EIC HEALTHY HOMES Application Checklist County _____

Important

Purpose:

Use this checklist to ensure that your application for the Healthy Homes Grant Program is complete before submission. Incomplete applications may delay processing. Please note: Mobile homes or manufactured homes are not eligible for the Healthy Homes Program.

Applicant Information

- ☐ Completed NC Healthy Homes Grant Application Form
- ☐ Copy of Valid Government-Issued Photo ID (e.g., driver's license, state ID, passport)
- ☐ Proof of Citizenship (Social Security Card)
- ☐ Proof of Utility Bill (most current bill)

Household Eligibility Documentation

- ☐ Proof of Income for all household members (include most recent pay stubs, SSI, SSA, TANF, or unemployment statements, tax returns)
- ☐ Household Composition List (list names, ages, and relationships of all household members; include proof of income for any adults)
- ☐ Verification of Ownership or Tenancy (tax records showing ownership or a current lease agreement)

Office Use Only

Approved for Inspection: _____ Date: _____

2025 Federal Poverty Guidelines – North Carolina

The following chart displays the 2025 Federal Poverty Guidelines for North Carolina (and other contiguous states), including 100%, 150%, and 200% of the poverty level based on household size.

Household Size	100% of Poverty	150% of Poverty	200% of Poverty
1	$15,650	$23,475	$31,300
2	$21,150	$31,725	$42,300
3	$26,650	$39,975	$53,300
4	$32,150	$48,225	$64,300
5	$37,650	$56,475	$75,300
6	$43,150	$64,725	$86,300
7	$48,650	$72,975	$97,300
8	$54,150	$81,225	$108,300
Each additional person beyond 8	+$5,500	+$8,250	+$11,000

Source: U.S. Department of Health & Human Services (HHS), 2025 Poverty Guidelines.

Economic Improvement Council, Inc. Healthy Homes Application

Applicant Information (please print)

Last Name:	First Name:	Middle Initial:
Street Address: (location of home)		Unit # or Mobile Lot#
City:	County:	Zip:
Home Phone:	Work Phone:	Cell Phone or Message #:
Mailing Address (PO Box)	City:	Zip:

Utility Information:

Natural Gas or Propane Provider: _____ Account #: _____

Electric Company Provider: _____ Account #: _____

*Please Provide 12 Consecutive months of Utility Bill.

Qualification Information:

To AUTOMATICALLY QUALIFY through PUBLIC ASSISTANCE, check all that apply. You must provide proof for one of the following by submitting a copy of a recent approval letter with this application.

☐ TANF ☐AND ☐OAP ☐SSI (Supplemental Security Income)

☐LEAP ☐LEAP Household Number: _____

****

To Income Qualify:

You must send income proof if you are not on one of the programs listed above. Send in pay stubs for the past 3 months of each employed household member.

Household income is received from: ☐Job income ☐Social Security ☐Retirement ☐Disability ☐Alimony ☐Workers Comp ☐Unemployment ☐Self-employed

If employed, what date did you start your current job?_____Gross monthly Income: $_____ (before tax and other deductions)

Household Information:

Name (List yourself and all household members.) Please attach separate sheet if more than six people.)	Race	Gender	DOB	Age	SSN #	Do you have an Income?		Are you disabled?		Are you Native American?		Are you a single parent?	
						Yes	No	Yes	No	Yes	No	Yes	No

*Please attach income verification for all household members. Also please make sure you send a copy of ALL household members' Social Security cards. NO BANK STATEMENTS We need a copy of everyone SS cards.

Economic Improvement Council, Inc. Healthy Homes Application

Description of Home: We need a TAX CARD. You can get this from your county tax office.

Do you own or rent a home? ☐OWN or ☐RENT

✳If you are renting your landlord will need to fill out the Healthy Homes Permission Form✳

✳If this home is currently for sale Healthy Homes services cannot be provided✳

Has this address had Healthy Homes services before? ☐Yes ☐No If yes, name of Agency:_____ (year)_____

✳The home I live in is: ☐Ranch style (one level) ☐Bi-Level ☐Tri-Level ☐House divided into 2 units
☐Mobile Home ☐Singlewide ☐Doublewide ☐House ☐Townhouse ☐Apartment ☐Condo ☐Duplex ☐Multiplex ☐Cabin ,.
☐Modular ☐Other: _____

✳What is the approximate age of your home: _____

✳The home I live in has: ☐Finished Basement ☐Unfinished Basement ☐Crawlspace ☐Pitched roof ☐Flat roof

✳The exterior siding of my home is: ☐Brick ☐Wood ☐Stucco ☐Vinyl ☐Aluminum ☐Other: _____

✳Location of Furnace: ☐Basement ☐Crawl space ☐Wall ☐Floor ☐Closet ☐Other:_____

✳Type of Heating System (check all that apply): ☐Oil ☐Wood ☐Coal ☐Electric
☐Natural Gas ☐Kerosene ☐Propane ☐Other: _____
☐Propane ☐Other: _____
✳Type of hot water heater: ☐gas ☐propane ☐electric
✳Type of cooking stove: ☐gas ☐propane ☐electric
✳Is the heating unit operational? ☐yes ☐no
✳Are you currently remodeling or doing construction on any part of your home? ☐No ☐Yes
✳Please Describe_____

✳Is anyone in the household on oxygen ☐Yes ☐No
Please list allergies in the household including dust, fiberglass, cellulose, mold, chemical sensitivity and latex.
_____

Home Access Authorization:

Do you agree with and understand that areas are to be free of debris, clutter, and pets and be reasonably hygienic where work is to be completed? (Where these conditions exist because of disability, reasonable accommodations may apply.)
Before Healthy Homes work can begin, all homes must meet minimum standards of housekeeping.
☐I agree
☐Disability present (please describe in comments below)

Do you agree with and understand that Economic Improvement Council contractors must be given access to all rooms in your home during business hours and on a reasonable schedule for any work to proceed?
Access to your home:
☐I agree

Do you agree to allow the Economic Improvement Council Healthy Homes Program and its designees to photograph the unit for pre-and post-work documentation?
Permission to photograph home:
☐I agree

Comments: _____
_____
Signature: _____ Date_____

Economic Improvement Council, Inc. Healthy Homes Application

LEGAL RESIDENCY AFFIDAVIT

I, _____, swear or affirm under penalty of perjury under the laws of the State of North Carolina that (check one):

____ I am a United States citizen, or

____ I am a Permanent Resident of the United States, or

____ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this affidavit is punishable under the criminal laws of North Carolina.

_____ _____

Signature Date

Applicants MUST send with application a copy of current picture identification. Acceptable forms of identification include:

- A valid North Carolina driver's license or a valid North Carolina identification card
- A valid United States military card/Common Access Card
- A valid United States passport

Economic Improvement Council, Inc. Healthy Homes Application

PLEASE READ THIS SECTION CAREFULLY:

My signature below authorizes the Economic Improvement Council Healthy Homes Staff and Crew to enter my home as needed to perform Healthy Homes work. My signature verifies that this residence is not currently for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs. Upon completion of work, I give permission to the contractor, sub-contractor staff, local, state, and federal officials to inspect said work. My signature below authorizes the Economic Improvement Council Healthy Homes Program and its designees to inspect and provide services that are intended to identify and address potential health and safety hazards in accordance with Healthy Homes standards and guidelines. I agree, on behalf and for all who stand in my stead, that the Economic Improvement Council, its sub grantees and Healthy Homes crews will not be held liable for any injury or expenses incurred by me while participating in this program. I attest to the best of my knowledge that the information on this form is correct and complete. This service is free of charge but if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received. I authorize the release of income and benefits information to the Economic Improvement Council Healthy Homes Program to document my eligibility. Pursuant to 5 U.S.C. 552(b)(6), of the Freedom of Information Act, the Economic Improvement HHPG program is required to keep confidential any specifically identifying information related to an individual's eligibility application for Healthy Homes services, or the individual's participation in Healthy Homes services, such as name, address, or income information. The State of North Carolina in conjunction with the Economic Improvement Council may, however, release information about recipients in the aggregate in a manner which does not identify specific individuals.

My signature below indicates that I have read, understood, and agreed to the conditions of this application.

Applicant Signature_____Date_____

Client Appeals Process:

Once you have completed the application for services, you have the right for your application to be processed within 30 days. If your application is not processed within 30 days or if you are denied services, you may appeal the decision using the following appeals procedure: You may appeal to the Program Manager or Executive Director of the local Healthy Homes agency. The Program Manager or Executive Director will issue a decision in a written letter within 15 days receipt of the notice of appeal. If the Program Manager or Executive Director denies services and you still disagree, you have 15 days after receiving the written notification by the Program Manager or Executive Director to appeal to the Economic Improvement Council Office Healthy Homes Program. Appeals to the Economic Improvement Council should be in writing and addressed to: Economic Improvement Council Healthy Homes Program, 712 Virginia Road/P.O. Box 549, Edenton, North Carolina 27932. The Economic Improvement Council will have 15 days to respond in writing to all appeals and the decision will be considered final.

How did you hear about the Economic Improvement Council Healthy Homes Program? (Check all that apply)

□ LEAP	□Utility Company	□Newspaper
□Social Services Office	□Brochure	□Television
□Heat Help Line	□Friend/ Family Member	□Radio
□Website	□Other Assistance Program	□Bus ad/Billboard

(Do Not Write Below This Line---For Office Use Only)

I certify that this client is eligible under the appropriate funding guidelines JOB #_____ □unit has **not** been previously wx'ed
□has been previously weatherized Date: _____

_____

Authorized HHPG Agent Signature | Date Approved | Income Verification | POV Level % | HHN or Program

_____

Date Eligibility Expires

Economic Improvement Council, Inc. Healthy Homes Application

Economic Improvement Council Healthy Homes Permission Form

To the Landlord:

Liability Release Statement for Healthy Homes Inspections and Services.

To Whom It May Concern, I, the undersigned, hereby grant permission to conduct Healthy Homes inspections and/or provide related services at the property located at: _____.

These inspections and services are intended to identify and address potential health and safety hazards in accordance with Healthy Homes standards and guidelines. By signing below, the property owner or authorized representative acknowledges and agrees to the following:

1. Permission Granted:
   The undersigned grants permission for authorized personnel to enter the property and perform Healthy Homes inspections and/or services.
2. Release of Liability: The undersigned releases and holds harmless the inspection personnel, their affiliated organization(s), and any associated agents from any and all liability, claims, or demands arising from or related to the performance of Healthy Homes inspections or services, except in cases of gross negligence or willful misconduct.
3. No Warranty or Guarantee: The undersigned understands that the inspection and services provided do not constitute a warranty or guarantee of the condition of the property, nor do they replace any legal or professional inspections required by law.
4. Voluntary Participation: Participation in the Healthy Homes program is voluntary, and the property owner may withdraw consent at any time prior to the completion of services.
5. Property Condition: The undersigned acknowledges that the property will be left in the same condition as found, barring any necessary minor adjustments made during the course of inspection or service. By signing below, the property owner or authorized representative confirms understanding and acceptance of the terms outlined above.

Landlord/Representative Name: _____

Landlord Signature: _____ Date: _____

Phone/Email Contact: _____

Tenant Name (s)	Street Address	Apt/Space	City
		#	
		#	
		#	

What year was the structure built? _____

Do you as the landlord own the refrigerator? Yes ☐ No ☐

_____

Signature of Landlord or Property Manger Phone Date

_____

Printed Name Address

To the HOMEOWNER:

Economic Improvement Council, Inc. Healthy Homes Application

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1. Permission Granted:
   The undersigned grants permission for authorized personnel to enter the property and perform Healthy Homes inspections and/or services.
2. Release of Liability: The undersigned releases and holds harmless the inspection personnel, their affiliated organization(s), and any associated agents from any and all liability, claims, or demands arising from or related to the performance of Healthy Homes inspections or services, except in cases of gross negligence or willful misconduct.
3. No Warranty or Guarantee: The undersigned understands that the inspection and services provided do not constitute a warranty or guarantee of the condition of the property, nor do they replace any legal or professional inspections required by law.
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5. Property Condition: The undersigned acknowledges that the property will be left in the same condition as found, barring any necessary minor adjustments made during the course of inspection or service. By signing below, the property owner or authorized representative confirms understanding and acceptance of the terms outlined above.

Property Owner/Representative Name: _____

Signature: _____ Date: _____

Phone/Email Contact: _____

Do you have any relatives working at EIC? ☐yes ☐no

If so, please list the names and relationship_____

Agency Contact Information:

Economic Improvement Council, INC

Healthy Homes Program

712 Virginia Road / P.O. Box 549

Edenton, North Carolina 27932

Phone: (252) 482-4458

Ext. 113

Fax: (252) 482-0810