

# THE HEALTHY LIVING GRANT APPLICATION



2016

The Eagle's Nest Outreach Center

Helping homeowners in Baltimore City  
to reduce their carbon footprint while  
saving energy and money on their  
utilities bills through energy  
improvements one home at a time.



\* 2016 Funding is limited

*[eaglesnestoutreachcenter.weebly.com](http://eaglesnestoutreachcenter.weebly.com)*

## THE EAGLE'S NEST OUTREACH CENTER

Welcome to the Healthy Living Grant Application Process. This funding will assist you with energy star appliances, weatherization and heating and cooling products. Please verify the checklist and fill out the required information in the application to apply for available funding.

Please fill out each in its entirety to ensure compliance and a speedy processing of your application. Mail your completed application to:

The Eagle's Nest Outreach Center (ENOC), 701 E. 25<sup>th</sup> Street,  
Baltimore, MD 21218. For more information contact: 410.366.6635.

### Checklist



- 1 - Residency
- 2 – Income Guidelines
- 3 – Product Eligibility
- 4 – Application
- 5 – Timeframe
- 6 – Frequently Asked Questions
- 7 – Contact Us

## The Application Process has Four Parts:

### Step 1: Who is eligible?



Must be a Resident in  
Baltimore City

### Step 2: Income Guidelines



Number of people in the household	Income under this amount annually (free)	Income between these amounts <u>and</u> you are willing to pay 10% of the cost
1	\$45,180	\$45,181 and \$64,000
2	\$51,600	\$51,601 and \$73,100
3	\$58,080	\$58,081 and \$82,300
4	\$64,500	\$64,501 and \$91,400
5	\$69,600	\$69,601 and \$98,700
6	\$74,821	\$74,822 and \$106,000

### Step 3: What is eligible? (Post Energy Audit recommendations)



Energy Efficient Furnace/Boiler

Energy Efficient Stove

Energy Star Washer

Weatherization

Water Heater

Energy Star Air Conditioner

Energy Star Refrigerator

Energy Star Freezer

### Step 4: Application Process



1 - Complete and return application

2 – Eligibility Process– Mandatory Workshop

3 - Approved – Energy Audit

4 - Energy Audit Recommendation

Total Timeframe: 45- 60 days



## Healthy Living Grant Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Secondary Contact Name:

Full Name: \_\_\_\_\_  
*Last First M.I.*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Have you ever received weatherization assistance YES NO  
☐ ☐

\_\_\_\_\_

Have you ever received an Energy Audit YES NO If yes, when? \_\_\_\_\_  
☐ ☐

Can we add you to our mailing list for future grant rounds and other news? YES NO  
☐ ☐

Email: \_\_\_\_\_

### Household Information

Full Name: \_\_\_\_\_ Birth: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Type of Income: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Proof of Income: \_\_\_\_\_  
 \_\_\_\_\_

Full Name: \_\_\_\_\_ Birth: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Type of Income: \_\_\_\_\_  
 Age: \_\_\_\_\_  
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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \_\_\_\_\_  
 Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \_\_\_\_\_  
 Age: \_\_\_\_\_

**Types of Income:**

Social Security Award  
Letter; SSI; Pension Letter;  
Two check stubs  
employment

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**Heating**

What type of Heating system do you have? \_\_\_\_\_

Oil                      Gas                      Boiler                      Space Heaters  
☐                      ☐                      ☐                      ☐

Is your system currently  
working?

Yes                                      No  
☐                                      ☐

If not, can you describe the  
problem?

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**Cooling**

What type of Cooling system do you have? \_\_\_\_\_

Central                      Window Units                      Other  
☐                      ☐                      ☐ \_\_\_\_\_

Is your system currently  
working?

Yes                                      No  
☐                                      ☐

If not, can you describe the  
problem?

Can you describe the problem?

Who is your Energy & Gas Supplier?

Please provide a one year statement of your current BGE bill. Contact BGE for information – 1.800.685.0123 (timeframe one week – two week to send by mail – You can view your past one year via the internet – [www.bge.com](http://www.bge.com) )

**Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to a grant award, I understand that false or misleading information in my application or interview may result in denial of the program award.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_