

Community Development

1398 Carrollton Crossing Drive
Kernersville, NC 27284
Phone Number: (336)904-0338 Fax Number: (336)904-0313



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 **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. 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 low-income 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. Eligibility criteria may vary between programs.

Completed applications with original signatures must be returned via mail or in person. Faxes and emails 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. **(ESFR & URP Only)**
- Lead paint and asbestos remediation. **(ESFR & URP Only)**
- Door/window replacement. **(ESFR & URP Only)**
- 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 PTRC approved contractors—Contractor with the lowest bids is awarded the project. **(ESFR & URP Only)**
9. Construction / Weatherization process begins.
10. Completed work inspected for quality and accuracy.
11. Client accepts work & begins employing energy education.

ELIGIBILITY DOCUMENTATION REQUIREMENTS

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

Provide a copy with application

HOUSEHOLD INCOME DOCUMENTATION

- Government issued photo identification copy (**applicant only**) (**current address**)
- 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
- If you are interested in being assessed for eligibility for Essential Single Family Rehabilitation or the Urgent Repair Program services** - Two (2) bank statements for all open and active household bank accounts each reflecting 30-day transaction history per statement are required (**not available in Forsyth county or inside Greensboro city limits**)
- Unemployment benefits history for last 12-months
- 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 payment history for last 12- months
- Rental property income 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**
- Marital status verification- Marriage certificate, Divorce decree, Death certificate of spouse

DWELLING OWNERSHIP DOCUMENTATION

- Parcel Tax Record Card or Property Tax Notice issued by the county tax administration **or**
- Deed 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)

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:

UTILITY INFORMATION

Natural Gas or Propane provider:	Account #:
Electric Company provider:	Account #:
Oil / Kerosene provider:	Account#:

PLEASE LIST YOUR REPAIR CONCERNS.

States may release information about recipients in the aggregate and which does not identify specific individuals.

Date Received: _____ **Phone Interview Date:** _____ **Completion Date:** _____ **Job #:** _____

HOUSEHOLD INFORMATION:

Name (List yourself and all household members. Please attach separate sheet if more than eight 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. If so please list all.

Name and Type of pet
1.
2.
3.
4.
5.
6.
7.

(Do Not Write Below This Line---For Office Use Only)

Household Income Verification				
Income Source/Documentation Type		Period Received (From/To)	Calculation Method	Annual Income Sub-Total
		Amount (H)(W)(M)		
1.		\$		
2.		\$		
3.		\$		
4.		\$		
5.		\$		
6.		\$		
Total Annual Household Income for Prior 12-Months from all Sources				\$

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 of a recent approval letter with this application.

TANF HUD

LIEAP SSI (Supplemental Security Income)

To Income Qualify

1. You Must provide proof of all incomes including
2. 2 months and final pay stub for any jobs ended in past 12 months

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? _____

Gross monthly income (before tax and other deductions) \$_____

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	Year	No
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	____	____	____
United States Department of Agriculture (USDA) – The 504 Home Improvement & Repair Program	____	____	____
Duke Energy Helping Homes Funds	____	____	____

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

*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 and How old?: gas propane electric _____

Indicate dwelling areas where major repairs may be needed:

Roof Leak Floor Walls Heat/AC Electric Plumbing

*Please describe: _____

*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:

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 stated on Page 4 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 Community Development 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 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. By signing this form I agree that I have received PTRC's Community Development program guidelines, client rights and responsibilities, and a copy of the appeals process.

Everyone in the household age 18 or above 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: _____

Household Member Printed Name: _____

Household Signature: _____

Date: _____

Household Member Printed Name: _____

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 reasonably hygienic where work is to be completed? (Where these conditions exist because of a disability, reasonable accommodations may apply.)

Access to your 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?

Permission to photograph home:

I agree

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

Comments: _____

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 building to decrease energy usage.

Permission to Enter Premises

I, as the owner/authorized agent 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.

Name: _____ Date: _____

Agency Representative: _____ Date: _____

Title: _____

Applicant Copy: (Please 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 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 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 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 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 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.

My signature below indicates that I have read, understood and agree to the conditions of this application.

Applicant Signature_____ Date_____

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 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 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 the work to be completed or the final inspection of my home.** I understand WAP 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 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.

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

has been previously assisted Date: _____

Authorized Signature _____

Date Approved _____

Income Verification _____

POV Level % _____

Household # _____

(Recertification must occur every 12 months.)

Date Income Eligibility 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. Attach proof of ownership.
- Tenant: Please complete the Renter Certification on the next page.
- Copies must be provided to all parties.

I, _____ certify that I am the
Name (please print)

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

Residence or Physical Address	City	State	ZIP
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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 housing 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 encouraged 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.

- _____ Cash contribution (\$275) toward weatherization services.
- _____ 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.
- _____ Landlord does not wish to participate.

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LANDLORD-TENANT AGREEMENT

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.

RENTER CERTIFICATION

I, _____,
Name (please print)

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

Residence or Physical Address	City	State	ZIP
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I have read and understand the terms of this agreement.

Signature of Tenant	Date
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LANDLORD (Owner or Authorized Agent) CERTIFICATION

I have read and understand the terms of this agreement.

Signature of Owner or Authorized Agent	Date
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Mailing Address	City	State	ZIP
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Telephone: _____ Fax Number: _____ E-mail: _____



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: _____

Energy Utility Release

I _____ hereby authorize the release of energy utility bills as requested by the Community Development Department for my address at:

Address

City, State and Zip Code

My signature below authorizes the PTRC Community Development 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 PTRC CD Weatherization Assistance Program is no responsible for the status of my account.

Fuel Supplier(s):

Utility Name

Account Number:

Electric supplier

www.nature.com/scientificreports/

For more information, contact the Office of the Vice President for Research and Economic Development at 319-335-1151 or research@uiowa.edu.

Gas or Oil supplier

Propane supplier

Other supplier

Community Development Client Signature

Community Development Client Printed Name

Date