



13. Number of household member that are under the age of 16 \_\_\_\_\_  
 List ages \_\_\_\_\_

14. Is any member of the household disabled? Y N  
 How many members of the household are disabled? \_\_\_\_\_

15. What is you/your family’s ethnicity (check all that apply)  
 White \_\_\_ Black \_\_\_ Native American \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Other \_\_\_

16. Are you and your family United States Citizens by birth or have been provided legalized resident status?  
 Y N

If anyone in your family has been provided legalized resident status, please attach copies of documents supporting this.

17. Please provide the following information for all household members who are 16 years of age and up:

First and Last Name	Age	Social Security Number	Income for last 12 months	Source of Income

**Please provide copies of Social Security cards, Drivers License, and Birth Certificates for each household member listed above.**

**Please provide proof of income for each household member listed above.**

**THIS DOCUMENTATION IS MANDATORY**

**Please refer to the Income Verification (page #11) for more details regarding income.**

**Please refer to the Income Limits (page #10) to ensure you qualify for this program.**

18. What is the total gross annual income for the household? \_\_\_\_\_

19. What is your primary fuel for heating?

Electric \_\_\_\_\_ Nat Gas \_\_\_\_\_ Propane \_\_\_\_\_ Wood \_\_\_\_\_

20. What type of heating system do you have?

Forced air \_\_\_\_\_ Base Board \_\_\_\_\_ Space heaters \_\_\_\_\_ Wood stove/Fireplace \_\_\_\_\_

21. Do you have Air Conditioning?     Y     N

If yes, what type? Forced air \_\_\_\_\_ Evaporative Cooler \_\_\_\_\_ Window mount or Portable A/C \_\_\_\_\_

22. Who is your electric company?    APS \_\_\_\_\_ Navapache \_\_\_\_\_ Solar/Wind/Generator \_\_\_\_\_

23. What is your electric account number? \_\_\_\_\_

24. If you have Natural Gas, what is your Unisource account number? \_\_\_\_\_

**Please provide copies of your utility usage history for both electric and gas. Copies of the bar graphs that are included on your utility billing statements are best if available and provide data for the past 12 months. If they are un-available, you will have to contact your utility companies to obtain this information. If you have lived at the address less than 12 months, data for the amount of time you have lived at the address will be acceptable.**

25. Are you the utility account holder?     Y     N

If no, who is the utility account holder? \_\_\_\_\_

26. Utility account holder please read the release form (page #4), sign, and date.

UTILITY INFORMATION RELEASE

\_\_\_\_\_ ARIZONA PUBLIC SERVICE (APS)

PO Box 21666, Phoenix AZ 85036

\_\_\_\_\_ UNISOURCE ENERGY SERVICES (UES)

PO Box 711, Tucson AZ 85702-0711

\_\_\_\_\_ NAVOPACHE ELECTRIC COOPERATIVE

1878 W. White Mountain Blvd., Lakeside AZ 85929

I hereby authorize the above indicated utility provider(s) to release all utility bills and other information concerning or relating to energy consumption at the account address listed below to the **Arizona Department of Housing, Wildfire, and Northern Arizona Council of Governments** (each a “*Recipient*”, and collectively, the “*Recipients*”).

This release is granted in connection with the determination of my eligibility for, and/or my participation in the home weatherization for low-income households (the “*Program*”), and applies to all historical and future utility bills and energy consumption information for the account address listed below. I further understand that the utility bills and consumption information released hereunder may be compiled and analyzed (both on an individual household and aggregate basis) by one or more of the Recipients in order to determine energy cost savings realized through the Program, as well as to support future requests for additional Program funding (the “*Purpose*”). The utility bills and consumption information released hereunder, as well as any statistical or other analysis derived therefrom, may be further released by each Recipient to third parties (including, without limitation, other Recipients) in furtherance of the Purpose described above, *provided, that*, no information released hereunder shall be made public in such a manner that my dwelling or its occupants can be identified.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## Landlord/Tenant Agreement

Weatherization Assistance Program

Name of Sub-grantee that is providing funding:

This agreement, made and entered into this  day of  20  by and between:

, hereinafter referred to as "Landlord" and ,

the party renting said dwelling, hereinafter referred to as "Tenant", and funding provider , hereinafter referred to as sub-grantee.

WHEREAS, Landlord is the owner of a dwelling that is rented to potentially eligible person(s), hereinafter referred to as "Tenant(s)", under such a program and said dwelling may be determined by sub-grantee to be in need of weatherization services as an improvement to the dwelling being rented to Tenant for the benefit of Tenant and for the long-term improvement of the dwelling; and;

WHEREAS, Tenant desires to have the rented premises, location described below, receive the benefits of the Weatherization Assistance Program (WAP) and has filled out the necessary application(s) for such services:

**IT IS AGREED BY AND BETWEEN THE PARTIES AS FOLLOWS:**

- 1. LOCATION:** Landlord is the owner of a rented dwelling located at: (Physical Address)
- 2. TENANT:** Tenant is currently renting said dwelling from Landlord for a monthly rental amount of \$  per month.
- 3. SERVICE PROVIDED:** If eligible for service, Tenant and Landlord agree to allow sub-grantee to weatherize the property, if the dwelling meets criteria of the WAP. The weatherization services may include but are not limited to the following:

  - a. Insulate, per WAP guidelines
  - b. Reduce and/or stop air infiltration around windows and doors
  - c. Sunscreens
- 4. PERFORMANCE:** The services provided under this agreement shall be performed on a date that is mutually agreeable to all parties, including tenant.
- 5. COVENANT NOT TO INCREASE:** In consideration of the weatherization services performed on this dwelling, Landlord covenants not to raise Tenant's rent for a ONE (1) YEAR period following the date of this agreement.
- 6. COVENANT NOT TO EVICT:** In consideration of the aforementioned services provided, Landlord covenants not to evict or remove Tenant for a ONE (1) YEAR period following the date of this agreement, so long as the Tenant complies with all the ongoing duties and obligations owed to the Landlord.
- 7. ASSIGNMENT:** The aforementioned covenants bind the Landlord, his/her assigns and successors for the stated period of time.
- 8. AUTHORIZATION TO OBTAIN DATA:** It is further agreed by the parties, including Tenant, that the The Department of Energy, Arizona Department of Housing, Sub-grantee and/or its Delegate Agent is granted permission to inspect or is authorized to obtain utilities billing records for the dwelling in question for not more than eighteen (18) months before and eighteen (18) months after subsequent to the performance of weatherization services for the sole purpose of obtaining data for evaluation of the energy conservation effectiveness of the work done. This authorization directs the pertinent utility and fuel companies to make such records available to the Sub-grantee or its Delegate Agency.

***For hearing/grievance process, please follow sub-grantee grievance policy.***

Per our signatures below, we are in agreement with all of the above:

Landlord Signature:  Date:

Landlord Contact Phone #:  Landlord E-mail:

Tenant Signature:  Date:

Witness signature is optional, based on sub-grantee's (listed above) rules and regulations.

Date:

Witness Name (Print)

Witness Signature

**28. OCCUPANT WORK AUTHORIZATION**

I, \_\_\_\_\_ (Client's Name), do hereby certify that I am the Head of Household of the dwelling listed below and do hereby authorize NACOG Weatherization and/or their contractors to make certain repairs to this dwelling for the purpose of weatherization and energy conservation with the understanding that there will be no cost to me for labor or materials. I do hereby release NACOG Weatherization and/or their contractors from any liability whatsoever in the performance of the authorized work.

Address of dwelling: \_\_\_\_\_

Signature of Occupant: \_\_\_\_\_

**29. NACOG WEATHERIZATION AGREEMENT**

This agreement is between \_\_\_\_\_ (Client's Name) at \_\_\_\_\_ (Address of Dwelling) and NACOG Weatherization.

Referred to in this agreement as the Client and NACOG (NACOG Weatherization program 119 E. Aspen Ave., Flagstaff, AZ 86001).

- I. NACOG will perform the work as stated on the Proposed Work form unless it is determined that any of the proposed work is not necessary or not cost effective. The Client understands that NACOG will not perform any additional work on the dwelling.
- II. The Client agrees to have the home available on the scheduled date and time of work.
- III. The Client agrees to have any obstruction removed from the work area prior to work commencing.
- IV. The Client understands that NACOG will not perform any work on the dwelling if any illegal activities are observed and has the right to stop any work on the dwelling for any reason.
- V. The Client agrees to keep children and animals away from work area until the work is completed.

Client's Name (Print) \_\_\_\_\_

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

**30. STATEMENT OF ROOF REPAIR**

NACOG Weatherization is a Federally funded program and all work must be energy conservation related. If your home requires minor roof repair in conjunction with energy conservation, NACOG will make a valid attempt at said repair, we cannot however, guarantee that it will not leak again nor will the budget allow us to return to make another attempt.

I, the undersigned, have read the above statement and I understand NACOG's position.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

# ARIZONA DEPARTMENT OF ECONOMIC SECURITY

## AFFIDAVIT THAT DOCUMENT/S IS/ARE TRUE

I, \_\_\_\_\_, swear or affirm, under penalty of perjury, that the document/s presented by me to prove U.S. Citizenship, U.S. National, or Alien Status are true.

### Document/s Presented:

Copy of Social Security Card \_\_\_\_\_

Copy of current Drivers License \_\_\_\_\_

Copy of Birth Certificate \_\_\_\_\_

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

Equal Opportunity Employer/Program\* Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI& VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, The Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in the program, service or activity. For example, this means, if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any further reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to said activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible.  
To request this document in alternative format or for further information about this policy, contact 602-542-3882; TTY/TDD Services: 7-1



Office use only. Do not write below this line.

+++++

I certify that I have verified all the above information to the best of my ability and based on this information do hereby approve weatherization assistance.

NACOG Weatherization Intake (Print Name)\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

## APPLICATION CHECK LIST

1. Income Verification Documents (Please refer to the INCOME VERIFICATION GUIDELINES page # 9). \_\_\_\_\_
2. Copies of Social Security cards, Drivers License, and Birth Certificates for household members 16 yrs. Of age and older. \_\_\_\_\_
3. Copies of Citizenship Documents. \_\_\_\_\_
4. Copies of Proof of Ownership (If Applicable). \_\_\_\_\_
5. Copies of Utility Usage History (Bar graphs from most recent utility bill) \_\_\_\_\_
6. All required information and signatures. \_\_\_\_\_

### INCOME GUIDELINES

Single person household	\$24,280.00
Two person household	\$32,920.00
Three person household	\$41,560.00
Four person household	\$50,200.00
Five person household	\$58,840.00
Six person household	\$67,480.00
Seven person household	\$76,120.00
Eight person household	\$84,760.00
Nine person household	\$93,400.00
Ten person household	\$102,040.00

**For households exceeding ten people, add \$8,640.00 for each additional person.**

## INCOME VERIFICATION

“Income” is defined as gross annual income.

### These are the acceptable forms of “Proof of Income”

**1. Salary or Hourly Wages**

Last 3 months worth of your most recent pay stubs with “Year to Date” information.

**2. Income from Self Employment**

A self-declaration of current weekly or monthly income that must be signed and notarized.

**3. Payments in lieu of Earnings/Workman’s Comp/Unemployment**

Statements from Source.

**4. Social Security Retirement, Supplemental and/or Disability**

Current year award letter from Department of Social Security. You can request a copy by calling 1-800-772-1213.

**5. Military pay**

Current LES.

**6. AFDC, General Assistance, TANF, or other sources of assistance.**

Documents provided by source.

**7. Retirement, Pension, or Annuity Payments**

Documents provided by source.

**8. Income received from Rental Property**

Copy of Rental Agreement.

**9. Interest from Savings, Stocks, Bonds, or Certificates of Deposits over \$50.00.**

Documents provided by source showing Year to Date interest information.

**10. Regularly recurring “Gifts”**

Statement from source that must be signed and notarized.

**11. No Income**

A Certification of Zero Income form must be completed, signed, and notarized. You can request a copy of this form from the NACOG Weatherization office.

**ONCE YOUR APPLICATION IS COMPLETE, PLEASE RETURN IT AND ALL RELEVANT DOCUMENTS TO:**

**NACOG WEATHERIZATION**

**3111 N. CADEN COURT**

**SUITE 100**

**FLAGSTAFF, AZ 86004**

**IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL THE OFFICE AT**

**928-774-3759**

**THANK YOU FOR YOUR PARTICIPATION**