

Macon County Housing Department

5 West Main Street

Franklin, NC 28734

Phone - (828)369-2605

Fax - (828)369-2705

Director - John Fay

Coordinator - Beau Bishop

WEATHERIZATION

- Attic Insulation
- Floor Insulation
- Wall Insulation
- Pipe Insulation
- Air Sealing
- LED Bulbs
- Ventilation
- Smoke/C.O. detectors
- Refrigerator Replacement
- Water Heater Repair

HEATING & COOLING

- Repair & Replace Broken Systems
- Heat Pumps
- Gas Furnaces
- Central
- Baseboard Heating

URGENT REPAIRS

- Wheelchair Ramps
- Porches & Steps
- Roofing
- Plumbing
- Electrical

We operate from many different programs that are funded through grants, so funding is not always available and our waiting list is lengthy. Your application will always be kept on file and we will make it to you depending on a **PRIORITY SCORE**. We will need updated income every **NEW YEAR** and that will determine what you will qualify for. We will contact you when we are ready to begin repairs on your home. It can take up to **THREE YEARS** before we get to your home, depending on funding availability and due to the size of our agency. Thank You for applying and for your patience. We are glad to help and we will be there as soon as we can.

**Macon County Housing Department
5 West Main Street
Franklin, NC 28734
Phone: (828)369-2605
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To Whom It May Concern:

Re: Application for Housing Assistance

Per your request enclosed is the application for housing assistance. Please fill out the application and return it to us. We will require verification of your income. This should be a copy of your last tax return and the award letter from the Social Security Administration before we evaluate your home. We cannot accept bank statements. We also require proof of home ownership and 24 months energy usage, electric and propane.

ALL QUESTIONS ON APPLICATIONS MUST BE ANSWERED. Incomplete applications cannot be processed. The programs we service are based on a priority score rating per the State guidelines. A completed application does not guarantee that you will qualify for services.

Applicants are serviced on a first come, first to qualify base. All requested documents must be received with your application.

Should you have any questions or require additional information, please contact me.

Sincerely,

**Beau Bishop
Housing Coordinator
Macon County Housing Department
beaubishop@maconnc.org**

Attachments

Macon County Housing Department
PRE-Application for Housing Assistance/Weatherization

1. **Head of Household:** _____ Date: _____
 Address: _____
 Date of Birth: _____ Age: _____ SS# _____ Race: _____
 Marital Status: _____ Disabled () Y () N Veteran () YES () No (Attach DD 214)
 Income Source(s) _____ (Attach Proof of Income)
 Telephone: 1 _____ 2 _____
 Email address: _____

2. Household Members:

Name	Age	Race	Disability	Social Security No.	Income Source	Monthly Income
	Sex	DOB	Y/N			

Important!
All Household Members and their incomes must be listed in the spaces provided above

Total Income per month \$ _____
 Total Income per year \$ _____

3. Do you own and are you living in the home for which you seek assistance: () Yes () No
4. Describe house construction: () Wood () Block () Mobile Home Sq. Footage _____
5. Information needed for **renter**-occupied housing:
- a. Landlord's Name: _____
 - b. Landlord's Address: _____ Phone: _____
 - c. Amount of rent per month: \$ _____
 - d. Do you have a current lease signed by the landlord? () YES () NO

6. Repairs needed: _____

Primary Heat Source: Electricity () Propane () Oil () Wood ()

Secondary Heat Source: _____

I certify that the above information is true and that the number of persons in my household is _____ and that my total annual household income is less than \$ _____.

Applicant's Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

To Complete Your Application for Housing Services You Will Need To Provide The Following:

For All Housing Programs:

- 1.) **Verification of Home Ownership** – Motor Vehicle Title (Mobile Home) or signed and notarized bill of sale or copy of Macon County tax record.
- 2.) **Verification of Household Income** – Letter from Social Security Administration, retirement benefits document, Federal Income tax return or signed and notarized affidavit stating the household member's non income.
- 3.) **Documentation of fuel used** (propane, oil, kerosene, natural gas, wood) and amount paid for the previous 24 months.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

Contact Information

Macon County Housing Department
5 W. Main Street
Franklin, NC 28734
Office: 828-369-2605
Fax: 828-369-2705

MACON COUNTY GOVERNMENT
HOUSING DEPARTMENT
5 West Main Street
Franklin, NC 28734
Phone (828) 369-2605
Fax (828) 369-2705

I hereby authorize Macon County Housing Department to access my electric account for the purpose of documenting my energy usage for 12 months prior to weatherization and 12 months after completion.

Printed Name _____ Phone _____

Signature _____ Date _____

Address _____ City _____ NC Zip Code _____

Energy Account Number _____

Name on Electric Bill _____

Last Four Digits of Social Security Number _____

ZERO INCOME AFFIDAVIT

(To be completed by occupants over the age of 18 in household with no income)

Homeowner: _____

Occupant: _____

Homeowner Address: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons living in my household.
 - i. Sales from self-employed resources (Avon, Mary Kay, etc.);
 - j. Any other sources not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in the certification is true and accurate to the best of my knowledge. I further understand that providing false representations here-in constitutes an act of fraud, which may result in the repayment of the grant.

Witness my signature this ____ day of _____, 20____.

Sworn and subscribed before me this ____ day of _____, 20____.

NOTARY PUBLIC

My commission Expires: _____

(Seal)