Community Services Agency Development Corporation
Weatherization Assistance Program
1094 E. 8th Street, Reno, NV 89512
Phone: (775) 786-6023 | Fax: (775) 786-5743
www.csareno.org

Dear Applicant:

Thank you for your interest in the Weatherization Assistance Program. Please complete this application in its entirety, including signatures, dates, and required supplemental documentation. **Completed applications can be emailed to weatherization@csareno.org, dropped off in person at the address above or mailed to Community Services Agency, ATTN: Weatherization, PO Box 10167, Reno, NV 89510.**

For us to process your application and make an eligibility determination, all of the required documents listed below must be included:

☐ **Please read, sign, and return all application forms in this packet, including:**

- ☐ Application for Assistance
- ☐ Notice of Rights and Obligations
- ☐ Client Information Handout
- ☐ Authorization to Access Utility Info
- ☐ Race and Ethnic Data Reporting Form
- ☐ Zero Income Certification, if applicable
- ☐ Supplemental CSADC Application Information
- ☐ Animal Restriction and Health Hazard Agreement
- ☐ Deferral Standards and Compliance Code Issues Form
- ☐ HOA Approval Form
- ☐ Landlord Service Agreement, if applicable

☐ **Proof of income for all persons residing in the household who are 18 years of age or older**. This should include the last thirty (30) days of paystubs, current SSI or Social Security benefits statements or award letters, pension records, or any other regular sources of income, or three (3) months of bank statements showing regular deposits if paystubs and/or benefit statements are not available. *Anyone 18 years of age or older in the household who claims no income must submit a **Zero Income Certification Form** which is to be filled out and notarized.*

☐ **Copies of Social Security Cards or proof of legal immigration status** (Resident Alien Card or Employment Authorization Card) for each member of the household, including children.

☐ **A photo ID for the Head of Household/Primary Applicant.**

☐ **Copies of your electric and gas/propane/oil bills for the previous 12 months.** Copies must be your full utility bills that show your name, address, account number, and usage amount. If you are unable to secure your utility bills, our team may be able to assist if you've completed the **Authorization to Access Utility Information** form.

☐ **Homeowners:** Please submit a copy of your deed, title, or property tax bill showing proof of ownership and the year that your home was built or manufactured. A printout from your county's Assessor's Office may also be acceptable.

☐ **Renters:** Please be sure to include the name, address, and phone number of your landlord or the property owner on the application and obtain their signature on the **Landlord Service Agreement.**

ALL OF THE ABOVE-MENTIONED INFORMATION MUST BE INCLUDED TO PROCESS YOUR APPLICATION. Once your application is processed you will be contacted by email, mail, or phone regarding your status. If you have any questions regarding the application process, please contact us at (775) 786-6023 or weatherization@csareno.org.

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

APPLICATION FOR ASSISTANCE

HOUSEHOLD INFORMATION

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK OR TYPE INFORMATION BELOW. LIST ALL INDIVIDUALS LIVING IN THE HOME.

Names of all Household Members LAST, FIRST, MI (Jr., Sr, III)	**Relationship to Applicant**	**Date of Birth** (MM/DD/YYYY)	**Social Security Number**	**Sex**	**U.S. Citizen or Eligible *Non-citizen?** Yes	No	**Disabled?** Yes	No
	SELF							

***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-550 (Resident Alien Card) with this application.**

Home Address *(include apartment or unit number)* City State Zip

Mailing Address *(If different from your home address.)* City State Zip

Home Phone_____ Day/Message/Cell Phone_____ E-mail Address_____

What is your primary language for communication? _____

DWELLING INFORMATION

TYPE OF DWELLING: ☐Single Family ☐Mobile Home ☐2-4 Unit Dwelling ☐5+ Unit Dwelling
HOME IS: ☐Rented ☐Owned (Mobile home space rental does not apply)

RENTERS ONLY Landlord Name: _____ Telephone Number: _____

Address: _____

Are you receiving Section 8 or HUD housing? ☐Yes ☐No

Has this home ever received weatherization services before? ☐Yes ☐No If yes, when? _____

Does the dwelling unit have a Homeowners Association? ☐Yes ☐No

ELIGIBILITY INFORMATION

Is any household member receiving any of the following income or benefits? **CHECK ALL THAT APPLY.**

☐ Energy Assistance ☐ SSI ☐ TANF ☐ Alimony ☐ Annuities
☐ Cash Contributions ☐ Direct Deposits ☐ Disability Income ☐ Dividends ☐ Farm Income
☐ Gambling/Lottery Winnings ☐ Insurance Payments ☐ Interest ☐ Military Pay
☐ Pension ☐ RSDI ☐ Royalties ☐ Self-Employment ☐ Soc. Sec. Disability
☐ Strike Income ☐ Supported Living Arrangements ☐ Training Stipends ☐ VA Benefits
☐ Trust Fund/Estate Distributions ☐ Wages, Commissions or Tips ☐ Workers Comp.

AUTHORIATION AND ACKNOWLEDGEMENT

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:** _____

NEVADA HOUSING DIVISION

WEATHERIZATION ASSISTANCE PROGRAM

NOTICE OF RIGHTS AND OBLIGATIONS

In applying for and receiving weatherization assistance, I understand and agree to the following:

I. ELIGIBILITY FOR WEATHERIZATION

1. A complete application must be submitted to the Weatherization Assistance Program (WAP) and deemed eligible for weatherization assistance to be provided. The application must provide true and correct reporting on:
   a. **Household Members -** all individuals living in the home, regardless of their relationship to the applicant, must be listed on the application.
      Note: NHD requires Subgrantee staff verify household size is consistent with the number of people indicated on the client's application at the time of the Weatherization assessment.
   b. **Countable Income -** All sources of income received by the household must be reported.
   c. **Citizenship** – Members of the household must be citizens or have legal immigration status to be eligible for Weatherization, when required.
   d. **Identification** – The Applicant is required to provide a copy of their photo identification.
   e. **Temporary Assistance for Needy Families (TANF) Eligibility** – a household ***may*** automatically be eligible for Weatherization if TANF was received within 12-months prior to application.
   f. **Low-Income Home Energy Assistance Program (LIHEAP) Eligibility** - a household ***may*** automatically be eligible if LIHEAP was received within 12-months prior to application.
   g. **Supplemental Security Income (SSI) Eligibility** – a household ***may*** automatically be eligible if a member received SSI in the 12-months prior to application.
2. The household (including those meeting the criteria for I.1.e, I.1.f, and I.1.g above) agrees to provide the documentation needed by the Weatherization Program staff to verify household and dwelling eligibility for WAP services.
3. The household agrees to report any changes in household size, income, or other information relevant to receiving weatherization assistance that occur from application through work completion.
4. If the household is eligible but work has not been completed within 12 months of the original application**,** updated income and other household information may be requested.
5. The home may not be eligible for Weatherization if it was previously weatherized, depending on the funding source used and when it was previously weatherized.

II. HOMEOWNER ASSOCIATIONS, RENTALS & PROPERTIES FOR SALE

1. If the property is subject to a Homeowners Association (HOA), the household must provide the HOA's written approval of the scope of work prior to commencement of work for any measures that require the Homeowners Association approval.
   Note: If the HOA demands removal or replacement of materials because they did not approve the work prior to the work being performed by the Weatherization Program, the removal or replacement will be at the owner's expense.
2. For rental applicants to qualify for Weatherization Assistance, the owner of the rental property must pay a minimum of fifty percent (50%) of the installed costs of capital improvements related to repairs of $2,000 or more, or replacement of any amount for the following: heating and cooling systems, water heater, insulation (roof, attic, sidewall, floor, and duct), and window replacement.
   Note: Solar screens are not subject to owner contribution.
3. A building containing rental dwelling units may be weatherized with notarized written permission from the owner or their authorized agent when minimum occupancy eligibility requirements are met.
4. Properties used exclusively as short-term rentals (Airbnb, VRBO, etc.) do not qualify, because they are not considered permanent residences for the applicant.
5. Short-term vacation rental properties cannot be weatherized unless it is the applicant's primary residence and meets income requirements. Purely commercial or vacation properties are excluded.
6. The residence is not eligible for Weatherization Assistance if the property is currently on the market for sale.
7. In the event the property is listed or sold within 1 year of weatherization, I am aware I may be financially responsible for reimbursing the State for materials and labor.

III. **WEATHERIZATION PROJECTS**

1. Approved weatherization measures are determined by the energy audit. Households cannot choose weatherization measures which are not deemed necessary by the audit.
2. The weatherization work to be performed is being paid for with federal and state funds and at no cost to the homeowner unless it is a rental unit.
3. Workmanship on all materials installed is warranted for 90 days from the date that weatherization work is certified as being completed on the Building Weatherization Report.
4. After work completion, the home is ineligible for additional weatherization assistance for the period specified by the regulations governing the Weatherization Assistance Program.
5. The owner/agent must sign the Scope of Work approving any weatherization work planned. The work performed may change based on unforeseen conditions observed on site.

IV. **COOPERATION WITH THE WEATHERIZATION ASSISTANCE PROGRAM**

1. The household must cooperate in providing all documentation needed to determine eligibility for Weatherization Assistance. Failure to do so may result in denial or termination of services.
2. The household must keep scheduled appointments and allow access to the residence as needed to perform weatherization activities including the Energy Audit and final inspection.
3. If the household does not allow access for the final inspection, they will be financially responsible for reimbursing the State for the cost of the weatherization project.
4. Rude or discourteous behavior by a member of the household may be cause for termination of the weatherization project.

V. **CONFIDENTIALITY AND NON-DISCRIMINATION EXPECTATIONS BY WEATHERIZATION STAFF**

1. 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.
2. 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 the household believes they have been discriminated against, they may call or write the local agency administering the Weatherization Assistance Program. If the issue cannot be resolved at the local level, they may write **Nevada Housing Division, Weatherization Program, 1830 College Parkway, Suite 200, Carson City, Nevada 89706**.
3. Complaints or questions regarding the actions taken or the work performed on the residence must be resolved with the agency where the household originally applied. The complaint must be received within 30 days from the date of the incidence or date of project completion.
4. If the household is unable to resolve any issues at the local agency level, they have the right to request a review by the Nevada Housing Division (NHD) by submitting a Client Grievance Form obtained from NHD; the form must be filed within 60 days of the local agency's response to the complaint.

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

Community Services Agency Development Corporation
Weatherization Assistance Program
Supplemental Application Information

Applicant Information – Please complete the following information for the primary applicant.

Full Name: _____ **County of Residence:** _____
First Name *M.I.* *Last Name* *Suffix*

Preferred Name: _____ **Preferred Pronouns:** _____

Gender	Marital Status		Disabled	Veteran	Active Military	Foster Parent
☐ Female	☐ Civil Union	☐ Married	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Male	☐ Divorced	☐ Single	☐ No	☐ No	☐ No	☐ No
☐ Non-binary	☐ Legally Separated	☐ Widowed				
☐ Transgender						

Primary Language	English Proficiency		Highest Level of Education Completed	
☐ English	☐ None	☐ Moderate	☐ Less than 8th grade	☐ Certificate or license
☐ Spanish	☐ Poor	☐ Proficient	☐ Grades 9-12/non-graduate	☐ Associate degree
☐ Other: _____			☐ GED/HiSET or equivalent	☐ Bachelor's degree
			☐ High school diploma	☐ Graduate degree
			☐ Some college	

Present Employment Status

☐ Full-Time (30+ hours/week)	☐ Unemployed – Short term, 6 months or less
☐ Part-Time (<30 hours/week)	☐ Unemployed – Long term, more than 6 months
☐ Employed Seasonally	☐ Unemployed - Not in labor force (not looking for work)
☐ Migrant Seasonal Farm Worker	☐ Unemployed - Disabled
☐ Unemployed – Student	☐ Retired
☐ Unemployed – In vocational training	

Health Insurance Coverage

☐ None	☐ Direct Purchase	☐ Indian/Tribal Health Care	☐ Military/VA Health Insurance
☐ Medicaid	☐ Private Insurance	☐ State Children's Health Insurance (CHIP)	☐ Marketplace
☐ Medicare	☐ Employer Provided	☐ State Health Insurance for Adults (SHIP)	☐ Other: _____

Does anyone in your household receive any of the following services?

☐ WIC	☐ Section 8 Housing Voucher	☐ Energy Assistance Program
☐ SNAP/Food Stamps	☐ Public Housing/Housing Authority	☐ SSI
☐ TANF	☐ Foster Care	

How did you hear about the Weatherization Assistance Program?

☐ Family	☐ Friend or Neighbor	☐ Community Organization	☐ Energy Assistance Program
☐ Other CSA Program	☐ Community Event	☐ Poster/Flyer	☐ Social Media
☐ Web Search	☐ Radio or Television	☐ Utility Provider	☐ Other: _____

Household Energy Sources

Main Heat Source: ☐ Electric ☐ Natural Gas ☐ Propane ☐ Solar ☐ Wood/Pellet Stove
☐ Oil ☐ Other: _____

Water Heater: ☐ Electric ☐ Natural Gas ☐ Propane ☐ Solar

Electric Utility Provider: _____

Natural Gas Utility Provider: _____

Other Utility Provider: _____

Household Needs Assessment

The information below helps us identify additional resources and services that may benefit you. Your responses are voluntary and will not impact your eligibility for the Weatherization Assistance Program.

Is your household experiencing any of the following? (Check all that apply)

☐ Difficulty paying rent/mortgage; at risk of eviction or housing displacement
☐ Past-due utility bills; at risk of utility shutoff
☐ Not enough food or difficulty accessing groceries
☐ Unmet medical needs, inability to afford medication, or other significant health concerns
☐ Lack of reliable transportation
☐ Difficulty meeting household expenses with current income
☐ Need for employment assistance, job training, or career services
☐ Need for childcare or Early Childhood Education
☐ Need for elder care, aging, or disability-related services
☐ Home safety concerns NOT related to weatherization/energy efficiency (pests, trip hazards, accessibility, etc.)
☐ Other urgent household needs (please describe): _____

Would you like CSA to provide information or referrals to available community resources? ☐ Yes ☐ No

Alternate Contact

Please share the name and phone number of an alternate contact that we can reach out to if we are not able to get in touch with you for scheduling energy audits, contracted work, or inspections.

Name of Alternate Contact: _____

Phone Number: _____ Relationship: _____

Program Applicant Disclosure Statement (Signature Required)

I hereby declare that the information contained in this application for program services is true and correct to the best of my knowledge and understanding. No false or misleading statements have been made by me or anyone representing me. The acceptance of the application does not guarantee that services will be performed under any program, and I acknowledge that services are dependent on many things including accurate applications, availability of funding and a determination that the applicant qualifies for the program.

I hereby release, discharge, exonerate Community Services Agency, their agents and representatives and any person furnishing information or examining information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records, and other information, and this release shall be binding on my legal representatives to use the information that I have provided aggregated with other customers and clients of Community Services Agency for any and all reporting and funding purposes.

Applicant's Signature: _____ **Date**: _____

Community Services Agency, its agents, partners, and funding sources do not discriminate based on race, color, sex, age, religion, national origin, disability, marital status, sexual orientation or gender identity, ancestry, or any other consideration made unlawful by applicable discrimination laws.

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 applicants who do not complete the form, however the form itself must be signed and returned with the application – even if you choose not to identify.**

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 woman **Yes ___ or No ___**

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

Signature of Applicant: _____ Date: _____

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Weatherization Assistance Program
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ANIMAL RESTRICTION AND HEALTH HAZARD COMPLIANCE AGREEMENT

Occupant: _____

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 as a result of unrestrained animals leaving the property while the weatherization work is being completed.

This agreement releases the Nevada Housing Division, Community Services Agency Development Corporation, and any subcontractors 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 Assistance Program

Please include comments below if you would like to provide information in advance about any animals in the home or potential health concerns.

Comments:

_____ _____

Occupant's Signature **Date**

Community Services Agency Development Corporation
Weatherization Assistance Program
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WEATHERIZATION ASSISTANCE PROGRAM
DEFERRAL STANDARDS AND CODE COMPLIANCE ISSUES

DEFERRAL STANDARDS

Deferral may be necessary if Health and Safety issues cannot be adequately addressed. The decision to defer work in a dwelling is difficult, but necessary in some cases. This does not mean that assistance will never be available, but that work must be postponed until the problems can be resolved and/or alternative sources of help are found. In the judgement of the auditor, any existing conditions that may endanger the health and/or safety of the workers or occupants may cause weatherization to be deferred. Deferral may also be necessary where occupants are uncooperative, abusive, or threatening. CSADC staff and contractors are expected to pursue reasonable options, including referrals, and to use good judgment in dealing with difficult situations.

CSADC uses the Nevada Housing Divion's WAP's Deferral Form for such situations. The form must be filled out completely and contain a clear description of the problem, conditions under which weatherization could continue, the responsibilities of all parties involved, and the client's signature indicating that they understand and have been informed of their rights and options. Deferral conditions may include:

1. The client has known health conditions that prohibit the installation of insulation and other weatherization materials.
2. The building structure or its mechanical systems, including electrical and plumbing, are in such a state of disrepair that the conditions cannot be resolved within these guidelines and at reasonable costs, i.e. repairs are beyond incidental.
3. The house has sewage or other sanitary problems including pet/animal excrement that can't be corrected through weatherization and would further endanger the client and weatherization installers if weatherization work were performed.
4. The house has been condemned or electrical, plumbing, or other equipment has been "red tagged" by local or state building officials or utility companies and weatherization funds are not sufficient or corrective measure are not allowable costs.
5. Moisture or potential moisture problems, as discussed above, cannot be resolved under existing health and safety guidelines and with minor repairs.
6. Dangerous conditions in the home due to high carbon monoxide levels in combustion appliances or their venting which cannot be resolved under existing health and safety guidance. CSADC should take immediate action to ensure the appliance is not used, including instructing the client to contact a combustion appliance repair/replacement specialist.

7. The client is uncooperative, abusive, or threatening to WAP Staff or contractors.
8. The extent and condition of lead-based paint or any other identified hazardous condition in the house that could potentially create further health and safety hazards.
9. A pest infestation that cannot be reasonably removed or poses health concerns for workers.
10. In the judgement of the energy auditor, any condition exists which may endanger the health and/or safety of the work crew or subcontractor.
11. Homes with conditions that have the potential to create health concerns requiring more than incidental repair should be deferred.

CODE COMPLIANCE ISSUES

Correcting existing code violations in a dwelling is not allowed unless the code corrective action is required because of the installation of a weatherization measure. State and local (or authority having jurisdiction) codes must be followed when installing weatherization measures. Condemned properties and properties where "red tagged" health and safety conditions cannot be corrected under these health and safety standards should be deferred. Code corrections that are required because of weatherization but are not a direct component of a weatherization measure are to be charged as health and safety expenses.

My signature below indicates I understand and have received a copy of the Deferral Standards & Compliance Code Issues as an applicant for the state Weatherization Assistance Program.

_____ _____

Applicant Signature **Date**

DEPARTMENT OF BUSINESS AND INDUSTRY – NEVADA HOUSING DIVISION
WEATHERIZATION ASSISTANCE PROGRAM (WAP)
CLIENT INFORMATION HANDOUT

Client Name: _____ Address: _____

Understanding How Weatherization Decisions are Made

We're excited to work with you and help make your home safer, more comfortable, and more energy efficient. To make sure every home receives the best possible improvements, the U.S. Department of Energy (DOE) and State Funding requires us to follow a specific process.

Here is how Weatherization works:

- A licensed and certified energy auditor will coordinate with you for a home visit and complete a detailed energy audit.
- This audit tells us which improvements will save you the most energy and meet DOE/State of Nevada health and safety guidelines.
- Because of these federal and state rules, clients are not able to choose or request specific improvements.
- Only the improvements that meet the DOE and State of Nevada standards can be installed.

Our goal is to make sure you receive the most effective upgrades for your home while staying in full compliance with WAP program requirements.

Client Acknowledgement

I understand that the DOE and State of Nevada Weatherization Assistance Program determines which improvements can be installed based on the results of an energy audit. I also understand that I cannot select or request specific improvements.

Client Signature: _____ Date: _____

Thank You for Participating

Thank you for taking part in the Weatherization Assistance Program. We appreciate your cooperation and the opportunity to help improve the comfort, safety, and energy efficiency of your home. Our team is committed to providing quality service, and we're glad to support you through this process.

Client can receive a copy of this document upon request

WEATHERIZATION ASSISTANCE PROGRAM
AUTHORIZATION TO ACCESS UTILITY INFORMATION

As part of the Weatherization Assistance Program (WAP), Community Services Agency Development Corporation (CSADC) evaluates your home's energy usage to determine appropriate energy-saving improvements and measure the effectiveness of completed work. Energy usage documentation is required as part of the application process.

With your permission, CSADC may have the ability obtain your utility account and energy usage information directly from your utility provider(s) through a secure electronic portal or other authorized method. This Authorization may reduce the need for you to gather and submit utility records as part of your application depending on your utility provider. This Authorization only permits CSADC to access utility information necessary to administer the WAP and does not authorize CSADC to make changes to your account or act on your behalf.

The information obtained under this Authorization will be used only for the following purposes:

1. To determine eligibility for the Weatherization Assistance Program
2. To obtain required utility information needed to process your application and reduce the documentation you are required to provide
3. To evaluate your home's energy consumption before and after weatherization services to measure the effectiveness of installed measures
4. To comply with federal, state, utility, and program reporting requirements

CSADC will maintain the confidentiality of your information in accordance with applicable federal and state laws, grant requirements, and agency privacy policies.

UTILITY SERVICE ADDRESS

Name of Account Holder: _____

Service Address: _____ **Unit Number:** _____

City: _____ **State:** Nevada **Zip Code:** _____

UTILITY INFORMATION
Please list all utility accounts that provide service to the residence, including electricity and natural gas, if applicable.

Name of Utility Company _____ **Service Account #** _____

Name of Utility Company _____ **Service Account #** _____

AUTHORIZATION
By signing this form, I authorize CSADC to access my information for the purposes described in this Authorization. I agree that this consent covers account information, billing records, energy usage and consumption history, meter information, account status, and up to twelve (12) months of historical utility data prior to the date of this Authorization, when available. I agree that this consent becomes effective on the date it is signed and remains in effect until twelve (12) months after the completion of my WAP project, closure of my application if services are not provided, or on the date that I revoke this Authorization in writing.

Account Holder Signature: _____ **Date:** _____

Updated July 2026

DEPARTMENT OF BUSINESS AND INDUSTRY – HOUSING DIVISION
WEATHERIZATION ASSISTANCE PROGRAM
REQUIREMENT FOR HOA APPROVAL BEFORE WEATHERIZATION WORK

Client Name: _____ **Client Phone Number:** _____

Property Address: _____

If your property is subject to a Homeowners Association (HOA), you are responsible for obtaining the written approval for any Weatherization measures requiring prior authorization per your HOA's Covenants, Conditions & Restrictions (CC&Rs). The written approval must be submitted to the Weatherization Program within 30 days of the start of the Weatherization project.

Clients are responsible for the costs of removal, reinstallation or modifications required by the HOA when pre-authorization was not obtained before Weatherization measures.

HOA approval documentation must be submitted to:

Weatherization Agency:	Community Services Agency Development Corporation (CSADC)
Agency Address:	PO Box 10167 Reno, NV 89510
Fax Number:	775-786-5743
Email:	weatherization@csareno.org

Client Acknowledgement

I acknowledge that my property is subject to a Homeowners Association. I agree to obtain and provide written HOA approval to the weatherization contractor 30 days prior to the commencement of any work requiring HOA authorization. I further acknowledge that I am responsible for all costs associated with removal, reinstallation, or modifications to work performed if I did not obtain the HOA's prior authorization.

Signature: _____ **Date:** _____

OR

I do not have a Homeowners Association (HOA).

Signature: _____ **Date:** _____

DEPARTMENT OF BUSINESS AND INDUSTRY – NEVADA HOUSING DIVISION
WEATHERIZATION ASSISTANCE PROGRAM
DOE/FEAC/LIHEAP

LANDLORD WEATHERIZATION SERVICE AGREEMENT FORM

Community Services Agency Development Corporation (CSADC), the Subgrantee, wishes to provide weatherization services to your tenant's home(s) located at the address(es) listed below:

APPLICANT NAME	ADDRESS	CITY	ZIP

To provide Weatherization Assistance, we need you to agree to the following conditions:

a. Give the Subgrantee and Contractor permission to enter and provide services to the address(es) listed above. We will schedule the work at the tenant's convenience.
b. For one year, you will not raise the rent of the subject unit(s) because our repairs have increased the value of your property. This agreement does not interfere with your right to raise the rent for normal rent adjustments.
c. You will not evict tenant(s) to void your agreement to (b). This agreement does not interfere with your right to evict tenant(s) for normal reasons.
d. The above property is not for sale, in foreclosure, or anticipated to be sold to void your agreement to (b) and (c) above.
e. The above property has not been designated for acquisition or clearance by a federal, state or local program within twelve (12) months from the date the weatherization work is scheduled to be completed.
f. In the event you fail to comply with items (b), (c), and (d) above, you will be financially responsible for reimbursing the Subgrantee for the materials and labor invested at the above address(es).
g. This form must be signed and returned to the above-referenced Subgrantee in the timeframe they require or within two (2) weeks from the date the Subgrantee mailed the form to the Owner(s).
h. Owners of rental properties, **excluding single family and mobile homes**, receiving services through the Weatherization Assistance Program (WAP) must contribute a minimum of 50% toward any capital improvements made to their properties related to repairs or replacement of the following: heating or cooling systems, water heaters, insulation (roof, attic, sidewall, floor, duct) and window replacement. (Owner contribution for repair items, **not replacement items**, is only required if the total repair cost to the capital improvement item(s) is $2,000 or more.) This contribution will be paid directly to the WAP Contractor. A detailed Contractor estimate will be provided to the Owners by the Contractor who will perform the work. This Owner contribution will be contracted and agreed upon directly with the Contractor prior to work commencing.

****NOTE:** Per NRS 118A.290, "The landlord shall at all times during the tenancy maintain the dwelling unit in a habitable condition."

By signing below, you agree to comply with all of the conditions stated above.

Signature of Owner: _____ Date: _____

i. If Owner elects not to pay the 50% contribution for the capital improvements, only eligible repair work below $2,000 will be done on capital improvement items without replacement of any item, and only non-capital measures installed. NOT APPLICABLE TO SINGLE FAMILY AND MOBILE HOME RENTALS.

By signing below, you elect not to pay the required amount and only have eligible repair work below $2,000 completed on any capital improvement items and non-capital measures installed. No capital improvement items will be replaced.

Signature of Owner: _____ Date: _____

Signature of WAP Contractor: _____ Date: _____

Signature of Subgrantee Representative: _____ Date: _____

DEPARTMENT OF BUSINESS AND INDUSTRY – HOUSING DIVISION
WEATHERIZATION ASSISTANCE PROGRAM
CERTIFICATION OF ZERO INCOME

This form is to be completed by any household member 18 years and older that does not have any includable income, as defined below. **This form must be signed and notarized before eligibility can be determined.** Please contact CSA if assistance with securing a notary is needed.

Primary Applicant Name: _____

Name of Household Member with Zero Income: _____

Property Address: _____

I declare that I am not receiving any of these sources of income:

- Energy Assistance
- SSI
- TANF
- Alimony
- Annuities
- Cash Contributions
- Direct Deposits
- Disability Income
- Dividends
- Farm Income
- Gambling/Lottery Winnings
- Insurance Payments
- Interest
- Military Pay
- Pension
- RSDI
- Royalties
- Self-Employment
- Social Security Disability
- Strike Income
- Training Stipends
- Trust Fund/Estate Distributions
- Supported Living Arrangements
- VA Benefits
- Wages or Commissions
- Tip Income

The reason that I have no income is as follows:

_____

_____

Monthly Living Expenses:

Food $ _____

Shelter $ _____

Utilities $ _____

These expenses are being paid by:

Name _____

Address _____

Phone _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

_____ _____ _____

Signature of Household Member | Printed Name of Household Member | Date

State of Nevada
_____ County

On _____ before me, _____, personally
(Date) *(Notary Public's Name)*

appeared _____, who did say that he/she is named in the foregoing instrument
(Household Member named above)

and acknowledged that he/she executed the same.

_____
Notary Public