



Duke Energy Helping Home Fund (HHF) Application and Instructions

To determine your eligibility, please review the guidelines below and use it as a checklist to determine which of the attachments are needed. The application must be completed and returned with all the documents to process your application.

- Verification of Identity:** Picture identification for each adult household member (i.e., state driver's license or ID card; US passport or other official ID badge).
- Income verification for the last 12-months:** For all household members listed on the application at least 18 years of age or older, and for minor children receiving disability or other benefits, attach the following:
 - Completed 2022 Income Tax Returns (including W-2s) and copies of consecutive pay check stubs for past 12-months **and/or** the last cumulative pay check stubs for 2021/2022 that reflects the gross YTD income; benefit award letters for Social Security and SSI benefits, award letters for VA pension; documentation of other forms of Retirements benefits (i.e., Pension, IRA, Dividend, and or Annuity income); documentation of Worker's Compensation; Unemployment benefits with last check stub from job ending within the past 12-months; Alimony, Work First/TANF, Child Support or other proof of how much the household member received from other federal, state, or local agencies for the past 12-months.
 - For self-employed workers, please provide your 2022 Schedule C/C-EZ or F along with Schedule SE and the Form 1040.
 - For Seasonal Workers, send IRS Form 1040 and W-2 forms.
- Fuel/Utility Consumption History:** A recent Duke Energy bill statement.
- We will need you to provide the **brand, model number, and serial number** on the appliance you seek to replace and the **date manufactured**.
- Signed "Permission to Enter Premises" form**
- Signed "Utility Authorization Release" form**
- If renting, **signed "Landlord Participation Agreement"**. This form is provided by Charlotte Area Fund, Inc. upon approved application.

For further assistance or any questions regarding the application or the program, please feel free to contact us:

Charlotte Area Fund, Inc.
901 N. Tryon Street
Charlotte, NC 28206
704-372-3010

Thank you for your interest in the Duke Energy Helping Home Fund Program.

Charlotte Area Fund, Inc. Helping Home Fund Application

Please Complete All Sections, Sign and Date Where Applicable.

Occupancy status: Owner Renter

Structure Type: mobile home single family dwelling apartment other _____

Name: _____ Gender: Female Male
Last First Middle

Property Address: _____
Physical Street City State Zip Code

Mailing address if different from property address:

Street or P.O. Box City State Zip Code

Primary Telephone: (_____) _____ Work Telephone: (_____) _____

Other telephone: (_____) _____ Cellular

Secondary Contact: _____ Contact Telephone: _____

Email Address (*if any*) _____ Primary Language _____

What is the total square footage of your home? _____ What year was your home build? _____

Are you applying for Appliance Replacement services at this time? Yes No

If yes, for which appliance? Refrigerator Range Washer Room Air Conditioner

Of the selected appliance above, please indicate if the appliance is inoperable and/or over 10 years old.

Please complete the fields below for the appliance you request to be replaced due to it being inoperable and/or over 10 years old.			
Appliance Type:	Brand Name:	Model Number:	Serial Number:

DWELLING OWNER INFORMATION ** RENTERS ONLY **

Owner Name(s): _____ Telephone No. _____

Owner Address: _____
Street/P.O. Box City State Zip

HOUSEHOLD DEMOGRAPHIC INFORMATION

**** All persons living in the home must be reported****

Household Member Name	Date of Birth (MM/DD/YYYY)	Relationship to applicant	US Citizen Y/N	Gender M/F	Race	Marital Status	Highest Education	Social Security No.
		Applicant						

HOUSEHOLD INCOME INFORMATION

All income earned by ALL household members for last 12 months must be reported

Household Member Name	Employer Name	Gross Monthly Amount

NON-EMPLOYMENT SOURCES

Type of Income	Household Member Name	Amount Received	How often received (Monthly, Weekly, etc.)
<input type="checkbox"/> Work First or TANF		\$	
<input type="checkbox"/> Social Security Income		\$	
<input type="checkbox"/> Supplemental Security Income		\$	
<input type="checkbox"/> Unemployment Comp.		\$	
<input type="checkbox"/> SS Disability		\$	
<input type="checkbox"/> Pension		\$	
<input type="checkbox"/> Other		\$	

Certification

I further certify that all information provided herein is true to the best of my knowledge. I am aware that this information is subject to review and verification and I may have to provide documents to support it. I am aware that I may be denied assistance if I am found ineligible. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance. I allow release of information contained herein for purposes of verification.

Applicant's Signature _____ Date _____

Interviewer Signature _____ Date _____

OFFICE USE ONLY:

Service Provide ID #: _____ Application Received: _____ Interview Date: _____ Application Complete: _____

Appliance Replacement Agreement

Points to Consider:

- You must currently have the appliance being replaced in your home.
- The new refrigerator will not have a water dispenser in the door. If you currently have a water dispenser, it must be disconnected before Lowe's arrives.
- When we move out the old appliance, we may find floor damage. **Charlotte Area Fund, NCCAA and Lowe's are not responsible for floor damage.**
- Lowe's will deliver the appliance and haul away the old appliance. **(You may not keep the old appliance; it must be taken away and recycled by Lowe's).**
 - Your appliance must be at least 10 years old or inoperable.
 - Because the new appliance might have smaller dimensions, it may leave slightly more space between your counters and the appliance. Please indicate whether the hinges on the refrigerator door are located on the left or the right. If you have double handles, please specify which you prefer, left or right.
 - A CAF contractor will contact you to schedule a convenient time to conduct a pre audit and post inspection. It is important that you keep this appointment in order to complete your project on time.
 - It is imperative that you answer the phone when Lowe's calls. If you do not respond to the calls from Lowe's, you may forfeit your place in line.
 - You will have to agree on a delivery time with Lowe's. Please make sure that your old appliance is empty one hour before Lowe's arrives.

I understand, and agree, to all of the above conditions.

Print Name of Applicant

Applicant's Signature

Date

I agree to participate in this program allowing Charlotte Area Fund/NCCAA/Lowe's to provide me with a new energy efficient appliance. I will release my old appliance to be recycled.

Print Name of Applicant

Applicant's Signature

Date

Permission to Enter Premises

To the Dwelling Owner or Tenant:

Your home is being considered for services through the Duke Energy's Helping Home Fund. This form needs to be completed to allow permission for representatives to enter your home to evaluate for services. Photos of current and replacement appliances will be taken for reporting purposes.

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

_____, grant permission for the representatives of
Charlotte Area Fund, Inc. to enter these premises for an assessment of my home and to take photos of and replace appliances, if applicable.

Signature of owner or tenant

Date

Agency Representative

Date

Utility Authorization Release Form

Name: _____ Phone Number: (____) _____

Address: _____ Last 4 Digits of Social Security #: _____

_____ DEC or DEP

Utility Account #: _____

I hereby authorize Duke Energy Progress / Duke Energy Carolina to release any information on my current and past energy usage to **Charlotte Area Fund, Inc.** This information will be kept confidential and will only be used to verify energy usage and potential for energy savings.

Applicants Signature: _____

Date: _____

**Duke Energy's Helping Home Fund
Media Consent Release Form**

(e.g., photography, film, print news, social and electronic media or videotape)

I hereby consent to participate in interviews, photography, or videotapes for the purpose of highlighting Duke Energy's Helping Home Fund.

This consent grants permission to edit, use and reuse information, photographs or videotaped material- in print, broadcast or other forms of media.

Signature _____ Date _____