



## HELPING HOME FUND CHECKLIST

- ☐ Completed **Duke Energy Helping Home Fund Application.**
- ☐ **Appliance Information** must be listed on the application:  
Brand Name, Age of Appliance; Model Number; and Serial Number.
- ☐ Signed **Appliance Replacement Agreement**  
(I understand I will **NOT** keep the old appliance)
- ☐ Signed **Permission to Enter Premises Form.**
- ☐ Signed **Utility Authorization Release Form.**
- ☐ Copy of **Picture Identification** for each adult 18 and up.
- ☐ Copy of **Social Security Cards** for each adult 18 and up.
- ☐ Copy of **Income** verification for last 12-months for each adult 18 and up
- ☐ Copy of **Duke Energy Bill Statement** (most recent)
- ☐ If renting, **Signed Landlord Participation Agreement Form** (Form provided by CAF, if needed)
- ☐ Additional information/documents may be needed. If so, you will be contacted.

**Charlotte Area Fund, Inc** does not promise or guarantee service.  
I understand the application will be reviewed.

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Email address: \_\_\_\_\_



## 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:
  - Most recent 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 most recent 12-months 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 most recent Schedule C/C-EZ or F along with Schedule SE and 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.  
3816 Latrobe Drive, Suite 101  
Charlotte, NC 28211  
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 \_\_\_\_\_

Email Address \_\_\_\_\_

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 ☐ Dryer ☐ 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

Owner's email: \_\_\_\_\_

### 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 to receive assistance. I allow the 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 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 have read, understand, and agree, with 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 agree to 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 Duke Energy's Helping Home Fund. This form needs to be completed to allow permission for representatives to enter your home to evaluate 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

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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.

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Signature of owner or tenant

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Date

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Agency Representative

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Date

## Utility Authorization Release Form

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Last 4 Digits of Social Security #: \_\_\_\_\_

Utility Account # \_\_\_\_\_ ☐ DEC or ☐ DEP

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 \_\_\_\_\_