



WEATHERIZATION ASSISTANCE PROGRAM

Dear Applicant:

Thank you for requesting an application for our Weatherization Assistance Program. Please complete this application in its entirety, sign, date and return to Nevada Rural Housing Authority, Weatherization Department, 3695 Desatoya Dr. Carson City, NV 89701. Please make a copy for your records. In addition we will need the following documentation to process your application:

- All persons 18 years or older residing in the home, who receive any type of income, must provide us with copies of (3) most recent pay stubs, a copy of 3 current months of bank statements and/or all current benefit statements. Self employed persons must provide us with copies of payment checks, current bank statements and a copy of most recent income tax return. Anyone in household who claims no income must request a “zero income” form which must be filled out and notarized
- Copy of social security card for each household member.
- Copy of your power bill and/or gas bill (both if applicable). These copies must show your name, address and account number.
- Please read, sign, return and adhere to the animal restraint form.
- For Homeowners: Ownership information which must include the year the home was built or manufactured. (copy of deed, title or property taxes) You may have to contact your local county assessor’s office for this documentation.
- Please Check the Appropriate Boxes:

Main Heat Source: Electric Natural Gas Propane
 Wood/Pellet stove _____

Water Heater: Electric Natural Gas Propane

ALL OF THE ABOVE MENTIONED INFORMATION MUST BE INCLUDED TO PROCESS YOUR APPLICATION. PLEASE BE SURE TO MAKE YOURSELF A COPY OF ALL PAPERWORK FOR YOUR OWN RECORDS BEFORE SUBMITTING.

Once your application is processed you will be contacted by mail regarding your status. If you have any questions regarding the application process, please contact us at Nevada Rural Housing Authority:
Phone: 775-887-1795 x124
Fax: 775-283-0110

Thank you,
Weatherization Dept.



DEPARTMENT OF BUSINESS AND INDUSTRY – HOUSING DIVISION
WEATHERIZATION ASSISTANCE PROGRAM

APPLICATION

A. APPLICANT INFORMATION

PLEASE PRINT CLEARLY OR TYPE:

NAME: _____ HOME PHONE: _____ WORK PHONE: _____
(Last, First, MI)

HOME ADDRESS : _____ COUNTY: _____
(Number and Street) (Apt No) (City) (Zip)

Mailing Address: (If different from home address) _____

TYPE OF DWELLING : Single Family Mobile Home 2-4 Family 5+Family

IS HOME Rented Owned (Does not apply to mobile home space rental.)

LANDLORD : _____
(Name) (Address) (City, Zip) (Phone No.)

B. HOUSEHOLD INFORMATION

<u>NAMES OF ALL HOUSEHOLD MEMBERS</u> (ATTACH ADDITIONAL PAGES IF NECESSARY)			Date of Birth Month/day/year	Social Security Number	U.S. Citizen or Eligible *Non-citizen		Disabled		Native American	
LAST	FIRST	MI			Yes	No	Yes	No	Yes	No

***List the names of all non-citizen household members authorized as legal residents of the United States and provide copies of the front and back of their I-688 (Temporary Resident Card) or I-551 (Resident Alien Card) with this application.**

- Has this home ever received weatherization services before? If Yes, when? _____ Yes No
- Does the dwelling unit have a Home Owners Association? Yes No
- Are you a recipient of Section 8 Housing or any other HUD Housing Programs? Yes No

C. INCOME

Definition of Income: Income includes money, wages and salaries before any deductions; net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business expenses). Income also includes regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, child support, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

- Are you currently receiving Energy Assistance (LIHEA or Energy Assistance) Yes No
- Did any household member work during the last 30 days? Yes No
- Does anyone in your household receive SUPPLEMENTAL SECURITY INCOME (SSI) or TANF? Yes No

Annual household income: \$ _____

Acknowledgement of Applicant:

I hereby authorize any investigation concerning me and other household members which is necessary to determine eligibility for benefits received or to be received under programs administered by the Nevada Housing Division. I hereby authorize and consent to the release of any and all information confidential by law or otherwise privileged under NRS 49.255 or any other provision of law. I hereby release the holder of such information from liability, if any, resulting from the disclosure of the required information. I acknowledge that a reproduced copy of this authorization legally constitutes an original copy. I consent that the Nevada Housing Division or its representatives may survey my energy usage, advise vendors of assistance grants, and may verify any information necessary to determine eligibility for assistance. I realize that I must give complete and accurate information and that willful concealment could result in criminal prosecution. **I SWEAR THAT EVERY ANSWER IS TRUE.**

Signature of Applicant: _____ Date: _____

DEPARTMENT OF BUSINESS AND INDUSTRY – HOUSING DIVISION
WEATHERIZATION ASSISTANCE PROGRAM
NOTICE OF RIGHTS AND OBLIGATIONS

IN APPLYING FOR AND RECEIVING WEATHERIZATION ASSISTANCE, I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. A complete application packet must be on file with the local agency and deemed eligible for assistance to be provided.
2. I authorize the examination of all employment/income, utility/fuel and other records pertinent to my application for weatherization assistance.
3. No disclosure of any information obtained by a representative of the Weatherization Assistance Program will be made directly or indirectly. Such information will be utilized only in the furtherance of the Weatherization Assistance Program.
4. The weatherization work to be performed is being paid for with federal and state funds and at no cost to me.
5. As the owner/authorized agent, I authorize access to my residence as necessary to perform needed weatherization activities including the final inspection. If I do not allow access to the property for the final inspection, I am aware I will be financially responsible for reimbursing the State for all materials and labor.
6. I agree to report any changes in household size, income or other information relevant to receiving weatherization assistance that occur after my application is filed and prior to the receipt of such assistance.
7. If I have been declared eligible but have not received weatherization assistance within 90 days of the original application, I will be asked to resubmit current income and other household information.
8. No person will be denied weatherization assistance or be discriminated against because of race, color, national origin, age, sex, handicap, political beliefs or religion. If I believe I have been discriminated against, I understand I may call or write the local agency administering the Weatherization Assistance Program. If the issue cannot be resolved at the local level, I understand I may write Nevada Housing Division, Weatherization Program, 1535 Old Hot Springs Road, Suite 50, Carson City, Nevada 89706.
9. Workmanship on all materials installed is warranted for 90 days from the date that weatherization work was certified being completed on the Building Weatherization Report.
10. Should I have any complaints or questions regarding the action taken relative to my application or the work performed on my residence, I understand I may have a conference with a person from the local agency responsible for the weatherization assistance.

Prior to my conference, I agree to put in writing and submit to the local agency the following:

- a. The nature of my complaint (including the names of the persons involved).
- b. The date of the occurrence.
- c. The address of the residence where the work took place.
- d. Name of the local agency personnel contacted.
- e. The name and address of any witness, if applicable.

The complaint must be received by the agency responsible within 30 days from the date of the incidence.

11. I understand I have the right to a hearing if I disagree with the decision on my application or am dissatisfied with the weatherization work provided. A written request for this hearing must be received by the Nevada Housing Division, Weatherization Assistance Program, 1535 Old Hot Springs Road, Suite 50, Carson City, Nevada 89706 within 90 days from the notice date of local agency action or completion of work as shown on the Building Weatherization Report.

A hearing need not be granted when:

- The sole issue is either a state or federal law.
- The request is not received within 90 days.
- The applicant/recipient has moved from the residence.

12. The residence is not eligible for weatherization assistance if the property is currently on the market for sale.
13. In the event the property is listed or sold within 1 year of weatherization, I am aware I will be financially responsible for reimbursing the State for materials and labor.
14. After completion of weatherization on my residence, I am aware the residence is no longer eligible for additional weatherization assistance for the period specified by the regulations governing the Weatherization Assistance Program.
15. If the property in which I reside is subject to a Home Owners Association, I am responsible to provide written approval from the Association representative to the service provider prior to commencement of work for any measures that require the Home Owners Association approval.

MY SIGNATURE BELOW INDICATES I UNDERSTAND AND HAVE RECEIVED A COPY OF THE RIGHTS AND OBLIGATIONS AS AN APPLICANT FOR THE STATE WEATHERIZATION ASSISTANCE PROGRAM.

Signature

Date





ANIMAL RESTRICTION AND HEALTH HAZARD COMPLIANCE AGREEMENT

RESIDENT NAME: _____

ADDRESS: _____

During the time that weatherization crews are at work on your property, we request that all animals be restrained and all debris from the animals be cleaned up, as well as any direct health related issues corrected to prevent any injury and/or health hazards to workers. This will also eliminate any unnecessary damage or confusion that may arise because of unrestrained animals leaving the property while the weatherization work is being completed.

This agreement releases the Nevada Housing Division, and its sub-grantees and any sub-contractors or workers from any liability. Please note that in the event you, the occupant, do not comply with this agreement, the Nevada Housing Division, and any of its agents may exercise the right to walk-away and withdraw your application from the project.

Thank you,
The Weatherization Program

Resident Signature _____

Date _____



**DEPARTMENT OF BUSINESS AND INDUSTRY – NEVADA HOUSING DIVISION
WEATHERIZATION ASSISTANCE PROGRAM**

Race and Ethnic Data Reporting Form

This form is for reporting purposes only
There is no penalty for persons who do not complete the form.

Applicant Name: _____

Home Address: _____

Instructions: Enter the names of each household member in the top row. (If there are more than six persons in the household, please use a second form to include all household members.) Complete the Ethnic Categories by checking either box 1 or 2 for each household member. Complete the Racial Categories by checking any of the applicable boxes in 1 through 5 for each household member. Check "Yes" or "No" to the last two questions. Sign and date the form.

Household Members Name(s) (Including Head of Household)						
Ethnic Categories – Check only one						
1) Hispanic or Latino						
2) Not-Hispanic or Latino						
Racial Categories – Check all that apply						
1) American Indian or Alaska Native						
2) Asian						
3) Black or African American						
4) Native Hawaiian or Other Pacific Islander						
5) White						

Is Head of Household a women **Yes ___ or No ___**

Is Head of Household disabled **Yes ___ or No ___**

Signature of Applicant: _____

Date: _____