



Helping neighbors in need

with practical support through crisis assistance, hunger relief, and resource referrals

Dear Client,

Thank you for your interest in the Duke Energy Carolinas Weatherization Program. KARE administers this program on behalf of Duke Energy Carolinas for the Lancaster County area. Duke Energy provides services to Duke Energy Carolina clients that meet the following criteria: meet income qualifications of at or below the 200% Federal Poverty Level for the household, individually-metered, owner-occupied, single family residences including condominiums and manufactured homes. Applicants must have an active Duke Energy Carolinas Account.

If you are requesting weatherization services with your heating system, you must heat your home with electric heat only. No gas packs will be eligible for this program. Client's level of eligibility will be determined by Duke Energy and based on energy usage. Duke Energy Carolinas provides funds to assist in weatherization to help clients become more energy efficient. These funds may NOT cover 100% of the cost of services. Clients are responsible for any charges not covered by Duke Energy Carolinas.

When submitting your completed application, make sure to provide proof of income for everyone in the home (ex. previous year's tax return or SSI statements, etc.), copy of government issued photo ID, and current Duke Energy bill. Landlord statements are only required for renters that are applying for refrigerator replacement services.

IF you have any questions, please feel free to give us a call at 803-475-4173.

Thank you,

A handwritten signature in black ink that reads "Angie Neal".

Angie Neal

Executive Director



Lancaster County Assistance Network
Shared Case Management Software - CharityTracker
RELEASE OF INFORMATION (ROI)

Client's Last Name: _____ First Name: _____ MI: _____
Address: _____ City/State: _____ Zip: _____
Date of Birth: _____ SSN: _____
mm / dd / yyyy
Phone: _____

The Lancaster County Assistance Network, hereinafter referred to as "CharityTracker", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. SC Thrive (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including Kershaw Area Resource Exchange (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

Table with 4 columns: Dependent's Name, Relationship, Date of Birth, Social Security Number. Multiple rows of blank lines for data entry.

I authorize Kershaw Area Resource Exchange, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize Kershaw Area Resource Exchange (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies.

X
Client and/or Parent-Legal Guardian's
Authorizing Signature

X
Agency Representative Signature

Date

Date

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from the signing date.



DUKE ENERGY CAROLINAS HVAC/Weatherization Application

Customer data:

Customer Name:	
Customer address, city, zip:	
County:	
Customer phone #:	
Duke Energy Account Number:	
Annual kWh:	

Total Household Earnings:

Applicant's household annual income \$ _____ Do you receive SNAP benefits? _____

Number of occupants in home # _____ (must provide proof of income)

House demographics:

Conditioned Square footage of home:	
Hot Water Heater fuel source:	<input type="checkbox"/> Gas <input type="checkbox"/> Electric
Occupancy:	<input type="checkbox"/> Owner <input type="checkbox"/> Renter
Year Home Built:	
Number of stories:	
Home Type:	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Townhouse/Condo
Foundation Type:	<input type="checkbox"/> Crawl <input type="checkbox"/> Slab <input type="checkbox"/> Basement
Primary Heat Fuel Source:	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Other
Existing Heating System Type:	<input type="checkbox"/> Baseboard <input type="checkbox"/> Gas Pack <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Mini Split <input type="checkbox"/> Monitor <input type="checkbox"/> Space Heaters <input type="checkbox"/> Other
Age of Heating System:	
Heating System Function:	<input type="checkbox"/> Functioning <input type="checkbox"/> Non-Functioning Note: if the unit will power on, but not heat properly, it is considered functioning Note: if the unit is non-functioning (will not power on), please explain how the home is being heated.

Old Refrigerator Info: (please provide pictures)

Old refrigerator make/model #:	
Approx. age of old refrigerator:	
Is the refrigerator working:	Yes <input type="checkbox"/> No <input type="checkbox"/>
SIR: <i>(OFFICE ONLY)</i> http://www.kouba-cavallo.com/refmods.htm	
Old refrigerator size:	15 Cu. Ft. <input type="checkbox"/> 18 Cu. Ft. <input type="checkbox"/> 21 Cu. Ft. <input type="checkbox"/> Other <input type="checkbox"/>
Reason for replacement: i.e. damage, leaking, poor seals, age, etc.	

Old HVAC Info:

Manufacturer:	
Make/Model:	
Unit Performance:	Functioning <input type="checkbox"/> Non-Functioning <input type="checkbox"/>
Approx. age of old HVAC	
Reason for Replacement:	

Qualification Guidelines:

- Duke Energy residential customer, with active account (can be homeowner or renter)
- Customer must meet income guidelines
- Old refrigerator must be at least 10 yrs. old or be visibly leaking, seals broken, etc.
- Old refrigerator must be removed from home and recycled
- New model must be same size unit. Like for like size.
- New model must be base model, can have an ice maker in freezer, however, no in-door ice/water dispensers.
- New model must be ENERGY STAR® certified.
<https://www.energystar.gov/products/appliances/refrigerator>

Please read and sign below:

I, the undersigned, agree that all the information provided is true to the best of my knowledge.

I understand that this form serves as a referral form to 3rd party organizations and that any work or services that are received are NOT provided by KARE directly. By completing this referral, you are not guaranteed services.

By receiving these services, I hereby agree to hold KARE, its employees, officers, directors, members, and volunteers harmless for any damage to personal or real property occurring as a result of the services provided, including, but not limited to, unsatisfactory work.

I further agree to hold KARE harmless for any personal injury to me or my household occurring as a result of the home repair services referred by KARE.

COSTS:

The DEC Weatherization Program guidelines must be met in their entirety to participate in the program. Costs of repairs or equipment that exceed the program budgets are the responsibility of the homeowner/participant IF the homeowner/participant chooses to proceed with the program. All additional costs over and above the program guidelines will be paid directly by the homeowner to the contractor or service provider and not to KARE as the referring agency. These charges will be explained to the homeowner/participant before any work is completed.

Homeowner Signature: _____ **Date:** _____

For Office Use Only:

- Utility Authorization Release Form on File: _____
- Permission to Enter Premises on File: _____
- Verified Duke Energy Carolinas customer (copy of Duke Energy bill)
- Verified income eligibility per household (total household income must be at or below 200% of poverty level)
- Verified home ownership
- Verified home is heated by electric heat ONLY.

Approval information: __ Tier 1 __ Tier 2 __ HVAC __ Refrigerator Replacement Date: __/__/__

Notes:

Findings:

KARE Representative Signature: _____ **Date:** _____

Qualification Guidelines:

- Duke Energy residential customer, with active account
- Weatherization is available for homeowners only, no rentals will be considered.
- Customer must meet income guidelines of 200% of Federal Poverty Level
- Must meet energy usage qualifications. (Energy usage is <7 kWh/ft² of conditioned space)
- MUST HEAT HOME WITH ELECTRIC HEAT ONLY.

SEE ATTACHED PROGRAM GUIDELINES

**Income Qualified Weatherization Program
Utility Authorization Release Form**

Name: _____

Phone: _____

Address: _____

Square footage of home: _____

Duke Energy Carolinas Account Number _____

I hereby authorize Duke Energy to release information on my current and past energy usage to North Carolina Community Action Association and/or their representatives. This information will be kept confidential and will only be used to verify energy usage and potential for energy savings.

Customer Signature

Date

Permission to Enter Premises

To the dwelling owner or tenant:

Your home is being considered for services through the Duke Energy's Weatherization Program. This form needs to be completed and notarized to allow permission for representatives to enter your home to evaluate for services or deliver products.

I, as the owner/tenant of the dwelling located at the following address

_____, grant permission for the
representatives of KARE/SABO Electrical – Heating and Air (agency/vendor name) to
enter these premises for an assessment of my home and delivery/installation of products.

Signature of owner

Date

STATE OF SOUTH CAROLINA

COUNTY OF LANCASTER

The foregoing instrument was acknowledged before me this ____ (numeric date) day of ____
(month), ____ (year), by _____ (name of person acknowledging).

(Seal)

Signature of Notary Public

Print, Type/Stamp Name of Notary

Personally known: _____

OR Produced Identification: _____

Type of Identification Produced: _____

Duke Energy Weatherization Program
LANDLORD CERTIFICATION



LANDLORD CERTIFICATION

I, _____, certify that I am the owner/legally authorized agent of the rental dwelling located at:

Street Address	City	State	Zip	County
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As owner of the rental dwelling referenced above, I certify that I have read, understand, and agree to abide by the terms and conditions of this agreement. I further understand and agree that I, and the Tenants, must provide the Weatherization Service Provider with ready access to all areas of the dwelling at mutually agreed upon times, before, during, and post work, for the purposes of planning and performing work, and conducting quality control inspections. Refusal to provide access to the dwelling may result in services being denied to the property or that I, the owner, being made liable for reimbursement to the service provider for all costs associated with delivery of the services.

Landlord Signature	Date
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Landlord Signature (if applicable)	Date
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Landlord Signature (if applicable)	Date
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TENANT ACKNOWLEDGEMENT

I, _____, certify that I am the Tenant currently renting the dwelling unit referenced above, at a current rent rate of \$ _____, per _____. The current lease agreement covers the period from _____ to _____, and I have read and understand the terms of this agreement.

Tenant Signature	Date
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Duke Weatherization Program

Measure Category Eligibility	Weatherization and HVAC Services Meet income qualifications of 200% of Federal Poverty Level. Individually-metered, owner-occupied, single-family residences including condominiums and manufactured homes. Must have active Duke Energy Account.
Tier I Weatherization Services (up to \$600)	Energy Usage is <7 kWh/ft² (square footage of the dwelling is based on conditioned space) <ul style="list-style-type: none">o Electric heating system tune-up and cleaningo Electric heating system repairo Electric water heater wrapo Electric water heater pipe wrapo ENERGY STAR Light Emitting Diodes (LEDs)o Low-flow showerheads and aerators (must be electric water heating)o Weather-stripping doors and windowso Cleaning or replacing of dryer ventso Energy education
Tier II Weatherization Services (up to \$4000)	Energy Usage is >7 kWh/ ft² (square footage of the dwelling is based on conditioned space) <ul style="list-style-type: none">• Includes all Tier I services, including but not limited to air sealing and attic insulation, wall insulation, crawl space insulation, floor insulation, and duct sealing (requires SIR* >1).
Tier 2 HVAC Services (up to \$6000)	<ul style="list-style-type: none">• Replaces electric-fueled HVAC systems only.• Mini-Splits are an eligible option for HVAC replacement. All other program guidelines related to eligibility and maximum costs apply.• HVAC replacement unit must be minimum 15 SEER/8.2 HSPF system with an ECM fan on the indoor unit. In the event the ducts need to be replaced and can be done within the funding max, they will be considered an allowable measure.
Measure Category Eligibility	Refrigerator Replacement Meet income qualifications of 200% of Federal Poverty Level. Individually-metered, owner-occupied, single-family residences including condominiums and manufactured homes, <i>as well as renters with owner approval</i> . Must have active Duke Energy account.
Refrigerator Replacement Criteria	Replaces inefficient refrigerators in qualifying customer's homes. Available to single-family homes and multi-family residences with owner approval. <ul style="list-style-type: none">• Refrigerators deemed inefficient can be replaced with ENERGY STAR certified refrigerators. Either non-working or over 10 years old.• Will need dimensions, as well as photos of mfg and model information of the current unit.• All old refrigerators must be picked up and recycled.• Replacements will be equivalent to the customer's current unit, upgrades are not allowed.
Refrigerator Replacement Costs:	15 cu ft. – up to \$650 18 cu ft. – up to \$755 21 cu ft. – up to \$925 Replacements will be equivalent to the customer's current unit, upgrades are not allowed and MUST be Energy Star certified
