

REGINALD SPEIGHT  
CEO

BOARD OF  
DIRECTORS

MELVIN McLAWHORN, CHAIRMAN  
PITT COUNTY

HENRY WILSON, VICE CHAIRMAN  
MARTIN COUNTY

GEORGE EBRON, JR.  
BEAUFORT COUNTY

GEORGE MATTHEWS  
MARTIN COUNTY

MARY GRANDALL  
PITT COUNTY

MOSES MATTHEWS  
MARTIN COUNTY

ROBERT EVANS  
PITT COUNTY

GEORGE PERRY  
PITT COUNTY

MARVIN MOYE  
PITT COUNTY

REGINA FRENCH  
BEAUFORT COUNTY

TRICIA BROWN  
MARTIN COUNTY

ROBERT BAKER  
BEAUFORT COUNTY

DONNIE EDMONDSON  
MARTIN COUNTY

WILLIAM CANT  
BEAUFORT COUNTY

TRICIA MOORE  
POLICY COUNCIL REPRESENTATIVE

# Martin County Community Action, Inc.

314 EAST RAY STREET

P.O. BOX 806

(252) 792-7111

Fax# (252) 792-1248

WILLIAMSTON, NORTH CAROLINA 27892

## MARTIN COUNTY COMMUNITY ACTION, INC.

### RESIDENTIAL ENERGY EFFICIENCY SERVICES

**Residential Energy Efficiency Service** is grant funded in part by the State Department of Energy. The R.E.E.S. grant is designed to address energy efficiency of households of low, and very low-income homeowners, and renters. R.E.E.S. program is an energy home audit designed to address air infiltration in the home. The grant is put in place to address the following:

1. Weatherstrip and threshold doors where air leaks detected
2. Insulate attics and hot water heaters
3. Caulk and seal where air leaks are detected
4. Install smoke and carbon monoxide detectors
5. Address certain health and safety and certain home energy efficiency issues.
6. **No longer replace windows or doors as of July 1, 2004.**

The abovementioned are only performed if the home assessment of need so dictates.

*Please note this program is not intended for total rehabilitation repairs, such as roof repair and/or replacement, major floor repair, or siding or replacement.*

*Revised August 2004*

**ALL APPLICANTS MUST SUBMIT REQUESTED DOCUMENTATION BEFORE**

**APPLICATION CAN BE PROCESSED!!**

**APPLICATION MUST BE COMPLETED IN ITS ENTIRETY IN ORDER FOR PROCESSING. PLEASE DO NOT REMOVE ANY PAGES OF APPLICATION.**

MARTIN COUNTY COMMUNITY ACTION, INC.  
REES, HARRP and PNG PROGRAMS

INTAKE CHECKLIST

The following documents will be needed for the REES, HARRP and Piedmont Natural Gas (PNG) Programs basic intake application:

- Proof of Ownership** (*only one source required*): copy of deed, mortgage payment, taxpayer's receipt or lifetime rights registered in the court.
- If you rent the home: A *Landlord* must sign our *Rental Agreement*. Please request form
- Proof of Income**: ALL income must be provided for entire household. Please provide income for \_\_\_\_\_ in order that accurate income verification is performed. *If receiving Retirement or Veteran's Benefits you must provide income statement. If you indicate no income source, you must provide notarized statement indicating such.*
- Copy of your previous Utility Bill (*12 months- can be secured from local utility company*)
- Permission To Enter Premises Form – *please complete and sign*

The above documents are put in place to better serve the community at large.

*Please note:*

1. ALL APPLICANTS MUST HAVE THE ABOVE DOCUMENTATION BEFORE APPLICATION CAN BE PROCESSED!!
2. APPLICATION MUST BE COMPLETED IN ITS ENTIRETY IN ORDER FOR PROCESSING. PLEASE DO NOT REMOVE ANY PAGES OF APPLICATION.

*For additional information, please contact MARTIN COUNTY COMMUNITY ACTION, INC. at 252-792-7111. FOR PIEDMONT NATURAL GAS CUSTOMERS, CALL 252-946-0016*

# RESIDENTIAL ENERGY EFFICIENCY SERVICES PROGRAM

Mail Application To:

Martin County Community Action, Inc.

P. O. Box 806 ~ Williamston, NC 27892

252-792-7111 phone ~ 1-866-916-1952 toll free Ext. 24 or 35 ~ 252-792-1248 fax

FOR PIEDMONT NATURAL GAS CUSTOMERS, CALL 252-946-0016

DATE: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M. I. \_\_\_\_\_

Living Address (City, State, Zip) \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_

County \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Telephone ( ) \_\_\_\_\_ Other Telephone-specify( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Elderly (60 yrs of age & over) \_\_\_\_\_ Yes \_\_\_\_\_ No

Handicapped \_\_\_\_\_ Yes \_\_\_\_\_ No Total # persons in household \_\_\_\_\_

Family Type (check one) \_\_\_\_\_ Single Parent \_\_\_\_\_ Two Parents \_\_\_\_\_ Single Person \_\_\_\_\_ Two Adults - no children

\_\_\_\_\_ Grandparent(s) \_\_\_\_\_ Guardian(s) Is applicant Migrant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Race (check one) \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Native American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asians

Has this home been weatherized before? (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Approximate Date \_\_\_\_\_ Name, if different from above \_\_\_\_\_

Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widow

Housing Status (check one) \_\_\_\_\_ Rent \_\_\_\_\_ Own Year Dwelling Built \_\_\_\_\_

Dwelling Type \_\_\_\_\_ House If house \_\_\_\_\_ One Story \_\_\_\_\_ Two Story \_\_\_\_\_ Split Level

\_\_\_\_\_ Mobile Home: If mobile home \_\_\_\_\_ Single Wide \_\_\_\_\_ Double Wide

# of Bedroom(s) \_\_\_\_\_ # of Bathroom(s) \_\_\_\_\_ Attic Access: Hatch \_\_\_\_\_ Stairway \_\_\_\_\_ None \_\_\_\_\_

Exterior of Home Type (select one): Alum. Siding; Asbestos Siding; Brick; Cinder Block; Masonry; Stucco; Vinyl Siding;

Wood Siding

Primary Heat Source (electric, gas, propane, kerosene, etc) \_\_\_\_\_ Heat in good working condition \_\_\_\_\_ Yes \_\_\_\_\_ No

Hot Water Heater (check one) \_\_\_\_\_ Electric \_\_\_\_\_ Gas Stove (check one) \_\_\_\_\_ Electric \_\_\_\_\_ Gas

Hardship Factors (specify all that apply) \_\_\_\_\_ # Disabled Persons in the home \_\_\_\_\_ # Aged Persons in home

\_\_\_\_\_ Principal breadwinner employed \_\_\_\_\_ # Children under 6yrs. of age \_\_\_\_\_ # Children in school

Other hardship factors (chronically ill persons, etc) \_\_\_\_\_

Is house owner occupied? \_\_\_\_\_ Yes \_\_\_\_\_ No Name Deed Recorded in \_\_\_\_\_

Explain if different from head of household \_\_\_\_\_

Describe conditions/problems in house \_\_\_\_\_

**FOR PIEDMONT NATURAL GAS CUSTOMERS ONLY:**

Piedmont Natural Gas Account #, if applicable \_\_\_\_\_ Account Holder Name: \_\_\_\_\_

JOB # \_\_\_\_\_

### FAMILY SERVICE RECORD

HOW DID YOU HEAR ABOUT THIS PROGRAM? \_\_\_\_\_

Please complete information below for each household member. Thank You

FIRST NAME	LAST NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	MALE OR FEMALE	Birth date	EDUCATION Highest level	EMPLOYED Yes or no

### CERTIFICATION & WAIVER OF PRIVACY RIGHTS

My signature below indicates my reading and understanding the following statement.

*I understand that I can be penalized by fine and/or imprisonment for making false statements on my application. I also understand that I have a right to a fair hearing if I am not satisfied with the action taken on my application. I hereby WAIVE my rights under the Privacy Act and Confidentiality Provision and give consent to Martin County Community Action, Inc. to examine my confidential information. Further, I hereby grant permission and authorize my bank, employer, utility company, fuel company, Veterans Administration, Department of Social Services and any other public and/or private institution to disclose to MCCA and/or its agents full information regarding my past and/or present financial situation in order to determine whether or not I am income eligible for services.*

ATTEST \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

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

Living Address \_\_\_\_\_

Phone Number \_\_\_\_\_

\*\*\*\*\*

IF YOU SHOULD HAVE QUESTIONS REGARDING THE PROGRAM OR COMPLETION OF THIS APPLICATION, PLEASE USE CONTACT INFORMATION BELOW:

CONTACT PERSON: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

TO RETURN THE COMPLETED APPLICATION, PLEASE SUBMIT TO:

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

**Martin Community Action, Inc.  
Permission to Enter Premises Form**

To the dwelling owner:

As a part of the application process, MCA, Inc. must receive prior approval prior to entering the dwelling. At the bottom of this page is a form granting your permission for **MARTIN COMMUNITY ACTION, INC.** to enter your dwelling to perform an energy audit in order to determine what work needs to be done to your building to decrease energy usage. Please indicate your address on the line provided and sign and date at the bottom.

**Permission to Enter Premises**

I, as the owner/authorized agent of the dwelling located at \_\_\_\_\_  
\_\_\_\_\_ have read and understand the above and hereby grant  
permission for the representatives of AGENCY to enter this premises for the purpose of  
conducting an energy audit for the residents.

Applicant Name: \_\_\_\_\_

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

MCA Representative: \_\_\_\_\_

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

MCA Rep. Title: