Weatherization Assistance Program

LIFT CAA, Inc.
Homeownership Center
Attn: Weatherization Dept.
500 East Rosewood
Hugo, OK 74743
Phone: (580) 326-5165
Fax: (580) 326-0556

Packet Should Include

☐ Must be completed in BLACK OR BLUE INK
☐ All signatures must be witnessed
☐ Applicant/Household Members: Pay stubs-Showing 30 days of pay
☐ Non-working applicants/household members: Bring written verifications from the agency sending your monthly income such as: Social Security, DHS, VA, Retirement and/or Pensions
☐ Copy of Recent Income Tax Return if self-employed
☐ Copy of Warranty Deed to Property (to document ownership)
☐ Copy of the summary of the past 12 months of utility bills (PSO or Choctaw Electric and ONG if you have natural gas service)
☐ If Rental, complete “Agreement Form” in application
☐ If disabled, must provide copy of disability letter
☐ LIHEAP Award letter from DHS (if applicable)

The COMPLETED packet must be returned with the items above to determine eligibility and be placed on a waiting list
Application for Weatherization Services

(We may not be able to contact you if information below changes. If there are ANY changes to the household, please notify this agency as soon as possible.)

# in Household: 
Head of Household (Applicant): 
Todays Date: 

Last 
First 
Middle 

Physical Address: 
Street: CITY: COUNTY: Zip: 
Mailing Address: 
Street: CITY: COUNTY: Zip: 

PRIMARY PHONE: 
2ND OR MSG PHONE: 

Do you own or are you buying your home? 
Yes ☐ No ☐ 

Does anyone in the household receive food stamps? 
Yes ☐ No ☐ 

Does anyone in the household receive WIC? 
Yes ☐ No ☐ 

Has anyone in the household been determined legally disabled? 
Yes ☐ No ☐ 

Is anyone in the household a Veteran? 
Yes ☐ No ☐ 

Are you the custodial or legal Guardian of minor children in household? 
Yes ☐ No ☐ 

Has Child Support been ordered by the court? 
Yes ☐ No ☐ 

Name/Amount: 
Name: 
Name: 
Name: 
Child Name(s): 
If Yes, Do you receive Child Support? 
Yes ☐ No ☐ 

### NAME (Start with Applicant First) Table

<table>
<thead>
<tr>
<th>NAME</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>Relationship to Applicant</th>
<th>Ethnicity</th>
<th>Race</th>
<th>Education</th>
<th>Gender</th>
<th>Marital Status</th>
<th>Health Ins?</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Spouse</td>
<td>White</td>
<td>Male</td>
<td>0-8 grade</td>
<td>Female</td>
<td>Child</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Child</td>
<td>Black</td>
<td>Single</td>
<td>HS Grad</td>
<td>Female</td>
<td>Single</td>
<td>Medicaid</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Grandchild</td>
<td>Asian</td>
<td>Married</td>
<td>GED</td>
<td>Female</td>
<td>Married</td>
<td>Medicare</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Parent</td>
<td>Bi-Racial</td>
<td>Separated</td>
<td>2-4 yr col</td>
<td>Female</td>
<td>Separated</td>
<td>Employer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non Related</td>
<td></td>
<td>Divorced</td>
<td>Other</td>
<td>Female</td>
<td>Other</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

#### EMPLOYMENT

<table>
<thead>
<tr>
<th>FAMILY MEMBER</th>
<th>COMPANY NAME / Location</th>
<th>DATE HIRED</th>
<th>HRS WEEKLY</th>
<th>HOURLY WAGE</th>
<th>HOW OFTEN PAID</th>
<th>GROSS AMOUNT</th>
<th>LAST 30 DAYS</th>
</tr>
</thead>
</table>

#### OTHER SOURCES OF INCOME IN LAST 30 DAYS

<table>
<thead>
<tr>
<th>Family Member Name</th>
<th>TYPE OF INCOME</th>
<th>Amount</th>
<th>Family Member Name</th>
<th>TYPE OF INCOME</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.S. Retirement</td>
<td>S.S. Retirement</td>
<td></td>
<td>S.S. Retirement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S.SDI Disability</td>
<td>S.SDI Disability</td>
<td></td>
<td>S.SDI Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td>SSI</td>
<td></td>
<td>Pension</td>
<td>Unemployment</td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td>ZERO INCOME</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Effective 12/1/2020 for DOE 20/DHS 19

ODOC Form 22
Weatherization Services:

Have you ever previously received Weatherization Services from ANY agency? [ ] YES [ ] NO

If yes, what agency? ____________________________ When? ____________________________

1. Ownership: Specify Name on Deed (please specify also if "unknown"): __________________________

House: _______ Mobile Home: _______ Year Built _______ Year Built Verified: _______

Documentation Type Used to Verify Year Built (Answered by Weatherization Staff): __________________________

Is the name on the deed followed by Et Al? [ ] YES [ ] NO

If yes, please have the name of the person listed on the deed provide assurances of the following:

I am an owner of this property. I have been given authority by the other record owners to enter into this agreement for Weatherization services.

__________________________ ____________________________
Signature of Property Owner Date

2. Heating / Cooling Information:

Name of Utility Provider(s) attach a copy of Utility bill(s): XX

Have you received assistance from the Oklahoma DHS LIHEAP Program? [ ] YES [ ] NO

Do you pay for the heating & cooling in your home? [ ] YES [ ] NO

Heating Fuel Type: Electric _______ Nat. Gas _______ Propane _______ Wood _______

Heating System Type: Central _______ Wall _______ Floor _______ Space Heater _______ No Working Heat Unit X

If no working heating, what is wrong with the heating unit?

Is your heating system vented to the outside of the home? [ ] YES [ ] NO

Cooling System Type: Central Unit _______ Window Unit _______ No Working Cooling Units _______

If no working cooling, what is wrong with the cooling unit?

3. Housing Details & Condition:

Exterior Type: Wood _______ Metal _______ Stucco _______ Brick / Concrete / Stone _______ Other Exterior Type: _______

# of Windows _______ # Broken / Cracked Windows _______

# of Doors _______ Door(s) needed: [ ] Replaced [ ] Repaired [ ] Weatherstripped [ ] Door Sweeps [ ] Thresholds

Is Attic / Ceiling insulated? _______ YES _______ NO Can it be insulated? [ ] YES [ ] NO

If no, please explain: ____________________________

Are your Walls insulated? _______ YES _______ NO Can they be insulated? [ ] YES [ ] NO

If no, please explain: ____________________________

Foundation Type: Slab / Solid _______ Crawl Space _______ Other _______

Is Foundation Damaged? _______ YES _______ NO If yes, Describe Damage: ____________________________

Is there anyone in your household who is (1) disabled as defined by Section 7(6) of the Rehabilitation Act of 1973(2) who is under a disability as defined in Section 1614(1)(3)(a) or 223(6)(1) of the Social Security Act or in Section 102(7) of the Developmental Disabilities Services and Facilities Construction Act; or (3) who is receiving benefits under Chapter 11 or 15 of the Title 28, U.S. Code? [ ] YES [ ] NO

I understand this Agency may need to share this information with other agencies and/or organizations to best serve my needs. This agency, and their representatives, have my consent and permission to share this information with other agencies and/or organizations. I have read and understand this agreement. I voluntarily sign my consent. I understand I have the right to appeal any decision I do not agree with. I understand that a copy of the policy is available to me upon request.

Effective 12/1/2020 for DOE 20/DHS 19

ODOC Form 22
Application for Weatherization Services

Hold Harmless Clause - To be Completed by Applicant & Witness

I shall indemnify and save harmless the State of Oklahoma, the agency, its officers, agents, servants, employees and designees from all liability for death or injury to any person resulting from the weatherization of my property.

NOTE: You are hereby informed that you have the right of appeal the decision made on this application, and you have the right to an expeditious review of your appeal. Should you want to appeal, please contact the Agency Director, who will furnish you with a copy of the Appeals Procedure established under the guidelines of title 74 of the Oklahoma Statutes (1982) Section 1533.2 & 5423(1991).

This Agency will not discriminate against any applicant on the basis of race, color, religion, sex, national origin, handicap, age, familial status, or any other non-merit factor, as pursuant to the Fair Housing Act, Civil Rights Act and any other regulatory acts or executive orders.

Release of Personal Income Information - To be Completed by Applicant & Witness

In order to determine my eligibility for the program(s) my family is applying for assistance with, I certify that the income information given is true and correct. Further, I hereby grant permission to the Oklahoma Department Of Commerce (ODOC) or its designee to have access to my financial records in my possession of any other entity prior to the starting dates of the work to be done. I waive my rights to privacy or confidentiality.

Release of Energy Consumption Information - To be Completed by Applicant & Witness

I hereby grant permission to this Agency and their representatives to inspect utility and billing records at the home of

Client Name

Physical Address

Street

CITY

COUNTY

Zip

The purpose is to obtain data needed to evaluate the effects of weatherization and energy conservation education upon energy consumption.

Certification By Applicant(s) - To be Completed by Applicant & Witness

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining either a Rehabilitation Loan or a Weatherization Program Grant and is true and complete to the best of the applicant's knowledge and belief.

The applicant further certifies that the residence described in this application is his/her principal place of residence. Applicant states that he/she understands that the Rehabilitation Loan or the Weatherization Program Grant funds will be used only for the work and materials necessary to meet all standards set forth by program policy, which are prescribed for the property described in this application.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and with the intent to defraud or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000.00 or imprisoned not more than five years, or both."

Applicant Signature

Date

Witness Signature

Date

Income Certification (To be Completed by Agency Staff only):

Source of Documentation:

Comments:

Verified by:

Staff Signature

Date:

Effective 12/1/2020 for DOE 20/DHS 19

ODOC Form 22
Application for Weatherization Services

Radon Consent

Weatherization achieves energy and cost savings and improved comfort, health and safety of homes through a variety of home retrofit measures, including some which improve the airtightness of the building. According to the Department of Energy (DOE) sponsored study, "Weatherization and Indoor Air Quality: Measured Impacts in Single-family Homes under the Weatherization Assistance Program," there is a very slight risk of increased radon levels in some homes when the building air tightness levels are improved. These increases are smaller in manufactured housing everywhere, and all homes in low-radon potential counties, and higher in site built homes in high-radon-potential counties. There is some evidence that the installation of continuous mechanical ventilation reduces radon levels in homes, and counteracts any radon increases that are due to improved building air tightness levels.

Zones 1 and 2 Only:

Precautionary Measures: Since your house is located in a county identified as having moderate-to high-potential-radon levels (1), precautionary measures indicated below will be installed as part of weatherization:

☐ Exposed dirt floors covered and sealed
☐ Floor/foundation penetrations sealed
☐ Other (Describe):

I am aware that there is a small chance that weatherization may result in increased levels of radon, and that mechanical ventilation may counteract those increases. I have chosen to go forward with weatherization, and accept all risks of injury or damages.

I have carefully read this informed consent form and have signed it of my own free will.

[Signatures and Date]

(1) Defined as counties with predicted indoor radon screening levels at or above 2 pico Curies per liter of air (pCi/L). Link to EPA interactive zonal radon map: https://www.epa.gov/radon/find-information-about-local-radon-zones-and-state-contact-

Carbon Monoxide Testing Permission

by the Weatherization Program

☐ Yes

I hereby grant permission to the Agency representing the Weatherization Assistance Program to inspect my house for possible carbon monoxide problems. I understand that if a problem is discovered, this Agency can/or will contact the local gas utility, and it could result in my gas being shut off until the problem is corrected. I also understand that this Agency is under no obligation to make these repairs for me.

[Signatures and Date]

☐ No

I refuse to let the Agency representing the Weatherization Assistance Program check for possible carbon monoxide problems within my home. I understand that by refusing to give my permission for this testing, this Agency cannot satisfy its program requirements as set by the Oklahoma Department of Commerce, and that my application will no longer be considered for weatherization services.

[Signatures and Date]
**Application for Weatherization Services**

**INDOOR AIR QUALITY AND SAFETY CHECKLIST**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has your furnace filter been cleaned or replaced in the past six months?</td>
<td></td>
</tr>
<tr>
<td>2. Have you had your home tested for radon?</td>
<td></td>
</tr>
<tr>
<td>3. Do you have mold or mildew problems during the winter?</td>
<td></td>
</tr>
<tr>
<td>4. Do your bathrooms have working exhaust fans and are they used?</td>
<td></td>
</tr>
<tr>
<td>5. Do you have and use your kitchen exhaust fan (not recirculation type) when using the stove or oven? When was the last time the grease filter was cleaned?</td>
<td></td>
</tr>
<tr>
<td>6. Is your clothes dryer vented indoors? Do you dry damp clothes indoors?</td>
<td></td>
</tr>
<tr>
<td>7. Is the basement or crawlspace below your home frequently damp or wet?</td>
<td></td>
</tr>
<tr>
<td>8. Are the following items typically stored inside your home?</td>
<td></td>
</tr>
<tr>
<td>- Paints, solvents, grease, oil, etc.</td>
<td></td>
</tr>
<tr>
<td>- Pesticides, herbicides, bug bombs, etc.</td>
<td></td>
</tr>
<tr>
<td>- Gasoline cans, gasoline lawn mowers, chain saws, etc.</td>
<td></td>
</tr>
<tr>
<td>- Kerosene or kerosene space heaters</td>
<td></td>
</tr>
<tr>
<td>9. Do you use a wood stove, fireplace or unvented space heaters during the winter?</td>
<td></td>
</tr>
<tr>
<td>10. Are the burner flames on your natural gas or propane cook stove, water heater or furnace yellowish rather than solid blue?</td>
<td></td>
</tr>
<tr>
<td>11. Do you regularly use any of the following potentially toxic chemicals in your home?</td>
<td></td>
</tr>
<tr>
<td>- Strong cleaning products</td>
<td></td>
</tr>
<tr>
<td>- Pest killers, insect sprays, flea bombs, etc.</td>
<td></td>
</tr>
<tr>
<td>- Room Deodorizers</td>
<td></td>
</tr>
<tr>
<td>12. Do any family members have indoor hobbies using glue, paint, varnish, etc.?</td>
<td></td>
</tr>
<tr>
<td>13. Do you (or a neighbor) regularly warm up a car or truck very close to your house or inside an attached garage (even with the garage door open)?</td>
<td></td>
</tr>
<tr>
<td>14. Does anyone smoke inside your home?</td>
<td></td>
</tr>
<tr>
<td>15. Does a fine, white dust or powder regularly appear on the floor or furniture beneath textured ceilings or old pipe and duct insulation?</td>
<td></td>
</tr>
<tr>
<td>16. Is anyone in your household experiencing any of the following symptoms?</td>
<td></td>
</tr>
<tr>
<td>- Chronic headaches</td>
<td></td>
</tr>
<tr>
<td>- Burning or watery eyes</td>
<td></td>
</tr>
<tr>
<td>- Breathing difficulties</td>
<td></td>
</tr>
<tr>
<td>- Chronic coughiness</td>
<td></td>
</tr>
<tr>
<td>- Asthma or bronchitis</td>
<td></td>
</tr>
<tr>
<td>- Dizziness</td>
<td></td>
</tr>
<tr>
<td>- Repeated nausea</td>
<td></td>
</tr>
<tr>
<td>17. Are the symptoms reported by more than one member of the household?</td>
<td></td>
</tr>
<tr>
<td>18. Are the symptoms more severe in those who spend the most time indoors at home?</td>
<td></td>
</tr>
<tr>
<td>19. Are the symptoms most severe in household members younger than 4 or older than 60?</td>
<td></td>
</tr>
<tr>
<td>20. Do the symptoms become less severe when away from the house? Approx. how many hours away from the house seem to make a difference?</td>
<td></td>
</tr>
<tr>
<td>21. Do the symptoms exhibit a seasonal pattern?</td>
<td></td>
</tr>
<tr>
<td>22. Do you use a humidifier during the winter (free-standing or mounted)?</td>
<td></td>
</tr>
<tr>
<td>23. Do you have any indoor pets?</td>
<td></td>
</tr>
<tr>
<td>24. Do you live in a manufactured home or mobile home?</td>
<td></td>
</tr>
<tr>
<td>25. Have any of the following things been added or done to your home recently?</td>
<td></td>
</tr>
<tr>
<td>- Newly constructed or extensive remodeling or painting in the past 3 years?</td>
<td></td>
</tr>
<tr>
<td>- New plywood or particle board paneling or subflooring?</td>
<td></td>
</tr>
<tr>
<td>- New carpets, draperies or upholstered furniture?</td>
<td></td>
</tr>
<tr>
<td>- New kitchen cabinets, leak or oak veneer or plastic laminate furniture?</td>
<td></td>
</tr>
<tr>
<td>- Extensive weatherization, including blown-in wall insulation?</td>
<td></td>
</tr>
<tr>
<td>- Changes in your gas or oil heating system (80% + efficiency furnace, new water heater or new chimney for furnace, water heater or wood stove)?</td>
<td></td>
</tr>
<tr>
<td>26. Is the draft of your wood stove or fireplace weak, even after the first few minutes?</td>
<td></td>
</tr>
<tr>
<td>27. Is there anything else in or about your home you may suspect may contribute to poor indoor air quality, excessive moisture or be a physical hazard to the occupants?</td>
<td></td>
</tr>
<tr>
<td>28. Is there evidence of rodents or rodent droppings in your home, attic, crawlspace, heating ducts or other enclosed areas in or around your home?</td>
<td></td>
</tr>
</tbody>
</table>

Please explain:
Application for Weatherization Services

CONFLICT OF INTEREST

REQUIREMENT 111 CONFLICT OF INTEREST EFFECTIVE SEPTEMBER 1, 2014

Employees of this Community Action Agency are not eligible to receive Weatherization services from the Agency.

This conflict of interest provision applies to any person who is an employee, agent, consultant, officer, elected or appointed official or immediate relative of anyone employed at this Community Action Agency. For purposes of this policy, immediate family member is defined as follows:

<table>
<thead>
<tr>
<th>Spouse</th>
<th>Grandparents</th>
<th>Father-in-law</th>
<th>Brother-in-law</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>Grandchildren</td>
<td>Mother-in-law</td>
<td>Sister-in-law</td>
</tr>
<tr>
<td>Parents</td>
<td>Adopted family members</td>
<td>Daughter-in-law</td>
<td></td>
</tr>
<tr>
<td>Brother / Sister</td>
<td>Step-family members</td>
<td>Son-in-law</td>
<td></td>
</tr>
</tbody>
</table>

This includes Full-time, Part-time, Substitute, Temporary or Contract employees. Former employees are not eligible for ONE YEAR after they are no longer an employee.

EXCEPTIONS -

Upon the written request of the Contractor, ODOC may grant an exception on a case-by-case basis when it determines the exception will serve to further the purposes of the ODOC programs and the effective and efficient administration of the Contractor's program or project. An exception may be considered only after the Contractor has provided an assurance that:

1. A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made.
2. An opinion of the Contractor's attorney that the interest for which the exception is sought would not violate State of local law.

Please SIGN and RETURN this document with your application.

I acknowledge that I am not an employee or conflict of interest official, and have not been employed by the agency for a period of at least ONE YEAR.

Applicant Signature

Date

Effective 12/1/2020 for DOE 20/DHS 19

ODOC Form 22
OCCUPANT AGREEMENT

The Weatherization Assistance Program shall be defined as an U.S. Department Of Energy funded program that increases the energy efficiency of dwellings owned or occupied by low-income persons. The programs serve to reduce the total residential energy expenditures, and improve the health and safety of the home.

I, _______________________________, certify that I am the occupant of the property located at ________________________________

Street __________________________ City __________ Zip __________

in ____________________________ County in the State of Oklahoma.

I further certify that I give my permission to the Agency representing the Weatherization Assistance Program and their subcontractors to perform any and all work related to the Weatherization Assistance Program activities at the property listed above.

I certify that there are no pre-existing medical conditions that will be exacerbated by the performance of weatherization activities. I also certify that the activities to be performed were fully described to me, including moisture and hazardous material problems, and I am fully aware of the measures to be installed, the labor involved to install those measures, and the anticipated results.

I release and hold harmless the State of Oklahoma, its agents, officers, employees, and the Agency representing the Weatherization Assistance Program, named above, from all liability for any weatherization-related damages, whatever the cause, to any real and/or personal property and/or to any person.

______________________________
Signature of Occupant

______________________________
Witness
Weatherization Assistance Program
INTERNAL USE

CERTIFICATION OF ZERO INCOME
(To be completed by adult members only, if appropriate)

Household Name: ____________________________________________

1. I hereby certify that, I do not individually receive income from any of the following sources:
   a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
   b. Income from operation of a business;
   c. Rental income from real or personal property;
   d. Interest or dividends from assets;
   e. Social Security payments, annuities, insurance policies, retirement funds, pensions,
      death benefits, workers compensation, veteran's payments, training, stipends, military
      family allotments;
   f. Unemployment or disability payments;
   g. Public assistance payments;
   h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my
      household;
   i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
   j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial
   status during the next 12 months.

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 all acts of fraud.
False, misleading or incomplete information may result in the termination of a purchase agreement.

__________________________  ____________________________  ____________
Signature of applicant        Printed name of applicant       date

__________________________  ____________________________  ____________
Signature of Notary           Printed name of notary         date
WEATHERIZATION PROGRAM AGREEMENT FOR RENTAL UNITS

THIS AGREEMENT, MADE THIS _______ DAY OF __________________________ 20____, between

Property Owner (Name on Deed):
______________________________________________________________________________

Address:  
______________________________________________________________________________
City, Zip:  
______________________________________________________________________________
Phone:  
______________________________________________________________________________

hereinafter called the Owner, and the Community Action Agency (CAA)
hereinafter called the Contractor, for work to be completed on the structure located at:

Tenant (Weatherization Applicant):
______________________________________________________________________________

Address:  
______________________________________________________________________________
City, Zip:  
______________________________________________________________________________

Occupied by ___________________________ hereinafter called the Tenant.

This Agreement is entered into by and between the above-named Owner, Tenant and the Contractor.

The Contractor has determined that the Tenant's residence is eligible for weatherization improvements (under 10 CFR 440). A residence is considered "completed" upon completion of the final inspection of the weatherized work by the Contractor.

The parties to this Agreement, for good and valuable consideration, agree that the weatherization improvements are subject to the following conditions:

1. The Contractor agrees to provide weatherization services/improvements to the residence of the Owner that is occupied by the current Tenant.

2. By entering into this Agreement, the Owner and his/her heirs or assigns agree not to raise the rent on the above-described property for a period of 36 months from the date of the completion of weatherization improvements.

3. The Owner also agrees that the Tenant will not be evicted, regardless of type of rental agreement without legal cause (non-payment of rent, etc.) for a period of 36 months from the date of the completion of weatherization improvements.

4. If this Agreement is not adhered to by the Owner and/or the rent is raised, the cost of the weatherization improvements shall be reimbursed by the Owner to the Contractor.

5. If the Tenant is leasing a low-income, federally subsidized residence, this Agreement shall supersede any and all rental contract agreements between the Owner and the other State and/or federal agency.

6. The parties to this Agreement agree that no undue or excessive enhancement shall be provided to the rental unit or building due to this weatherization assistance.

7. The Owner agrees to rent the premises at the current rate of $_______ pcr _________ for a minimum of 36 months from the date of completion of weatherization improvements.

8. The Owner and Tenant agree to release and hold harmless the State of Oklahoma, its agents, officers, and employees and the above-named CAA, its agents, officers and employees from all liability for any weatherization-related damages, whatever the cause, to any real and/or personal property and/or to any person.

This Agreement constitutes the full and complete agreement between the parties.

Owner

_________________________________________  
Date

Weatherization Coordinator/Director

_________________________________________  
Date

Tenant

_________________________________________  
Date

The original document stays with the Contractor, one copy to the Owner and one to the Tenant.

Effective 4/1/2017 for DOE 17/DHS 17, DOE 18/DHS 18

ODOC Form 29
Please provide driving directions to the home (if needed)

Additional comments and/or concerns