

Empower Clarkston

Home Energy and Water Retrofit Program Application



Areas inspected & possibly repaired upon acceptance:

Exterior/Foundation Inspection

- Condition/Age of home

Foundation Inspection

- Type and condition of foundation. Are grading and landscaping contributing to water problems?
- Any safety issues such as unsafe wiring or structural damage

Interior Inspection

- Are possible air leaks near doors and windows, plumbing & electricity sealed properly?
- Are there any potential air quality issues? (such as mold, lead paint, or asbestos)
- Are there any incandescent light bulbs and low-flow plumbing fixtures?
- If there are gas appliances, do they meet safety expectations?

Attic Inspection

- Presence, type, and amount of attic insulation
- Is the attic properly ventilated?
- Any signs of a roof leak or other moisture issues?

HVAC Inspection

- What is the age and condition of the heating and cooling equipment?
- Are ducts sealed properly?

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Please complete this application and mail or drop it off at:

Tekton Career Training: 3529 Church St, Suite D, Clarkston, GA 30021

or Friends of Refugees Career Hub: 1019 Rowland St., Clarkston, GA 30021

****If you need help filling out this application, please call or text (678) 532-7682 to set up an appointment****

Contact Information:			<i>Application Number:</i> _____
First Name:	Middle Initial:	Last Name:	
Address:		City/Zip: {Must be a resident of 30021 to qualify}	
Best Phone Number:	Is this a cell phone?	Best time to call?	
Email Address:		Date of Birth:	

Housing Information:			
Please check one of the following:	<input type="radio"/> I own my home <input type="radio"/> I rent/lease my home	Multi-family home?	<input type="radio"/> Yes <input type="radio"/> No
City of Clarkston Resident?	<input type="radio"/> Yes <input type="radio"/> No	Manufactured/ Mobile Home?	<input type="radio"/> Yes <input type="radio"/> No
Is your residence currently For Sale, in Foreclosure or in the process of being Foreclosed?	<input type="radio"/> Yes <input type="radio"/> No	Are you in the process of being evicted from your current residence?	<input type="radio"/> Yes <input type="radio"/> No
Year house was built:		Neighborhood:	

Have you received rent or mortgage assistance since March of 2020?	<input type="radio"/> Yes <input type="radio"/> No	Have you lost work/income due to the COVID-19 pandemic?	<input type="radio"/> Yes <input type="radio"/> No
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Primary Type of Heating Fuel:	<input type="radio"/> Natural Gas <input type="radio"/> Oil <input type="radio"/> Electricity <input type="radio"/> Liquid Propane <input type="radio"/> Wood <input type="radio"/> Kerosone	Primary Type of Air Conditioning	<input type="radio"/> Portable A/C <input type="radio"/> Central A/C <input type="radio"/> Window Units If Window Units, how many? _____
Roof Condition	<input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> New	Specific Household Condition Issues:	

Renter Information:

If you rent your house, please fill out this section. If you own your home, skip this section

Landlord Name:	Phone. Number:	
Mailing Address:	City:	State/Zip:

Household Utility Information:

Household Utility:	Last Bill Amount:	Total Cost Over Last 3 Months:
Natural Gas:		
Electricity:		
Water:		

If you are selected for the program, you will be required to provide billing statements.

Household Resident & Income Information:

Total number of people in home?	Number of people under the age of 18 in home:	Total monthly amount of household income:
<i>Optional worksheet on next page</i>		
Does anyone in the house have any high risk health issues? (Asthma, high risk of COVID-19 etc...)		<input type="radio"/> Yes <input type="radio"/> No
If yes, please explain in any ways you are comfortable sharing. (This will help us keep you safe while we work in your home.)		

I certify that all information included here is correct to the best of my knowledge. I understand that I may be required to provide documentation of this information upon acceptance into the Empower Clarkston Plumbing Repair or Retrofit Program Assistance.

Signature

Date

[OPTIONAL] Resident Worksheet

You may use this worksheet to help you determine how much income is made each month by every person in your house. Be sure to include income from government assistance benefits like food stamps, etc.

	NAME	AGE	INCOME
Self			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$
		TOTAL	\$

Put the total amount from this page in the "Total monthly amount of household income" box on page 2