

Energy Conservation Corps 2010 -2011 Application Package



This package contains all the documents necessary to apply for weatherization improvements by the Energy Conservation Corps. Completion of all forms is required in order for your application to be processed. If you have any questions, please contact the Energy Conservation Corps at (843) 747-5885 or email jay@sustainabilityinstitutesc.org.



ENERGY CONSERVATION CORPS

Home Weatherization Process:

What are the Steps in the Process?

What is the obligation of the Homeowner?

The Typical Home Weatherization Process:

1. The Homeowner inquires about the program and receives and application.
2. The application is reviewed and accepted or rejected.
3. Upon acceptance of the homeowner application, an ECC representative will contact you for:
 - a. An initial home visit and walk-thru **(30-45mins maximum)**
 - b. A HERS (Home Energy Rating System) test by a certified professional **(1.5 -2 hours)**
 - i. During the HERS test, a homeowner needs to be on premises and aware that for the duration of the test that Heating, Ventilation and Air Conditioning (HVAC) systems will be turned off.
 - c. ECC Weatherization crew performs scope of work developed through HERS testing (The Weatherization) **(1-3 days, 5-8 hrs daily)**
 - d. A HERS expert will return with program staff to “test-out” your home. This test is performed to ensure that the work performed has achieved the desired results. **(1.5 - 2hrs maximum).**
4. **Application must include homeowner’s utility bills for previous 6 months or waiver (included) allowing ECC staff access to your utility records.**
5. ***As a homeowner who is serious about energy savings and conservation I agree to attend an Energy Conservation Workshop (free of charge) presented by the Sustainability Institute before or after work is completed (within 1 month, usually in evenings about 1hr).***
6. By applying to our program the homeowner agrees to the above conditions and will allow the Energy Conservation Corps access for all necessary appointments required to complete the task satisfactorily.

Signature (Homeowner), _____ Date: ____/____/20____

Release Form: SCE&G



Customer Name:

Customer Service Address:

Customer Account Number:

Customer Contact Phone Number:

I am a voluntary participant in a study being conducted by the Sustainability Institute (“SI”) in North Charleston, SC. In order to conduct its study, SI has requested certain information about my residential account with South Carolina Electric and Gas Company (“SCE&G”). I have been assured by SI that neither I nor any member of my household will be identified by name during any portion of the study or the report and all bills/billing statements received by SI will be returned to me or destroyed.

I hereby authorize SCE&G to provide to SI copies of the bills for the account listed above for services received during the period of December 1, 2008 through December 1, 2010 and agree that I will hold SCE&G harmless for damages resulting from the disclosure of the contents of this information by SI, its agents or employees.

(Customer’s Signature)

Date

Release Form: SCE&G



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Date

Program Purpose: To assist low to moderate income homeowners by providing weatherization applications to their primary residence in order to reduce energy expenses.

In order to document the successes of home weatherization, homeowners are required to provide the Energy Conservation Corps with copies of monthly utility bills for the 12-month period following the completion of weatherization work.

Types of Financial Assistance: This program provides funding for home rehabilitation for homeowners within the City of North Charleston's/Charleston's city limits who meet the program guidelines.

Property Requirements:

- Homes must have code deficiencies of at least \$1,000 or more as determined by the City's Construction Advisor. Room additions are not allowed.
- Applicants must show proof of ownership. Contract for deeds and contract for sales are not acceptable proof of ownership.
- Applicants must have owned and resided in the home for three (3) years or longer.
- All property taxes and mortgage payments must be current.
- All homes must be located within the City of Charleston or North Charleston.

Income Requirements:

- Applicants must document all sources of income for all members of the household over the age of eighteen (18).
- Household income may not exceed 80% of the area median income as adjusted for household size.

**MEDIAN FAMILY INCOME
NORTH CHARLESTON MSA \$60,300
2009**

HOUSEHOLD SIZE	EXTREMELY LOW INCOME (0-30% of Median)	VERY LOW INCOME (31-50% of Median)	LOW INCOME (51-80% of Median)
1	\$12,650	\$21,100	\$33,800
2	\$14,500	\$24,100	\$38,600
3	\$16,300	\$27,150	\$43,450
4	\$18,100	\$30,150	\$48,250
5	\$19,550	\$32,550	\$52,100
6	\$21,000	\$34,950	\$55,950
7	\$22,450	\$37,400	\$59,850
8	\$23,900	\$39,800	\$63,700

Charleston Residents See Attached Guidelines



Department of Housing and Community Development

Income Limits FY-2009

% OF MEDIAN →	Extremely low income <u>30%</u>	Very low income <u>50%</u>	Low Income <u>60%</u>	Moderate Income <u>80%</u>	Median family income <u>100%</u>	City of Chas. Homeownership Initiative income limit <u>120%</u>
HOUSEHOLD SIZE						
1	\$12,650	\$21,100	\$25,320	\$33,800	\$42,210	\$50,652
2	\$14,500	\$24,100	\$28,920	\$38,600	\$48,240	\$57,888
3	\$16,300	\$27,150	\$32,580	\$43,450	\$54,270	\$65,124
4	\$18,100	\$30,150	\$36,180	\$48,250	\$60,300	\$72,360
5	\$19,550	\$32,550	\$39,060	\$52,100	\$65,124	\$78,149
6	\$21,000	\$34,950	\$41,940	\$55,950	\$69,948	\$83,938
7	\$22,450	\$37,400	\$44,880	\$59,850	\$74,772	\$89,726
8	\$23,900	\$39,800	\$47,760	\$63,700	\$79,596	\$95,515

To establish consistent income limits, the City of Charleston is using the HOME Program's published limits for the 30, 50, and 80 percent limits. The 60, 100 and 120, percent limits are calculated using the 2009 median family income for a family of four (\$60,300) for the Charleston-North Charleston Metropolitan Statistical Area (MSA).

Effective as of March 19, 2009

APPLICATION CHECKLIST

Application must include

- Complete Application
- Complete Summary of Family Income
- Complete Certification of Occupancy (copy of recent utility bill submitted)
- Copy of photo ID of owner/applicant.
- Copies of social security cards for all household members
- Copy of Deed or Title as evidence of ownership of the dwelling
- Copies of home utility bills from the previous 12 months.**
- Name and mailing address of your homeowner's insurance policy provider along with policy number and copy of paid receipt or cancelled check for current premium. (If paid through your mortgage escrow, a copy of the annual escrow statement will be sufficient.)
- Copy of most current paid property tax receipt from County Treasurer's Office.
- Copy of paycheck stubs for the last eight (8) weeks for each employed household member. If paycheck stubs are not available, we have a letter that can be signed by the appropriate household member and mailed by our office that requests verification of pay from employer. Please have each employed household member provide employer's mailing address on appropriate form and sign. OR
- Copy of current year's annual benefits statement from social security administration or agency who administers retirement benefits. OR
- If self-employed, provide a copy of most recent Income Tax Return
- For any household member over eighteen (18) years of age who does not receive any income, please have them complete and sign the Income Certification Affidavit. Make copies if necessary.

Return completed original application packet to:

Energy Conservation Corps
1895 Avenue F; North Charleston, SC 29405

Please direct any questions to Jay Bell, program manager, or Conan Gibson, VISTA Coordinator at the Energy Conservation Corps at (843) 554-6399 or jay@sustainabilityinstitutesc.org

ENERGY CONSERVATION CORPS

**HOME WEATHERIZATION PROGRAM
APPLICATION**

Date: _____

Applicant(s)/Homeowner(s) Name _____

Property Address: _____

Average monthly power bill: _____ Average monthly water bill: _____ (Figured by 12 months of the year)

Number of Bedrooms: _____

Contact Person, work phone, home phone: _____

Head of Household Employed? Where? How Long? _____

List all owners of the property and attach documentation: _____

Mortgage amount on the property and monthly payment: _____

Insurance company and policy#: _____

Property taxes paid through last year and documentation attached: _____

Any judgements or liens against the property? If so, list amount and mortgage holder(s): _____

Any second or third mortgages, home improvement loans? If so, list amount and mortgage holder: _____

HOUSEHOLD COMPOSITION

Name	Social Security Number	Relationship to Owner	Date of Birth	Ethnicity/ Race*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List additional household members on a separate sheet of paper.

ETHNICITY & RACE CATEGORIES*

(Please place the letter H or N and one of the numbers 1-10 identified below for the ethnic and racial composition for each household member).

H for Hispanic and N for Non-Hispanic

- 1) White 2) Black/African American 3) Asian
- 4) American Indian/Alaskan Native 5) Native Hawaiian/Other Pacific Islander
- 6) American Indian/Alaskan Native & White
- 7) Asian & White 8) Black/African American & White
- 9) American Indian/Alaskan Native & Black/African American
- 10) Other Multi-racial

Have any children in the household under the age of six (6) ever tested positive for lead based paint poisoning? _____

Any household member disabled? If so, what is disability? _____

Please provide doctor's statement documenting disability.

NET FAMILY ASSETS

Type of Asset: Savings Account, Bonds, Stocks, Property, etc.

Type (Include name of bank)

Amount

EXPENSES

Anticipated amount to be spent for child care per month: \$ _____

Anticipated amount to be spent for medical expenses per month \$ _____

I UNDERSTAND THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTION TO INQUIRIES MADE IN VERIFYING THE INFORMATION CONTAINED IN THIS APPLICATION.

_____ Date _____

FOR OFFICE USE ONLY: DATE RECEIVED _____ ELIGIBILITY RANKING _____

For Participation in the following HUD Programs administered by the City Of North Charleston:

- Community Development Block Grant (CDBG) Emergency Housing Repairs Program
- Community Development Block Grant (CDBG) Charleston Outreach/Minor Repairs Program
- Community Development Block Grant (CDBG) Employee Homeownership Assistance Program
- HOME Investments Partnership Program - HOME Homeowner Rehabilitation Program
- HOME Investments Partnership Program - HOME Owner-Occupied Reconstruction Program
- HOME Investments Partnership Program – HOME Homeownership Assistance Program

All applicants must meet income eligibility requirements. All sources of income for each individual household member must be identified and verified. The Certification of Total Household Income and Verification of Employment forms must be completed. These forms must be submitted with the application before it will be considered for approval. The total **anticipated** annual household income must **not** exceed 80% of the median income for the area. Third party income verification is required. Income tax returns will be accepted **only** in situations where no other income information is available. Additionally, the tax returns must have all pertinent information correctly identified and all schedules included.

Annual Income is determined by taking the total anticipated income from all sources for the twelve month period **following** the date of certification of income. Annual income includes, but is not limited to **gross** income, the full amount before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips, bonuses, and other compensation for personal services; the net income from the operation of a business or profession; interest, dividends, and other net income of any kind from real or personal property; the full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump-sum payment for the delayed start of a periodic payment other than Supplemental Security Income; payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay; welfare assistance; periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling; all regular pay, special pay and allowances of a member of the Armed Forces (other than pay for hazardous duty).

2009 INCOME LIMITS FOR LOWER INCOME HOUSEHOLDS IN BERKELEY, CHARLESTON AND DORCHESTER COUNTIES (80%) Effective March 2009

County	Median Income	Number of Persons in the Household							
		1	2	3	4	5	6	7	8
Berkeley	\$60,300	\$33,800	\$38,600	\$43,450	\$48,250	\$52,100	\$55,950	\$59,850	\$63,700
Charleston	\$60,300	\$33,800	\$38,600	\$43,450	\$48,250	\$52,100	\$55,950	\$59,850	\$63,700
Dorchester	\$60,300	\$33,800	\$38,600	\$43,450	\$48,250	\$52,100	\$55,950	\$59,850	\$63,700

ENERGY CONSERVATION CORPS

CERTIFICATION OF TOTAL HOUSEHOLD INCOME

Owner: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

ALL PERSONS WHO INTEND TO OCCUPY THE HOUSING UNIT AND THEIR ANTICIPATED INCOMES MUST BE LISTED BELOW:

1	2	3	4	5	6	7
	Occupant Name	Relationship	Age	Sex	Anticipated Annual Income	Type of Income* <i>Use letter abbreviations listed below.</i>
1		Head of Household			\$	
2					\$	
3					\$	
4					\$	
5					\$	
6					\$	
7					\$	
The Total Anticipated Annual Household Income is:					\$	Total of Column 6

***TYPE OF INCOME** – Use 2 or 3 letter abbreviations shown here in space above. For Social Security (SS), Supplemental Security Income (SSI), Annuity Income (AI), Reverse Mortgage Income (RMI), Self-Employed (SE), Full-Time Employment (FTE), Part-Time Employment (PTE), Alimony (A), Child Support (CS), Public Assistance (PA), Disability Income (DI), Unemployment Income (UI), Workmen’s Compensation (WC) or Other Income (OI).

I/We have provided verification of all anticipated annual income and other information necessary to satisfy the requirements for occupancy for each person named herein. I/We certify that the statements and all information herein are true and complete to the best of my/our knowledge and are given under the penalty of perjury.

I/We agree that the household income, household composition and other eligibility requirements shall be conditions of this occupancy and that failure or refusal to comply with a request for information with respect thereto shall be deemed a violation of conditions. I/We will assist in obtaining any information or documents required in verifying the statements certified herein.

For Social Security and retirement income verification, please submit a copy of your annual benefits statement from the provider or copies of the two (2) most recent month’s bank statements if income is direct deposit.

The Certification of Total Household Income is to be made part of the agreement entered into by the Recipient and the Occupant(s).

Head of Household Signature

Date

Head of Household Signature

Date



APPLICANT INCOME VERIFICATION

Applicant Name _____

Applicant Address _____

Household Member's Name _____

Check source(s) of income and include a copy of source (Social Security or SSI check or award letter, copy of bank statement showing direct deposit of benefits, copy of check, etc.)

- Social Security (copy of annual benefits statement or copy of recent two months bank statements showing direct deposit amounts underlined)
- Supplemental Security Income (copy of annual benefits statement or copy of most recent two months bank statements showing direct deposit amounts underlined)
- Retirement/Pensions Income (copy of annual benefits statement or copy of most recent two months bank statements showing direct deposit amounts underlined)
- Annuity Income (copy of annual benefits statement or copy of most recent two months bank statements showing direct deposit amounts underlined)
- Employment (part-time or full-time) - copy of most recent eight (8) weeks check stubs or provide address of employer on enclosed form and sign
- Self-employed - copy of most recent tax forms filed with IRS
- Unemployment – copy of statement or letter showing benefits or copy of recent checks for eight (8) weeks
- No income – sign and return statement provided
- Other income – list type and source on Certification of Total Household Income

I have no objection to inquires made in verifying the above information that I have submitted.

Please make sure to submit a copy (not the original) of any documents. Failure to provide this information may result in a delay of processing your application and possible approval for assistance.

I certify that the above information is true and correct to the best of my knowledge.

Signature _____

Date: _____

CERTIFICATION OF OCCUPANCY

Property Address: _____

City: _____ Zip Code: _____

KNOW ALL MEN BY THESE PRESENT:

I, _____, hereby certify that the above-referenced address is my principal residence and that I have owned and resided in this home for at least three (3) years. I further certify that the below-referenced and hereto attached documentation is valid proof of occupancy. I understand that any discrepancies found later may be grounds for disqualification and repayment of the loan.

- Voter Registration Card
- Utility Bill
- Other: _____
- South Carolina Driver’s License
- South Carolina ID card

Signature of Homeowner

Date

Signature of Homeowner

Date