate waiting list period is 3 or more years, or as long as funds are available.**

If you have any questions, we can be reached at 910-223-0116. We look forward to helping you make your home more energy efficient.

With kind regards,

Weatherization Team

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

# MEDIA RELEASE FORM



Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

I authorize the agency identified above to photograph the interior and exterior of my home, myself, my family and the work performed by the Weatherization Assistance Program.

I understand the photos may be used by the local agency and could also be used throughout the country by other local, state and federal agencies for information and instructional purposes only and will not be sold or used by the agency or any of the above to generate a profit.

I also understand that Action Pathways and the Weatherization program may use photos or video of myself and/or my home for a specific purpose or in general promotional material in both electronic and printed mediums. Action Pathways will not intentionally misrepresent me but will reserve the right to use my image and likeness for purposes relating to the promotion of all program areas, fundraising efforts, media coverage, and all forms of electronic/social media.

I also understand our family will not be identified by address or location. I have not been compensated nor will I seek compensation for the photos and release the agency from responsibility should a third party violate the terms of this release.

I grant Action Pathways full permission to use my image and likeness represented in the photos or video taken as they see fit. I also understand that I may at any time withdraw permission for photos or video footage of me to be used by requesting in writing.

- I give Action Pathways permission to use my name along with any photos or video taken. (Your address, other than city and state, will never accompany any image of you or your home.)
- I prefer to remain anonymous, and request that Action Pathways either does not share my name or changes the name to protect my identity.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

For more information on this media release waiver, please contact your Weatherization representative or the Action Pathways Agency Advancement Department at (910) 485-6131.

**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 permission for Action Pathways/Weatherization to enter your dwelling to perform an energy audit in order to determine what work needs to be done to your dwelling to decrease energy usage.

I, as the owner/authorized agent of the dwelling located at \_\_\_\_\_  
*Street Address*

\_\_\_\_\_, \_\_\_\_\_ have read and understand the above and  
*City State*

hereby grant permission for the representative of Action Pathways/Weatherization to enter this premise for the purpose of conducting an energy audit for the residents..

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Agency Representative \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

# NORTH CAROLINA WEATHERIZATION ASSISTANCE PROGRAM ENERGY EDUCATION CERTIFICATION



Job Number \_\_\_\_\_

Client Name \_\_\_\_\_

Date \_\_\_\_\_

I certify that the above name program participant has received energy education. During my educational visit I explained the following information and reviewed the energy saving tips listed below:

Energy Educator Signature \_\_\_\_\_

I certify that the Energy Educator has reviewed the following topics with me:

Program Participant Signature \_\_\_\_\_

## BASIC ENERGY INFORMATION REVIEWED WITH EACH PROGRAM PARTICIPANT

- |  |   |
|--|---|
| <input type="checkbox"/> Home Energy Use                 | <input type="checkbox"/> Lighting Tips    |
| <input type="checkbox"/> Average Monthly Appliance Costs | <input type="checkbox"/> Carbon Monoxide  |
| <input type="checkbox"/> Heating and Cooling Tips        | <input type="checkbox"/> Smoke Alarms     |
| <input type="checkbox"/> Cooking Tips                    | <input type="checkbox"/> Lead-Based Paint |
| <input type="checkbox"/> Refrigerator/Freezer Tips       | <input type="checkbox"/> Mold and Mildew  |

## WEATHERIZATION MEASURES TO BE COMPLETED

- |  |   |
|--|---|
| <input type="checkbox"/> Safety check/clean/tune of heating systems and appliances | <input type="checkbox"/> Insulation of floor/belly board      |
| <input type="checkbox"/> Replace heating system                                    | <input type="checkbox"/> Smart Thermostat                     |
| <input type="checkbox"/> Duct sealing  | <input type="checkbox"/> Hot water tank insulation            |
| <input type="checkbox"/> General air sealing                                       | <input type="checkbox"/> Hot water pipe insulation            |
| <input type="checkbox"/> Insulation of attic/ceiling                               | <input type="checkbox"/> Low flow shower head                 |
| <input type="checkbox"/> Insulation of side walls                                  | <input type="checkbox"/> Lighting – Compact Fluorescent Bulbs |
|  | <input type="checkbox"/> Furnace filters                      |

# SAMPLE PRE-RENOVATION FORM

This sample form may be used by renovation firms to document compliance with the Federal pre-renovation education and renovation, repair, and painting programs.

## Occupant Confirmation Pamphlet Receipt

I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

\_\_\_\_\_  
Printed Name of Owner - occupant

\_\_\_\_\_  
Signature of Owner - occupant

\_\_\_\_\_  
Signature Date

## Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

- Declined – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- Unavailable for signature – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

\_\_\_\_\_  
Printed Name of Person Certifying Delivery

Text \_\_\_\_\_  
Attempted Delivery Date

\_\_\_\_\_  
Signature of Person Certifying Lead Pamphlet Delivery

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Unit Address

**Note Regarding Mailing Options** – As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least seven days before renovation. Mailing must be documented by a certificate of mailing from the post office.

