



Thank you for your interest in Operation Breakthrough’s Weatherization Assistance Program. The Weatherization Assistance Program (WAP) strives to help homes become safer and energy efficient. All measures taken can help you save energy as well as money. Weatherization measures that are provided, but not limited to, are weather stripping, caulking, replacing deteriorated doors, insulating floors, attics and walls, and repairing broken window panes. OBT’s Weatherization and Assistance Program also administers the Heating & Air Repair and Replacement Program (HARRP) to repair or replace heating and air conditioning units. You must apply for Weatherization Services and meet eligibility requirements to obtain Weatherization Services.

To properly process your application please complete the entire application (pgs. 2-6).

**To assure proper processing of your application,
the following documents are REQUIRED:**

- Proof of Income (12 months from date of application)**
Income must be reported for all household members 19 years of age and older.
(Acceptable: W-2 Form, Official Letter from Employer, Check stubs, etc.)
- Proof of Home Ownership****
(Ex: Property tax receipt, mortgage statement, property insurance, or deed)
- Energy Information**
Please complete the attached forms for energy consumption. The information gathered is for statistical purposes only. Information obtained will assist the Weatherization Department in collecting energy saving data. For energy bills such as kerosene, heating oil, wood, etc. please provide a receipt/bill.
****THIS IS REQUIRED****

****IF YOU DO NOT OWN YOUR HOME, YOU MAY STILL APPLY FOR WEATHERIZATION. MAKE SURE WHERE INDICATED THAT YOU PROVIDE US WITH CORRECT INFORMATION SO THAT WE MAY RETAIN PERMISSION FROM YOUR LANDLORD.**

Please mail, fax, or return to:

Weatherization Department
Operation Breakthrough, Inc.
P.O. Box 1470
Durham, North Carolina 27702



Or

Contact the office:

Delores Holloway, Energy Director
(919) 688-8111 ext. 270
Fax: (919) 536-3294
E-mail: dholloway@obtnc.com



Attached for your convenience is a copy of Operation Breakthrough Inc.’s complaint policy. Please keep pages 8-13 for your records. PLEASE DO NOT SUBMIT PAGES 8-13 WITH YOUR INITIAL APPLICATION.

THANK YOU!



Operation Breakthrough, Inc.
Weatherization/HARRP
800 N. Mangum Street
Durham, North Carolina 27701
(919) 688-8111 ext. 270



Date of Application: _____

Head of Household Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Home Number: (____) _____ - _____ Alternate Number: (____) _____ - _____

Birth date: ____/____/____ Sex: [] Male [] Female Education: _____

Marital Status: [] Single [] Married [] Divorced [] Other: _____

What Languages do you speak _____ SS#: _____ - _____ - _____

Income (Monthly/Weekly/Bi-wkly) \$ _____ Year house was built: ____ Number of rooms _____ # of Baths _____

Race: [] African American [] Caucasian [] Hispanic [] Native American [] Other: _____

Elderly?: [] Yes [] No Handicapped?: [] Yes [] No Disabled?: [] Yes [] No

Household Member Information (Please complete fully) No. Living in Home: _____

1- Name: _____ Birth date: ____/____/____ Employer: _____

Relationship to Head of Household: _____ Education _____ Income (Monthly):\$ _____

SS#: _____ - _____ - _____

Student: [] Yes [] No Elderly: [] Yes [] No Handicapped/Disabled: [] Yes [] No

2- Name: _____ Birth date: ____/____/____ Employer: _____

Relationship to Head of Household: _____ Education _____ Income (Monthly):\$ _____

SS#: _____ - _____ - _____

Student: [] Yes [] No Elderly: [] Yes [] No Handicapped/Disabled: [] Yes [] No

3- Name: _____ Birth date: ____/____/____ Employer: _____

Relationship to Head of Household: _____ Education _____ Income (Monthly):\$ _____

SS#: _____ - _____ - _____

Student: [] Yes [] No Elderly: [] Yes [] No Handicapped/Disabled: [] Yes [] No

4- Name: _____ Birth date: ____/____/____ Employer: _____

Relationship to Head of Household _____ Education _____ Income (Monthly):\$ _____

Student: [] Yes [] No Elderly: [] Yes [] No Handicapped/Disabled: [] Yes [] No

5- Name: _____ Birth date: ____/____/____ Employer: _____

Relationship to Head of Household: _____ Education _____ Income (Monthly):\$ _____

SS#: _____ - _____ - _____

Student: [] Yes [] No Elderly: [] Yes [] No Handicapped/Disabled: [] Yes [] No

If you have additional members, please attach an additional sheet with their information to the application.

Total Family Income per Month: \$ _____ x 12 Months = \$ _____

Home Information

Owner of Property: Yes [] No [] Type of Home: House [] Mobile Home [] Duplex [] Apartment []

Landlord Information (If you DO NOT own your home)

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (____) ____-_____

Directions to Home: _____

Have you ever applied or received weatherization assistance? Yes ___ No ___ If yes, in what year? _____

Have you applied for assistance with another agency, organization, church, public agency, etc.? Yes ___ No ___

If yes, what were the results: _____

If no, please state the reason: _____

What is your primary heat source?: Electric _____ Natural Gas _____ Propane _____ Oil _____ Kerosene _____

Furnace _____ Coal _____ Wood Stove _____ Portable Kerosene/Gas Heater _____ None of the above _____

Are you or anyone who reside in your house receiving?

___ Food Stamps ___ SSI(Social Security Supplement Income) ___ Medicaid ___ TANF ___(Disabled Veteran)

Other Characters

Single Parent (female) _____ Single Parent (Male) _____ Two-Parent Household _____ Single Person _____

Grandparents _____ Adults (no children) _____ Children or Grandchildren in Head start _____

Terms & Conditions

Please Initial each term agreed to.

_____ I have completed the application to the best of my knowledge and certify that the information is true and correct.

_____ I understand that in order to receive services I must be able to schedule a time with the Weatherization Staff for the Initial Assessment, Weatherization Work, and Final Inspection.

_____ I understand that once Weatherization Services are received, I cannot apply again for 15 years unless other circumstances arise and this term is waived.

_____ I give Operation Breakthrough, Inc. the permission to access my energy usage information for the uses of statistical purposes only for 12 months after the final inspection has been completed.

Conflict of Interest

Are you or a family member a current employee of Operation Breakthrough, Inc. or the City of Durham? The answer will not disqualify you but this disclosure is required by law/regulation to prevent conflicts of interest and requires the review of the application by a third party. Yes No

Fraud Statement

I, _____, do hereby sign this statement on the ____ day of _____ year _____ stating that I have not given false nor misleading information while applying for this program. I understand that if the information I have provided you is incomplete, false, and inaccurate I may be subject to loss of eligibility for services and/or penalties for fraudulent information. Misstatements of eligibility information may result in prosecution by the federal, state, or local government funding the program.

Applicants Signature: _____ Date: _____

All applications are reviewed and processed in a fair manor and all decisions will be based on program guidelines. No applicant will be denied because of race, religion, national origin, color, sex, age, veteran status, or handicap.

Staff Use Only

Income Verified by _____ Income eligible? Yes No

Ownership verified by _____

200% Federal Poverty Guideline for household size is _____ Percentage of Federal Poverty Guideline _____%

Monthly Energy Cost _____ Annual Energy Cost _____

Energy Burden=Energy Cost/Income Energy Burden= _____

Qualify for HARRP (150% poverty guideline) Yes No

For Office Use Only

New Application

Update/ Renewal

Application No.: _____

Application Reviewed and Final Decision Made: Approved Denied

Energy Director Signature: _____

Date: _____



This form authorizes Operation Breakthrough, Inc.'s Weatherization Assistance Program to contact _____ to obtain energy consumption information. The information is for statistical purposes only. The gathered information will form a report on how much energy is used by my household before and after weatherization services.

Thank you for your cooperation.

Weatherization Department

I, _____, do authorize Operation Breakthrough, Inc.'s Weatherization Assistance Program to obtain my energy consumption information from _____ PSNC / _____ OIL COMPANY (circle one). I do understand that Operation Breakthrough, Inc. is not responsible for the status of my account.

Signature: _____

Date: _____

Address: _____

Zip Code: _____

Account Number: _____



This form authorizes **Operation Breakthrough, Inc.'s Weatherization Assistance Program** to obtain energy consumption information from:

Please choose from the following:

Duke Power Piedmont Electric Corporation Other _____

I, _____, do authorize **Operation Breakthrough, Inc.'s Weatherization Assistance Program** to obtain my energy consumption information. I do understand that **Operation Breakthrough, Inc.** is not responsible for the status of my account. The information is for statistical purposes only. The gathered information will be used to form a report on how much energy is being used by my household before and after weatherization services.

Thank you for your cooperation.
Weatherization Department

Signature: _____

Date: _____

Address: _____

Zip Code: _____

Account: _____

Last four digits of SS# _____

**PLEASE KEEP THE
FOLLOWING PAGES FOR
YOUR RECORDS**

COMPLAINT POLICY

It is the policy of Operation Breakthrough, Inc. that all clients, as well as prospective clients, can exercise their right to file a formal complaint regarding their dissatisfaction with any action or inaction of an employee of Operation Breakthrough. All complaints will receive a final written response and kept on file for at least five (5) years.

COMPLAINTS

1.0 Access to the Policy

- 1.1 Applicants, at the time of applying for participation in any program operated By Operation Breakthrough, Inc., shall be given a copy of a letter entitled “How to File a Complaint” (see attachment) which explains the complaint process in detail.
- 1.2 All complaints shall be completed as soon as reasonably possible after a particular incident or occurrence and mailed or delivered to the Executive Director’s Office.

2.0 Receipt of Complaint

- 2.1 All complaints will be received by the Executive Director. All submittals shall be dated and time stamped.
- 2.2 All complaints shall be logged on a Complaint Record (see attachment).

3.0 Internal Notification

- 3.1 Once the complaint has been received and documented, a copy will be sent Executive Director, the Department from which the complaint was emanated, and the employee most closely connected with said complaint.
- 3.2 The Executive Director shall schedule a meeting with applicable employees to discuss the matter.
- 3.3 A date to meet with the complainant will be scheduled. Phone contact will be made followed by an appointment letter.

4.0 Meeting with Complainant

- 4.1 A meeting will be held with the complainant, the employee in question.
- 4.2 A decision will be made regarding the complaint.
- 4.3 A letter will be sent to the complainant regarding the outcome of the meeting within three days after said meeting (see attachment).

5.0 Board Notification

- 5.1 The Executive Director will provide the board with a written monthly report regarding all complaints, from initiation to resolution.

6.0 Records Retention

- 6.1 All correspondence and written documentation pertaining to all complaints shall remain in a file entitled "Complaints" for no less than five years.

Date:

Dear

This letter is to inform you that Operation Breakthrough, Inc. has received a Complaint from you on _____ which was dated _____.

We would like to talk to you about this matter and have scheduled an appointment for _____, 200__, at _____p.m. The meeting will be held at our main office, 800 N. Mangum Street, Durham, N.C. in the Administration Conference Room.

Upon receipt of this letter, please contact Jessie Parker, Executive Assistant, at (919) 688-8111, ext. 222 to confirm your attendance at the meeting scheduled above. We look forward to hearing from you within the next three days.

Sincerely,

Operation Breakthrough, Inc.

Executive Director

/jp

cc: Department Head

(c-3.3)

HOW TO FILE A COMPLAINT

Dear Applicant:

One of our most important goals is to provide you with the best service possible. This starts from the time you initially apply for participation in any of our programs until your service contract ends.

We realize that in some cases, we might not meet your expectations. In the event you are dissatisfied with any area of our delivery of service, you can file a complaint by completing the form on the back of this letter. Please submit it as soon as possible after an incident or occurrence. Once completed, please mail as indicated. We will contact you shortly to schedule a meeting to discuss your concerns.

Should you have any concerns or questions about filing a complaint, feel free to call me or Mrs. Jessie Parker, Executive Assistant, at (919) 688-8111, ext. 222.

Sincerely,

Operation Breakthrough, Inc.

Executive Director

(c-1.1)

COMPLAINT FORM

- A. Name of Complainant: _____
- B. Address: _____ C. Zip Code: _____
- D. Phone Number: _____ E. Best Time to Call: _____
- F. Date Incident Occurred: _____
- G. Witnesses Present at the Time of the Incident:
 - Name: _____ Address: _____
 - Phone: _____ Relationship to Client: _____
 - Name: _____ Address: _____
 - Phone: _____ Relationship to Client: _____

H.* Please Describe the Incident:

I. * Please state the action that you want Operation Breakthrough to take to resolve this matter:

Signature: _____ Date: _____

Once completed, please mail to:
 Sadie Abdullah, Executive Director
 Operation Breakthrough, Inc.
 Post Office Box 1470
 Durham, North Carolina 27702

*(Please feel free to use additional paper if necessary).

(C-1.1)

Date:

Dear

On _____20__, you filed a complaint because

_____.

In an effort to formally hear your complaint and respond to your concerns, a meeting was held on _____, 20__ with _____.

As a result of the above-mentioned meeting, the decision regarding your complaint is as follows:

_____.

Should you have any concerns or questions regarding this matter, please feel free to contact me at (919) 688-8111. This matter will be kept on file for no less than five years.

Sincerely,

Operation Breakthrough, Inc.

Executive Director

cc. Department Head

(c -4.3)