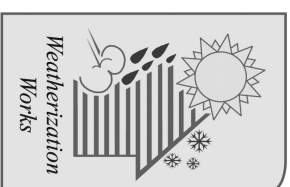


Wake County Weatherization Assistance Program
1110 Navaho Drive
Fourth Floor
Raleigh, NC 27609
Fax: 919-872-6683

For assistance in completing, please call:
919-713-1570



administered by:

Resources
FOR SENIORS

WAKE COUNTY WEATHERIZATION APPLICATION

Date _____

ABOUT THE HEAD OF YOUR HOUSEHOLD

Name _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Are you a US Citizen? Yes () No () Race _____

Do you receive SSI? Yes () No () Do you receive Work First? Yes () No ()

ABOUT YOUR HOME

Type of Heat _____ Electrical () Natural gas () Propane gas () Oil / Kerosene ()

Type of Water Heater _____ Electrical () Natural gas ()

Type of Cook Stove _____ Electrical () Natural gas () Propane gas ()

Your PSNC Gas Account Number (if applicable) # _____

Your Progress Energy Account Number # _____

Upon approval, we will request that you provide 24 months of your billing and usage information from all the utility companies that service you.

Has this home been Weatherized before? _____ If yes, what year? _____

Do you have any animals? _____

Do you own your home: Yes () No () If you answered no, who is your landlord?

Landlord Name: _____ Address: _____

Landlord's Phone Number: _____ Cost of Rent: \$ _____ per month

SOURCES OF ALL HOUSEHOLD INCOME

Head of Household's Name _____

Total Monthly Household Income: \$ _____

Type of Income Verification & Date of Document: _____
(PLEASE REMEMBER TO ATTACH THESE DOCUMENTS)

Please list all members of your household, starting with yourself.

Name	Marital Status	Date of Birth	Age	Relationship to Applicant	Gender (M/F)	Handicap/ Disabled	Income and Source
				SELF			

Income for the past twelve months: _____

How did you hear about this program? _____

SELF-DECLARATION OF ELIGIBILITY FOR SERVICES AND AUTHORIZATION

I give my permission to the Wake County Weatherization Assistance Program, a service of Resources for Seniors, Inc. to secure whatever information is necessary for the purpose of verifying my household income, authorizing full disclosure in my behalf from those sources of household income disclosed above and/or from any additional sources the agency may discover on it's own.

I understand that it is unlawful to willfully withhold information or make false statement regarding this declaration and that I am subject to prosecution if I do so.

I certify that to the best of my knowledge, the information provided in this application is true and correct.

Signed _____ Date _____

Signature of all persons 18 years or older, living in this home is required. _____

**North Carolina Weatherization Assistance Program
Permission to Enter Premises Form**

To the dwelling owner or tenant:

Your dwelling is being considered for weatherization services under the Weatherization Assistance Program (WAP). The North Carolina Department of Commerce, State Energy Office, funds the weatherization program.

At the bottom of this page is a form granting your permission for Resources for Seniors to enter your dwelling to perform an energy audit in order to determine what work needs to be done to your home to decrease energy usage.

Permission to Enter Premises

I, as the owner/ tenant of the dwelling located at _____
_____, have read and understand the above. I hereby grant
permission for the representatives of Resources for Seniors to enter this premises
for the purpose of conducting an energy audit for the residents.

Signature of owner or tenant _____ Date _____

Resources for Seniors Representative _____ Date _____

Title _____