



**CABARRUS COUNTY**  
*America Thrives Here*

**Cabarrus County Weatherization Program and Heating and Air Repair and Replacement Program (HARRP) Program**

The Weatherization Assistance Program and Heating and Air Repair and Replacement Program provide limited funds to help low-income, elderly, and disabled residents in Cabarrus County save energy and reduce their utility bills by improving energy efficiency.

The mission of the North Carolina Weatherization Assistance Program is to improve household energy efficiency and energy related health and safety, for low-income North Carolina residents. The Heating and Air Repair and Replacement Program focuses specifically on the repair or replacement of unsafe, inoperable, and inadequate heating and cooling systems. Assistance is available to low-income residents living in single-family houses and mobile homes. **You DO NOT** have to own a home to be eligible. Renters **MUST** have written permission from the property owner before services are rendered. Eligibility criteria may vary between programs.

To qualify for the program, the gross household income must be at or below 200% of the Federal Poverty Guidelines.

**2024 POVERTY INCOME GUIDELINES  
CONTIGUOUS STATES U.S. GRANTEES  
EFFECTIVE January 17, 2024**

INCOME LEVELS

Size of Family Unit Threshold	Max Income
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440

For families with more than 8 persons, the poverty level increases by \$10,760 for each additional person.

**ELIGIBILITY DOCUMENTATION REQUIREMENTS**

**\*\*Provide ALL that apply to each household member. Provide a copy of awards letter or printout for all that apply\*\***

## **HOUSEHOLD INCOME DOCUMENTATION**

Income is defined as cash receipts earned and/or received before taxes or deductions. Income includes money, wages, and salaries before deductions, regular payments from social security, railroad retirement, and unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments. Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends, interest, bonds, and other investments (including 1401(k), 403(b), SEP, ESOP, net rental; income, net royalties, periodic receipts from estates or trusts and net gambling or lottery winnings.

- Copy of government-issued photo identification.
- 12 months' proof of income (Paycheck, SSI, SSA, SSDI benefit history, etc.)
- Signed and Notarized Declaration of No Income form if Adults are reporting no income.
- All other income history for each household member for the last 12 months
- Bank statements do not count as income verification.

### **What can these programs do?**

- Evaluate 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.
- Repair or replace heating/cooling systems if required.
- Minor plumbing and electrical work.

### **What services does the Weatherization Program NOT provide?**

- Rehabilitation of homes
- Replacement of doors and windows
- Major home repairs such as new roofs, new floors, plumbing, and electrical work
- Building additions
- Painting (other than areas disturbed by weatherization work)
- Laying carpet
- Lead-based paint and asbestos abatements
- Mold remediation



CABARRUS COUNTY  
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Weatherization and Heating and Air Repair and  
Replacement Application

Full Name of Applicant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Has this property been weatherized in the past 15 years? Yes  No

Phone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Select **One**:

Race: Black White Native American Asian Other: \_\_\_\_\_ Hispanic: Yes No

Source of Income:

SSI  SSA  Pension  Unemployment  Child Support  No Income  TANF

Employer: \_\_\_\_\_

Monthly amount of income: \$ \_\_\_\_\_

Select **any that apply to you**:

Disabled: Yes No Elderly: Yes No Veteran: Yes No Medicaid Recipient: Yes No

Nutrition Assistance Recipient: Yes No Crisis Intervention Program Recipient: Yes No

Education: Less than 8th grade:  9<sup>th</sup>-12<sup>th</sup> grade:  High School Graduate:  Some College:

College/Technical school Graduate:  Post Graduate education:

Household Type:

Single Parent (female):  Single Parent (male):  Two parent household:  Single person:

Two Adults no children:  Other: \_\_\_\_\_

Full Name of Co-Applicant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Select **One**:

Race: Black White Native American Asian Other: \_\_\_\_\_ Hispanic: Yes No

**Source of Income:**

SSI  SSA  Pension  Unemployment  Child Support  No Income  TANF

Employer: \_\_\_\_\_

**Monthly amount of income:** \$ \_\_\_\_\_

**Select any that apply to you:**

**Disabled:** Yes No **Elderly:** Yes No **Veteran:** Yes No **Medicaid Recipient:** Yes No

**Nutrition Assistance Recipient:** Yes No **Crisis Intervention Program Recipient:** Yes No

**Education:** Less than 8<sup>th</sup> grade:  9<sup>th</sup>-12<sup>th</sup> grade:  High School Graduate:  Some College:   
College/Technical school Graduate:  Post Graduate education:

By my signature below, I certify that to the best of my knowledge that the income for my household does not exceed the amount included on this application and that all the information provided is accurate. I also certify that this property is not currently for sale or designated for acquisition or clearance (foreclosure) by federal, state, or local programs. I also understand that If I am denied services due to ineligibility, I have sixty (60) calendar days from notification of my denial date to ask for a hearing.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applies: Landlord's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord's Phone number: \_\_\_\_\_

Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL PERSONS  
IN THE HOUSEHOLD**

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_

LAST GRADE OF SCHOOL COMPLETED: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

OTHER SOURCE OF INCOME (i.e. Social Security, Disability, Pension, etc.) \_\_\_\_\_

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NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_

LAST GRADE OF SCHOOL COMPLETED: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

OTHER SOURCE OF INCOME (i.e. Social Security, Disability, Pension, etc.) \_\_\_\_\_

-----

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_

LAST GRADE OF SCHOOL COMPLETED: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

OTHER SOURCE OF INCOME (i.e. Social Security, Disability, Pension, etc.) \_\_\_\_\_

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## ELIGIBILITY RELEASE FORM

Your signature on this eligibility release form and the **signatures of each member of your household who are 18 years of age or older** authorizes the Cabarrus County Commerce Department Community Development Division to obtain and verify information related to your eligibility and participation in the weatherization program. This information includes, but is not limited to:

- Alimony, child support, and gift income
- Child support payments
- Income from wages, salaries, tips, etc.
- Business Income
- Retirement and insurance income
- Unemployment and disability income
- Armed Force income
- Veterans Administration benefits
- Social Security benefits

Your signature also grants permission for Cabarrus Counts Community Development Division to investigate any situation or contact any person, at any time, to verify necessary information as long as you're receiving assistance. This includes, but is not limited to utility companies, other county or state human services departments, and possibly family members who have an interest in the structure

**By signing below, you attest that you have read this form and fully understand its meaning.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date



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Community Development Division

**DECLARATION OF NO INCOME**

Date: \_\_\_\_\_

I, \_\_\_\_\_, declare that I have not received any income, as defined below, for the past twelve months.

**DEFINITION OF INCOME**

**INCOME INCLUDES:** money, wages, and salaries before any deductions; net receipts from non-farm or farm self-employment; regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

North Carolina, County of \_\_\_\_\_

I, a notary public, certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the foregoing declaration. Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_



Cabarrus County Weatherization and Heating Repair and Replacement Program

**Release of Information of Energy and/or Gas Bills:**

I, \_\_\_\_\_ give Cabarrus County Community Development Department and its staff permission to obtain a copy of my energy bills.

Account Name: \_\_\_\_\_

Account Address: \_\_\_\_\_  
\_\_\_\_\_

- **Please provide the account number for your gas, electric, propane and/or oil companies below:**

Duke Energy Account #: \_\_\_\_\_

City of Concord Account #: \_\_\_\_\_

Union Electric Account #: \_\_\_\_\_

Dominion Gas Account #: \_\_\_\_\_

Propane Company Name and Account #: \_\_\_\_\_

Oil Company Name and Account #: \_\_\_\_\_

Kerosene Company Name and Account #: \_\_\_\_\_

Other applicable Company Name and Accounts #: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please fax or email a printout of this applicant's information to:

**Cabarrus County Community Development**  
**Attention: Amber Barnhardt**  
**PO Box 707**  
**Concord, NC 28026-0707**

**Email: [anbarnhardt@cabarruscounty.us](mailto:anbarnhardt@cabarruscounty.us)**  
**Phone: 704-920-2192**  
**Fax: 704-920-2227**



# Cabarrus County Weatherization Assistance Program

## PERMISSION TO ENTER PREMISES AND TO PERFORM SERVICES

I, \_\_\_\_\_, certify that I am the  
Name (Please Print)

Owner of the property located at:

\_\_\_\_\_

Residence or Physical Address

City

State

The undersigned acknowledges that Cabarrus County and its Weatherization/HARRP Service Providers are or will provide services to me and that in connection therewith will inspect related matters or conditions and render recommendations involving my home. I understand that such opinions and recommendations are incidental to the County Weatherization/HARRP Program. I release and hold harmless the County and its officials employees agents and Service Providers from any and all claims, losses demands and expenses arising from any opinion recommendation or actual work performed at my home or recommended to be performed at my home.

The undersigned hereby authorize Cabarrus County Community Development, as provider of Weatherization and HARRP Services to conduct energy related building inspections and assessments, repairs, and improvements. Only eligible weatherization measures, as defined by the North Carolina Weatherization Assistance Program shall be applied to any building. No undue enhancement shall occur to the value of the dwelling as a result of weatherization work performed. Undue enhancement is defined as any enhancement to a building that increases the value of the property and does not provide energy conservation or health and safety benefits

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Participant Program Agreement

As a participant of the Cabarrus County Weatherization/HARRP Program, you have the responsibility:

- To be honest in providing proof of eligibility.
- To provide a workspace supporting safe work in the home and on equipment including removal of pets and any items that limit access to the work area (boxes, clutter, etc.)
- To work cooperatively with program staff and contractors to schedule inspections and service times so work can be completed in a timely and efficient manner.
- To provide access to all rooms in your home, Monday – Friday, during the business hours of 8:00 am- 5:00 pm to inspectors, auditors, and contractors.
- To allow program staff and designees to photograph the unit for pre- and post-work documentation.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_