

**I-CARE, Inc.**  
**WEATHERIZATION APPLICATION INSTRUCTIONS**



To determine your eligibility, please review the guidelines below and use it as a checklist to determine which of the attachments are needed. *The application must be completed and returned with all the documents to process your application.*

- Verification of Identity—Picture identification for each adult household member** (i.e. driver’s license or ID card issued by the State; US passport, employee ID badge etc.)
- Signed “Authorization to Release” form for each adult household member**
- Income verification for the last 12-months:** For all household members listed on the application **eighteen years of age or older, and for minor children receiving disability or other benefits**, attach the following: complete Income Tax returns including W-2s **and** copies of consecutive pay check stubs for last 2-months (including YTD); benefit award letters on Social Security, Supplemental Social Security, Veterans Administration; documentation of Retirement, Pension, IRA, Dividend, or Annuity income; documentation of worker’s compensation, unemployment benefits with final check stub from job ended if within the last 12-months, alimony, Work First, child support or other proof of how much the household member received from other federal, state, or local agencies for the last 12-months.

For self-employed workers, send Schedule C or F with the Form 1040. For Seasonal Workers, send IRS Form 1040 and W-2 forms. **For any household member over eighteen years of age who received NO INCOME for the last 12-months from any source, a notarized statement stating such is required.** This form is provided by the I-CARE, Inc. and it must be requested.

**Verification of property ownership:**

Parcel Tax Record Card or Property Tax Notice issued by the county tax administration; Deed recorded at the county court house in the county where the dwelling is located; NC DMV issued Motor Vehicle Certificate of Title or a Bill of Sale for Mobile Homes. For Mobile Homes: if the land or property where the mobile home is located is not owned by same person, proof of ownership for the land must be provided.

If you are not the owner, then the owner is required to provide proof of ownership and complete the Landlord Participation Agreement and include a copy of the lease agreement. This form is provided by I-CARE, Inc.

**Fuel/Utility Consumption History:** A 12 month record of your gas and/or electric bill. The information provided must include days in the billing cycle, date the meter was read, energy cost and consumption for each of the 12 months. This information is on your monthly billing statement or it can be obtained by requesting fuel/energy consumption history from your electric company or from your heating fuel supplier.

Thank you for your interest in the North Carolina Weatherization Assistance Program.

For further assistance or any questions regarding the application or the program, please feel free to contact us:

- ) For Lincoln and Iredell County (704) 872-8141
- ) Fax (704) 871-1299

Applications can be mailed to:

I-CARE, Inc. WAP  
Post Office Box 7049  
Statesville, NC 28687



# I-CARE- Inc. WEATHERIZATION APPLICATION

Please complete all sections, sign and date where applicable.

County: Iredell  Lincoln

OCCUPANCY STATUS  Owner  Renter  Other

Structure Type:  mobile home  single family dwelling  apartment  other \_\_\_\_\_

Name: \_\_\_\_\_ Gender: Female  Male   
Last First Middle

Property Address: \_\_\_\_\_  
Physical Street City State Zip Code

Mailing address if different from property address:

\_\_\_\_\_  
Street or P.O. Box City State Zip Code

Primary Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Other telephone: (\_\_\_\_) \_\_\_\_\_  cellular

Secondary Contact: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Email Address (if any) \_\_\_\_\_ Primary Language \_\_\_\_\_

Has applicant received Weatherization Assistance services before?  Yes  No If so, when? \_\_\_\_\_

Why do you need weatherization? \_\_\_\_\_

Have applicant received HARRP services before?  Yes  No If so, when? \_\_\_\_\_

Are you applying for Heating Assistance Repair and Replacement services at this time?  Yes  No

If yes, why? \_\_\_\_\_

What is your primary heat source? \_\_\_\_\_ Is it in good working condition?  YES  NO

Check ALL HEATING SOURCES that apply:  Electric  Natural Gas  Propane  Fuel Oil

Kerosene Furnace  Coal  Wood Stove  Portable Kerosene Heater  None

## DWELLING OWNER INFORMATION

\*\* RENTERS ONLY \*\*

OWNER NAME(S): \_\_\_\_\_ TELEPHONE No. \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_  
Street/PO Box City State Zip

If applicant does not own the home, is it owned by a family member?  Yes  No

Describe relationship: \_\_\_\_\_ Whose name is on the deed or title? \_\_\_\_\_

### OFFICE USE ONLY:

### JOB NO.

Application Received:

Interview Date:

Application Complete:

**HOUSEHOLD DEMOGRAPHIC INFORMATION**

**\*\* All persons living in the dwelling must be reported \*\***

HOUSEHOLD MEMBER NAME (first, middle initial, last)	Date of Birth (MM/DD/YYYY)	Relationship to applicant	US Citizen	GENDER M/F	RACE	Marital Status	Highest Education	Social Security No.
		<b>APPLICANT</b>						

**HOUSEHOLD INCOME INFORMATION**

**All income earned by ALL household members for last 12 months must be reported**

HOUSEHOLD MEMBER NAME	EMPLOYER NAME	Period Received		MONTHLY AMOUNT
		FROM	TO	
				\$
				\$
				\$
				\$
				\$

**NON-EMPLOYMENT SOURCES**

TYPE OF INCOME	HOUSEHOLD MEMBER NAME	AMOUNT RECEIVED	How often received (Monthly, weekly, etc.)
<input type="checkbox"/> Work First or TANF		\$	
<input type="checkbox"/> Supplemental Security Income		\$	
<input type="checkbox"/> Social Security	1.	\$	
	2.	\$	
<input type="checkbox"/> Unemployment Comp.		\$	
<input type="checkbox"/> SS Disability		\$	
<input type="checkbox"/> Pension	1.	\$	
	2.	\$	
<input type="checkbox"/> Other		\$	

**AUTOMATIC ELIGIBILITY CERTIFICATION**

A household automatically meets income eligibility requirements if any member of the household has received income from the Temporary Assistance for Needy Families (TANF) program or Supplemental Security Income (SSI) within 12-months of the date of application. If either income type applies to your household, **please indicate the type and provide documentation.**

**Temporary Assistance for Needy Families (TANF)**

**Supplemental Security Income (SSI)**

**HOUSEHOLD CHARACTERISTICS**

(Check all that apply)

- Elderly
- Veteran
- Disabled
- Health Insured
- Medicaid
- Medicare
- Food Stamps Recipient
- Other \_\_\_\_\_
- Farmer
- Seasonal Farmer
- Migrant Farm worker

**APPLICATION CERTIFICATION STATEMENT**

The information on this application will be used to determine program eligibility. I have provided acceptable verification and I **understand** that this information is subject to review. I **understand** that recertification of my eligibility will take place a minimum of once every 12-month and I **agree** to notify I-CARE, Inc. should any of the information provided change prior to receive of service.

Under penalties of perjury, I **CERIFY** that all the information presented in this application is true, accurate, and to the best of MY knowledge and belief. I **understand** that false information herein constitutes an act of fraud. **False, misleading or any attempt to fraudulently cover information may be grounds for denial for the requested assistance and may result in liability for repayment of program resources, or upon conviction to a fine, imprisonment, or both.**

**Adherence to Program Guidelines**

I further understand and agree, if approved for services, that I and the members of my household will adhere to the guidelines of the Weatherization Assistance Program; such guidelines may include, but are not limited to, providing I-CARE, Inc. with ready access to all areas of the dwelling at mutually agreed upon times, for the purposes of planning services, performing work, and conducting quality assurance inspections of the services provided.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I-CARE, INC.  
Weatherization Assistance Program

**AUTHORIZATION TO RELEASE INFORMATION**

TO: \_\_\_\_\_

ACCT or ID No: \_\_\_\_\_

Name of Customer: \_\_\_\_\_

**Verification of Information**

I have applied for assistance from the Weatherization Assistance Program, part of I-CARE, Inc. As part of the process for considering my household for assistance, I-CARE, Inc may verify information contained in my application of services and any documents provided in connection with the request for assistance.

I, as an applicant for weatherization services, hereby authorize the verification of any and all information, include, but shall not be limited to:

- Employment or income records.
- Benefit Statement/Award Letters on Social Security, Supplemental Security Income, Veterans Administration, and/or other federal, state, or local agencies;
- Documentation of unemployment benefits, worker's compensation, pensions, annuity, child support;
- Fuel/Energy Consumption
- Property Owner/Present landlord information
- Other \_\_\_\_\_

I understand and agree, that pursuant to federal law, identifying information provided by me for determination of my household eligibility for weatherization assistance will be considered confidential and, unless otherwise authorized or required by law, will be used only for purposes directly relation to the administration of the North Carolina Weatherization Assistance Program.

**Media/Photos Authorization**

I-CARE, Inc. is authorized to use the resulting photographs\* for informational and instructional purposes only and will not be used to generate a profit or for any other commercial purposes. I understand the photos may be submitted to the U.S. Department of Energy and NC Department of Commerce, Energy Division and used throughout the state for informational and instructional purposes. I have not been compensated nor will I seek compensation for the photos. I release I-CARE, Inc. from responsibility should a third party violate the terms of this release.

*\*Photograph in this release form is intended to only refer to photos of your home before and after weatherization services.*

A copy of this authorization may be accepted as an original.

\_\_\_\_\_  
Signature (Applicant or Adult Household Member)

\_\_\_\_\_  
Date



I-CARE, Inc. Is An Equal Opportunity Employer

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Weatherization Assistance Program

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