



BUILD IT BETTER HOME ENERGY EFFICIENCY GRANT APPLICATION

GRANT #:	PROPERTY LOCATION:
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PLEASE NOTE: This is a reimbursable grant funding program. Fund will not be released until proof of upgrades have been received. SFHA's (Special Flood Hazard Areas) may not qualify for certain improvements. Applications must be completed entirely when submitted. Incomplete applications will be returned to applicant. Owner is responsible for acquiring the proper building permits, if applicable. Funding will not be award for projects that have been completed or are in the process of being completed.

1. APPLICANT INFORMATION – Applicant must be property owner

Name:	Phone:	Homeowner: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address	City, State, Zip Code
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Email:

Marital Status: Single Married Divorced/Separated Widow/Widower

Please check all that apply:

<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic/Latino	Race: <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Female	<input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian

How did you find out about the program: Facebook City Website Utility Department Friend Other

Have you applied for and received Build it Better Funding in the past? Yes No Is yes, when:

2. OCCUPANT(S) INFORMATION

List all household members living at the property, including yourself.

Name (Last, First, Middle)	Age	Relationship	Source of Income	Net Income

If more than one income source for an individual, please note additional sources for the individual in the comments section.

3. RESIDENCE/PROPERTY INFORMATION

Address:	Year Built	<input type="checkbox"/> Owner Residence <input type="checkbox"/> Low-Income Rental Rent per Month \$
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Check all that apply and note number of each.

<input type="checkbox"/> Living Room	<input type="checkbox"/> Attic	Briefly describe the type of improvements, alterations and modifications you would like to be reimbursed for. Please keep in mind that funds are not available for the purchase of energy efficient appliances:
<input type="checkbox"/> Family Room	<input type="checkbox"/> Dining Room	
<input type="checkbox"/> Bedrooms	<input type="checkbox"/> Bathrooms	
<input type="checkbox"/> Heating System Type:	<input type="checkbox"/> Water Heater	
<input type="checkbox"/> Basement	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Doors	<input type="checkbox"/> Windows	
<input type="checkbox"/> Fireplace/Wood Burning Stove		

Comments:

4. CONTRACTOR(S) INFORMATION**PLEASE NOTE:** All contractors and subcontractors must be licensed with the City of Waynesville.

Name of Contractor/Business	Address	Phone	Business License #:

Est. Start Time:	Est. Time of Completion	Est. Cost:
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I hereby acknowledge and certify the following: (Please initial each statement)

_____ That I am the owner of record of the named property and I agree to comply with all program conditions, including, but not limited to, compliance with all applicable federal, state, county, and/or city requirements pursuant to the Municipal Code of the City of Waynesville, as amended.

_____ That all of the information contained within and any accompaniment herewith this application, is true and accurate.

_____ That participation in the Build it Better Program is voluntary.

_____ That the undersigned hereby applies for participation in the Building it Better Home Energy Efficiency Program as administered by the City of Waynesville and agrees to provide the City with the information requested by the City in order to process the application.

_____ That any misrepresentation of material facts or the failure to produce any requested information may result in a declaration of non-eligibility or a termination of continued participation in the program and a consequent denial of any and all benefits.

Signature of Applicant:	Date
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Printed Name:

FOR OFFICE USE ONLYBuild it Better funding needed for: Insulation Weather Stripping/Sealing Replace Doors and/or Windows**Annual Income** Total Household Income: \$ _____ Owner Tenant **Funds Awarded:** \$ _____

Please note any additional circumstances that led to awarding grant funding:

Initial Inspection: Property address verified Audit conforms with property condition Work not started/completed
 Building Permits acquired (if applicable)

Initial Inspection Performed: _____
 Print Inspector's Name Inspector's Signature Date Performed

Final Inspection: Work completed at verified location. Upgrades conform to City Code

Final Inspection Performed: _____
 Print Inspector's Name Inspector's Signature Date Performed

Reimbursement:Received the following: Final Inspection Report Receipts for Material/Labor being reimbursed

Reimbursement Check No. _____ Date of Reimbursement _____

 Authorized Signature