



Thank you for your interest in Operation Breakthrough's Weatherization Assistance Program. The Weatherization Assistance Program (WAP) strives to help homes become safer and energy efficient. All measures taken can help you save energy as well as money. Weatherization measures that are provided, but not limited to, are weather stripping, caulking, replacing deteriorated doors, insulating floors, attics and walls, and repairing broken window panes. OBT's Weatherization and Assistance Program also administers the Heating & Air Repair and Replacement Program (HARRP) to repair or replace heating and air conditioning units. You must apply for Weatherization Services and meet eligibility requirements to obtain Weatherization Services.

To properly process your application please complete the entire application.

**To assure proper processing of you application,
the following documents are REQUIRED:**

- Proof of Income**
Income must be reported for all household members 19 years of age and older.
(Acceptable: W-2 Form, Official Letter from Employer, etc.)
- Proof of Home Ownership****
(Ex: Property tax receipt, mortgage statement, property insurance, or deed)
- Energy Information**
Please complete the attached forms for energy consumption. The information gathered is for statistical purposes only. Information obtained will assist the Weatherization Department in collecting energy saving data. For energy bills such as kerosene, heating oil, wood, etc. please provide a receipt/bill.
****THIS IS REQUIRED****

****IF YOU DO NOT OWN YOUR HOME, YOU MAY STILL APPLY FOR WEATHERIZATION. MAKE SURE WHERE INDICATED THAT YOU PROVIDE US WITH CORRECT INFORMATION SO THAT WE MAY RETAIN PERMISSION FROM YOUR LANDLORD.**

Please mail, fax, or return to:

Weatherization Department
Operation Breakthrough, Inc.
P.O. Box 1470
Durham, North Carolina 27702

Or

Contact the office:

Sadie Abdullah, Energy Director
(919) 688-8111 ext. 270
Fax: (919) 536-3294
E-mail: sabdullah@obtn.com





Operation Breakthrough, Inc.
Weatherization/HARRP
800 N. Mangum Street
Durham, North Carolina 27701
(919) 688-8111 ext. 270



Date of Application: _____

Head of Household Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Home Number: (____)____-____ Alternate Number: (____)____-____

Birth date: ____/____/____ Sex: [] Male [] Female Education: _____

Marital Status: [] Single [] Married [] Divorced [] Other: _____

What Languages do you speak _____

Income (Monthly/Weekly/Biweekly) \$_____ Year house was built: _____ Number of rooms _____ # of Baths _____

Race: [] African American [] Caucasian [] Hispanic [] Native American [] Other: _____

Elderly?: [] Yes [] No Handicapped?: [] Yes [] No Disabled?: [] Yes [] No

Household Member Information (Please complete fully) No. Living in Home: _____

#1- Name: _____ Birth date: ____/____/____ Employer: _____

Relationship to Head of Household: _____ Education _____ Income (Monthly):\$ _____

Student: [] Yes [] No Elderly: [] Yes [] No Handicapped/Disabled: [] Yes [] No

#2- Name: _____ Birth date: ____/____/____ Employer: _____

Relationship to Head of Household: _____ Education _____ Income (Monthly):\$ _____

Student: [] Yes [] No Elderly: [] Yes [] No Handicapped/Disabled: [] Yes [] No

#3- Name: _____ Birth date: ____/____/____ Employer: _____

Relationship to Head of Household: _____ Education _____ Income (Monthly):\$ _____

Student: [] Yes [] No Elderly: [] Yes [] No Handicapped/Disabled: [] Yes [] No

#4- Name: _____ Birth date: ____/____/____ Employer: _____

Relationship to Head of Household _____ Education _____ Income (Monthly):\$ _____

Student: [] Yes [] No Elderly: [] Yes [] No Handicapped/Disabled: [] Yes [] No

#5- Name: _____ Birth date: ____/____/____ Employer: _____

Relationship to Head of Household: _____ Education _____ Income (Monthly):\$ _____

Student: [] Yes [] No Elderly: [] Yes [] No Handicapped/Disabled: [] Yes [] No

#6- Name: _____ Birth date: ____/____/____ Employer: _____

Relationship to Head of Household: _____ Income (Monthly):\$ _____

Student: [] Yes [] No Elderly: [] Yes [] No Handicapped/Disabled: [] Yes [] No

If you have additional members, please attach sheet with their information to application.

Total Family Income Per Month: \$ _____ x 12 Months =\$ _____

Home Information

Owner of Property? Yes[] No[] Type of Home: House [] Mobile Home[] Duplex[] Apartment[]

Landlord Information (If you DO NOT own your home)

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (____)____-_____

Directions to Home: _____

Have you ever applied or received weatherization assistance? _____ If so, what year _____

Have you applied for assistance with another agency, organization, church, public agency, etc. _____
____ Yes What happened _____ No _____

Why not? _____

What is your primary heat source: Electric _____ Natural Gas _____ Propane _____ Oil _____ Kerosene
Furnace _____ Coal _____ Wood Stove _____ Portable Kerosene/Gas/Electric Heater _____ None _____

Are you or anyone who reside in your house receiving?

____ Food Stamps _____ SSI(Social Security Supplement Income) _____ Medicaid _____ TANF ____ Disable Veteran)

Other Characters

Single Parent (female) _____ Single Parent (Male) _____ Two-Parent Household _____ Single Person _____

Grandparents _____ Adults (no children)

Children or Grandchildren in Head start _____

Terms & Conditions

Please Initial each term agreed to.

_____ I have completed the application to the best of my knowledge and certify that the information is true and correct.

_____ I understand that in order to receive services I must be able to schedule a time with the Weatherization Staff for the Initial Assessment, Weatherization Work, and Final Inspection.

_____ I understand that once Weatherization Services are received, I cannot apply again for 10 years unless other circumstances arise and this term is waived.

_____ I give Operation Breakthrough, Inc. the permission to access my energy usage information for the uses of statistical purposes only for 12 months after the final inspection has been completed..

Conflict of Interest

Are you or a family member a current employee of Operation Breakthrough, Inc. or the City of Durham. The answer will not disqualify you but is the disclosure required by law/regulation to prevent conflicts of interest and requires the review of the application by a third party. [] Yes [] No

Fraud Statement

I, _____, do hereby sign this statement on the ____ day of _____ year _____ stating that I have not given false nor misleading information while applying for this program. I understand that if the information I have provided you is incomplete, false, and inaccurate I may be subject to loss of eligibility for services and/or penalties for fraudulent information. Misstatements of eligibility information may result in prosecution by the federal, state, or local government funding the program.

Applicants Signature: _____ Date: _____

All applications are reviewed and processed in a fair manor and all decisions will be based on program guidelines. No applicant will be denied because of race, religion, national origin, color, sex, age, veteran status, or handicap.

Staff Use Only

Income Verified by _____ Income eligible? ___ Yes ___ No
Ownership verified by _____
200% Federal Poverty Guideline for household size is _____ Percentage of Federal Poverty Guideline _____
Monthly Energy Cost _____ Annual Energy Cost _____
Energy Burden=Energy Cost/Income Energy Burden= _____

For Office Use Only

New Application []
Update/Renewal []

Application No.: _____

Application Reviewed and Final Decision Made: [] Approved [] Denied

Energy Director Signature: _____

Date: _____



This form authorizes **Operation Breakthrough, Inc.'s Weatherization Assistance Program** to contact _____ to obtain energy consumption information. The information is for statistical purposes only. The gathered information will form a report on how much energy is used by my household before and after weatherization services.

Thank you for your cooperation.

\Weatherization Department

I, _____, do authorize **Operation Breakthrough, Inc.'s Weatherization Assistance Program** to obtain my energy consumption information from PSNC / _____ OIL COMPANY (circle one). I do understand that **Operation Breakthrough, Inc.** is not responsible for the status of my account.

Signature: _____

Date: _____

Address: _____

Zip Code: _____

Account Number: _____



This form authorizes **Operation Breakthrough, Inc.'s Weatherization Assistance Program** to obtain energy consumption information from:

Please choose from the following:

Duke Power Piedmont Electric Corporation Other

I, _____, do authorize **Operation Breakthrough, Inc.'s Weatherization Assistance Program** to obtain my energy consumption information . I do understand that **Operation Breakthrough, Inc.** is not responsible for the status of my account. The information is for statistical purposes only. The gathered information will be used to form a report on how much energy is being used by my household before and after weatherization services.

Thank you for your cooperation.

Weatherization Department

Signature: _____

Date: _____

Address: _____

Zip Code: _____

Account: _____

Last four digits of SS# _____