



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: (OFFICE ONLY) 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