

# Weatherization vs. Remodeling



The Weatherization Assistance Program is a federal program managed by the North Carolina Department of Health and Human Services, Office of Economic Opportunity. 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 locating 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 agency should be contacted for home rehabilitation needs.

*For additional information, contact the Office of Economic Opportunity at (919) 715-5850.*

# Coastal Community Action, Inc.

303 McQueen Avenue | Post Office Box 729 | Newport, NC 28570

(252) 223-1630 | FAX (252) 223-1689

[www.coastalcommunityaction.com](http://www.coastalcommunityaction.com)

Edith J Travers  
*Executive Director*

To whom it may concern,

To expedite your application for Weatherization Assistance, we need the following information to determine eligibility for services. We will be contacting you as soon as possible and appreciate your patience.

Information Needed:

Income Verification (check stubs & W-2 forms for the last 12 months or statement from social security or retirement account)

Ownership Verification (deed, tax statement or insurance document)

Electric Bill History for the last 12 months

↳ DUPLICATE BILLS - WILL CONTAIN KILLOWATTS USED, DATE METER READ, BILL AMOUNT, ETC

Fuel Bill History (fuel bills for the past 12 months: fuel oil, kerosene, propane, etc.)

If you have any questions, please don't hesitate to call us at (252)223-1630 or (866)210-1630

Sincerely,

Stacey Ellege  
Program Director

Coastal Community Action, Inc.  
WAP/HARRP Application

Head of Household: \_\_\_\_\_ Phone: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Do you live in a: House\_\_ or Mobile Home\_\_? Age of House or Mobile Home? \_\_\_\_\_ Own or Rent? \_\_\_\_\_

Current Landlord's Name, Address & Phone Number: \_\_\_\_\_

Referred by: \_\_\_\_\_

**MEMBERS OF HOUSEHOLD (including self)**

Name	Social Security Number	Birthdate	Handi-capped?	Sex	Age	Race	Education	Relationship (spouse, child, etc.)

**Directions to dwelling:**

Name (each member of household)	Social Security (amount)	SSI (amount)	TANF (amount)	Employment (source & income)	Total annual income

**OTHER CHARACTERISTICS (check all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Single Parent HOH (female) | <input type="checkbox"/> Food Stamp Recipient | <input type="checkbox"/> Farmer               |
| <input type="checkbox"/> Single Parent HOH (male)   | <input type="checkbox"/> Medicaid Recipient   | <input type="checkbox"/> Seasonal Farm worker |
| <input type="checkbox"/> Two Parent Household       | <input type="checkbox"/> No Health Insurance  | <input type="checkbox"/> Migrant Farm worker  |
| <input type="checkbox"/> Single Person              |   |   |
| <input type="checkbox"/> Two Adults (No children)   | <input type="checkbox"/> Disabled             |   |
| <input type="checkbox"/> Other                      | <input type="checkbox"/> Veteran              |   |

Is your home designated for clearance (ie:Replacement) by any federal, state or local program? \_\_\_ Yes \_\_\_ No  
If yes, name of program: \_\_\_\_\_

**INFO ABOUT YOUR HOME**

**Total number of rooms:** \_\_\_\_\_ **Total number of bathrooms:** \_\_\_\_\_

**Length:** \_\_\_\_\_ **Width:** \_\_\_\_\_ **Single Story:** \_\_\_\_\_ **Attic vented?** \_\_\_\_\_ **Foundation enclosed?**  
\_\_\_\_\_

**Type of siding:** \_\_\_\_\_ **Type of Roof:** \_\_\_\_\_ **Leaks?** \_\_\_\_\_ **Ceiling need to be repaired?**  
\_\_\_\_\_

**Describe other infiltration repairs (patching holes, replacing loose siding, etc.) that need to be completed on the dwelling?**

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**Type of Heating System:** **Central?** \_\_\_\_\_ **Space Heater?** \_\_\_\_\_ **Air conditioning?** \_\_\_\_\_

**Electric company used?** \_\_\_\_\_

**Type of fuel used for heat:** \_\_\_\_\_ **Fuel Supplier:** \_\_\_\_\_

**I, the applicant, certify that the information given above is true and correct to the best of my knowledge. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully make false statements of misrepresent facts to an agency or representative of the U.S. Government under its jurisdiction. This is to certify that my total household income as \$ \_\_\_\_\_ during the past 12 months. I certify that if my records are found to be untruthful I will personally be responsible for reimbursement to Coastal Community Action, Inc. and they will not be liable.**

**I furthermore attest that in accordance with the disclosure of the information under the freedom of information act of 1974, I hereby authorize any statement of information I give to be checked for verification by Coastal Community Action, Inc. or its authorized designee.**

**I have read and understand all the above information and states.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Authorized Representative's Signature**