

**Coastal Community Action, Inc.
WAP & HARRP Application**

County: _____

Head of Household: _____ Phone: _____ Cell: _____

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?

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.

If you are denied services due to ineligibility, you have sixty (60) calendar days from denial date to ask for a hearing.”

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

_____ Date

_____ Applicants Signature

_____ CCA Representative's Signature

COASTAL COMMUNITY ACTION, INC.
Weatherization Assistance Program
P.O. Box 729, 303 McQueen Avenue, Newport, NC 28570
Phone: (252)223-1646 or (866)210-1630
Fax: (252)223-1689

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's or statement from Social Security or retirement account)

Bank statements cannot be accepted as proof of income.

*Ownership Verification property tax statement (if it is a mobile home please make sure the mobile home is listed on the property tax statement or copy of mobile home title)

*Pictured ID

*Copies of Social Security Cards for all household members (we can use a paystub or W-2 for the household members that are employed)

*Electric Bill History for the last 24 months: You can request this printout from your electric company

Please let them know that you need this printout to contain the following:

*Kilowatts

*Date of Electric meter reading

*Number of days in electric billing cycle

*Fuel Bill History for the last 12 months (fuel oil, kerosene, propane, etc.)

(You can request a printout from your gas company that will contain gallons purchased and bill amount.

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