



DOCUMENTATION NEEDED FOR APPLICATION

Applications must include the following documentation:

1. Verification of all income for household members 18 or older and minors receiving benefits during the most recent 12 months. Bank statements are not accepted as income verification.

- Copies of pay stubs (most recent 12 months; gross amounts indicated)
- Social Security/SSI Benefit Letter (shows income before deductions)
- Disability Income (shows income before deductions)
- W2s (can combine with pay stubs to get most recent 12 months verification)
- Pension Statements
- Alimony
- Unemployment Benefits
- Worker's Compensation
- Veteran's Benefits (shows income before deductions)
- Net rental income
- TANF Work First (agency letter)
- Minor Children receiving benefits (Example: Social Security Benefit Letter for minor)
- Notarized No Income Statement (if no income for all applicable persons > Age 17)
- Notarized Statement of Income (if self-employed)
- Net Gambling or Lottery Winnings
- Dividends, Interest Bonds or Other Investments

2. Proof of Ownership of Property (Any **one of the documents below is acceptable.)**

- Property Tax Bill (A receipt is not acceptable verification.)
- Verification of Life Estate (as registered in the courthouse records)
- Title (copy)

3. Proof of Energy Usage (You may need to contact your provider for this information.)

- Electrical usage (kWh) and billing from last 12 months
- Oil, propane, kerosene, natural gas and/or wood invoices from last 12 months

** If your household has received Low Income Energy Assistance Program (LIEAP) or Crisis Intervention Program (CIP) in the last 12 months, please submit documentation of the services.

Completed applications may be submitted via mail, fax (828-253-6319) or email (admin@communityactionopportunities.org). For questions, please call 828-252-2495.

Community Action Opportunities - Weatherization Assistance Program Application

Please type or print clearly and answer all the questions below. Be sure to read carefully and sign the last page.

Applicant Information	
Name	Phone #
Physical Address/ City// Zip Code	County Alt Phone #
Email Address	
Household Information	
Mailing Address (if different than Physical Address):	
Has the home received weatherization services before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
Home Type: <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Complex <input type="checkbox"/> Shelter	Year Home Built
<input type="checkbox"/> Own (Attach proof of ownership.) <input type="checkbox"/> Rent (Provide name/address/phone # of the landlord in this box. Attach their proof of ownership and completed Landlord-Tenant Agreement.)	
How did you hear about this program?	

Energy Consumption Information	
Primary Heat Source: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Kerosene <input type="checkbox"/> Wood Stove/ Fireplace <input type="checkbox"/> Electric Space Heater <input type="checkbox"/> Portable Kerosene Heater	
Primary Heat Source Condition: <input type="checkbox"/> Working <input type="checkbox"/> Some Concerns <input type="checkbox"/> Not Working	
Other Heat Sources in Home: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Kerosene <input type="checkbox"/> Wood Stove/Fireplace <input type="checkbox"/> Electric Space Heater <input type="checkbox"/> Portable Kerosene Heater <input type="checkbox"/> None	
Hot Water Heater Heat Source <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Cooking Stove Heat Source <input type="checkbox"/> Electric <input type="checkbox"/> Gas

Household Member Full Name	Full SSN	DOB	Relationship to Applicant	Gender	Education (highest grade completed)	Ethnicity (Hispanic/Latino/ Spanish)	Race	Military Status (Active, Veteran or n/a)
			Applicant					

Please list **all** household members. Attach an additional sheet if needed.

		See Key Below				
Household Member Name	Primary Language	Work Status (persons Age 18+)	Health Insurance Type	Have Disabling Condition	Health Condition	Comments

Work Status: **A** = Employed Full-Time **B** = Employed Part-Time **C** = Migrant Seasonal Farm Worker
D = Unemployed 6 Months or Less **E** = Unemployed More Than 6 Months
F = Unemployed (not in Labor Force) **G** = Retired

Health Insurance Type: **A** = Medicaid **B** = Medicare **C** = Employment Based **D** = Military Health Care **E** = Direct Purchase
F = State Children's Health Insurance Program (CHIP) **G** = None **H** = Other (specify in comments)

Disabling Condition Details: Yes/No

Health Condition Details: Yes/No

- **Comments:** describe any respiratory ailments, allergies, mental health condition, heart disease, mobility, pregnancies, etc.

Please list income information for the last **12 months** for **all** household members. Attach an additional sheet if needed.

Income Information				
Household Member Name	Income Source	Date Started	Date Ended (if applicable)	Check box when Support Docs Attached
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
Other Benefits Received (check all applicable in last 12 months): <input type="checkbox"/> Low Income Energy Assistance Program (LIEAP) <input type="checkbox"/> Crisis Intervention Program (CIP) <input type="checkbox"/> Child Support \$_____ (monthly amount) <input type="checkbox"/> WIC \$_____ (monthly amount) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP; Food Stamps) \$_____ (monthly amount) <input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher				

By signing below, I certify that the information provided is true to the best of my knowledge. I give permission to Community Action Opportunities (CAO) to verify the information provided by contacting the applicable vendor(s). I authorize the release of my billing and utility consumption from my utility provider(s). I also hereby release my utility provider(s) from any liability for providing this information. I certify that the residence is not currently for sale, nor is it designated for acquisition, demolition or foreclosure.

I understand that receipt of services is contingent on: 1) my household being determined as eligible 2) the dwelling conditions 3) funding availability 4) funder/ contract agreement parameters and 5) volume of applicants with consideration of CAO's program priorities.

If my application is approved, I agree to grant CAO staff or representatives permission to enter the residence to conduct an initial audit. If weatherization services are completed, I give permission for CAO, Federal/ State/ Local funding offices and/or City/Town permit inspectors to review the work.

Lastly, by signing below, I authorize CAO to release my name, address, utility information and general demographics as needed in order to leverage funding sources to complete weatherization services or to assist me to get any needed repairs to prepare for weatherization services. (Note: CAO values the confidentiality of its customers and only releases specific information related to a customer when deemed necessary.)

Applicant Signature / Date