

# 2026 Weatherization Assistance Program Application

**Please Note: Applications missing required documents will delay the processing.  
All documents must be signed.**

Please Mail back to TCOG, 1117 Gallagher Dr., Suite 450, **ATTENTION: Weatherization Assistance Program**, Sherman TX 75090. When application is processed, you will receive an “Eligibility” memorandum via US Postal mail.

## Required Documents

**1. Proof of Income:** TCOG may verify the income of households applying for Weatherization, Utility Assistance, or Family Assistance (CSBG) to confirm eligibility. Please provide copies for all that applies to your household. Bank Statements, W2's, and other tax documents are not accepted.

- Check Stubs within the past 30 days.
- SSI, SSDI, and/or SSA award memorandum (in addition Social Security Cards for all family members).
- Unemployment Documentation (must show dates and amounts received)
- Declaration of Income Statement

If no income has been received in the last 30 days, please fill out the Declaration of Income Statement (must be Notarized) (see Page #6) and include reasoning. This must be completed for each member on the household over the age of 18 with no income. You may also use this form if **self-employed and do not receive a pay stub**.

**2. All Pages (front and back) of Utility Bills:** Please provide front and back copies of your utility bills.

- Electric
- Gas (if applicable)
- Propane (if applicable)

**3. Proof of Citizenship:** Must provide valid copies of proof of citizenship for EVERYONE in the household.

- Birth Certificate
- Certificate of Naturalization
- Certificate of US Citizenship
- United States Passport

**4. Proof of Identification:** Must provide valid copies for everyone in the household

- State Driver's License (Photo ID for anyone over 18 years of age)
- State Issued Identification (ID)
- United States Passport
- Military Identification (ID)
- US Social Security Card (for all family members)** and/or US Permanent Residency Card

**Please mail application to: TCOG, 1117 Gallagher Dr., STE 450, Sherman TX 75090**

Questions? Give us a call at 800-677-8264 ext. 3530

|  |      |   |  |              |               |   |  |            |  |             |   |  |
|--|------|---|--|--------------|---------------|---|--|------------|--|-------------|---|--|
| What program are you applying for:   |      | <input type="checkbox"/> Weatherization                       |  |              |               |   |  |            |  |             |   |  |
| PART ONE: HOUSEHOLD IDENTIFICATION   |      |   | Has your home been weatherized? _____ If so, what year _____ |              |               |   |  |            |  |             |   |  |
| Residence/Service Address  |      | Street/Box Number   |  |              | City          |   | State  | Zip Code   | County   |             |   |  |
|  |      |   |  |              |               |   |  |            |  |             |   |  |
| Mailing Address  |      | Street/Box Number   |  |              | City          |   | State  | Zip Code   | County   |             |   |  |
|  |      |   |  |              |               |   |  |            |  |             |   |  |
| Telephone  |      | Home  | Work   | Mobile       | Email Address |   |  |            |  |             |   |  |
|  |      |   |  |              |               |   |  |            |  |             |   |  |
| PART TWO: HOUSEHOLD MEMBERS  |      |   |  |              |               |   |  |            |  |             |   |  |
| MEMBER   | NAME | RACE  | HISPANIC Y/N   | GENDER M/F/O | AGE           | DOB   | RELATION   | EDU. LEVEL | Health Insurance                                     | VETERAN Y/N | WORKING Y/N   |  |
| Self   |      |   |  |              |               |   | Self   |            |  |             |   |  |
| 2  |      |   |  |              |               |   |  |            |  |             |   |  |
| 3  |      |   |  |              |               |   |  |            |  |             |   |  |
| 4  |      |   |  |              |               |   |  |            |  |             |   |  |
| 5  |      |   |  |              |               |   |  |            |  |             |   |  |
| 6  |      |   |  |              |               |   |  |            |  |             |   |  |
| 7  |      |   |  |              |               |   |  |            |  |             |   |  |
| 8  |      |   |  |              |               |   |  |            |  |             |   |  |
| 9  |      |   |  |              |               |   |  |            |  |             |   |  |
| 10   |      |   |  |              |               |   |  |            |  |             |   |  |
| TOTAL NUMBER IN HOUSEHOLD  |      | Use additional sheets if more than ten (10) household members |  |              |               |   |  |            |  |             |   |  |
| HOUSEHOLD TYPE   |      |   |  |              |               |   |  |            |  |             |   |  |
| <input type="checkbox"/> Single Person   |      |   | <input type="checkbox"/> All Adults, NO Children             |              |               | <input type="checkbox"/> Single Parent (F)    |  |            | <input type="checkbox"/> Single Parent (M)           |             | <input type="checkbox"/> Non-related Adults with Children |  |
| <input type="checkbox"/> Other   |      |   | <input type="checkbox"/> Two-Parent Household                |              |               | <input type="checkbox"/> Unknown/Not Reported |  |            | <input type="checkbox"/> Multigenerational Household |             |   |  |
| PART THREE: INCOME SOURCES (Check all that apply for anyone in the household.)   |      |   |  |              |               |   |  |            |  |             |   |  |
| Household Member Name  |      | Income Source (See examples below)                            |  |              |               |   | How often are you paid? (Weekly/Bi-Weekly/Monthly/Other) |            |  |             |   |  |
|  |      |   |  |              |               |   |  |            |  |             |   |  |
|  |      |   |  |              |               |   |  |            |  |             |   |  |
|  |      |   |  |              |               |   |  |            |  |             |   |  |
|  |      |   |  |              |               |   |  |            |  |             |   |  |
| Does anyone in the household receive... (Must provide proof of previous 30 days income)  |      |   |  |              |               |   |  |            |  |             |   |  |
| <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Wages <input type="checkbox"/> Pension <input type="checkbox"/> Retirement Fund<br><input type="checkbox"/> VA Service-Connected Disability Pension <input type="checkbox"/> No Income <input type="checkbox"/> Other   |      |   |  |              |               |   |  |            |  |             |   |  |
| PART FOUR: BENEFITS (Check all that apply for anyone in the household. Not used for determining eligibility. For reporting purposes only.)   |      |   |  |              |               |   |  |            |  |             |   |  |
| <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Food Stamps <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Housing Voucher <input type="checkbox"/> Permanent Support Housing<br><input type="checkbox"/> Public Housing <input type="checkbox"/> VA Non-Service Connected Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Private Disability Insurance<br><input type="checkbox"/> Alimony or Spousal Support <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other <input type="checkbox"/> None |      |   |  |              |               |   |  |            |  |             |   |  |

## PART FIVE: HOUSING INFORMATION

|                              |   |                              |
|------------------------------|---|------------------------------|
| Is the home rented or owned? | <input type="checkbox"/> Rented <input type="checkbox"/> Owned  | Monthly Rent/Mortgage: _____ |
| What type of housing?        | <input type="checkbox"/> Private Home <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex | Year Built: _____            |

If renting, list name, address and phone number of landlord

|                      |                   |              |       |          |        |
|----------------------|-------------------|--------------|-------|----------|--------|
| Landlord Information | Landlord Name     | Phone Number |       |          |        |
| Mailing Address      | Street/Box Number | City         | State | Zip Code | County |

## PART SIX: UTILITY SERVICE INFORMATION VERY IMPORTANT: Be sure to include copies of your current utility bill(s)

|   |  |
|---|--|
| How does your family pay for heating/cooling? | <input type="checkbox"/> To Utility Company <input type="checkbox"/> To Landlord <input type="checkbox"/> Included in Rent |
|---|--|

## Your Primary Heating and Cooling Source

|                               |   |         |  |                               |                               |
|-------------------------------|---|---------|--|-------------------------------|-------------------------------|
| Electricity Utility Company   |   | Acct. # |  | <input type="checkbox"/> Heat | <input type="checkbox"/> Cool |
| Gas or LP Utility Company     |   | Acct. # |  | <input type="checkbox"/> Heat | <input type="checkbox"/> Cool |
| Propane Company               | Tank %:   | Acct. # |  | <input type="checkbox"/> Heat | <input type="checkbox"/> Cool |
| Type of Air Conditioner Used: | <input type="checkbox"/> Central Unit <input type="checkbox"/> Window Unit <input type="checkbox"/> Evaporator Cooler <input type="checkbox"/> Other  |         |  | <input type="checkbox"/> Heat | <input type="checkbox"/> Cool |
| Type of Heater Used           | <input type="checkbox"/> Central Unit <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Electric Heater <input type="checkbox"/> Fireplace <input type="checkbox"/> Wood Burning Stove<br><input type="checkbox"/> Gas Heater <input type="checkbox"/> Other <input type="checkbox"/> None |         |  |                               |                               |

## PART SEVEN: AUTHORIZATIONS AND RELEASE OF INFORMATION:

1. The information provided is true and correct to the best of my knowledge and belief. *La informacion proveida en esta forma son verdaderas y correctas segun mi saber, entender y creencia.*
2. I understand that my gross household income is annualized at the time of application according to pre-established agency rules and procedures in order to receive assistance. *Los ingresos de my hogar han sido calculados anualmente segun los reglamentos preescritos por la agencia.*
3. I understand that I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay in receiving services from Texoma Council of Governments. *Comprendo que puedo solicitar una audiencia para apelar decisiones que me afectan, tales como: la eligibilidad al programa, assistencia recibid, o tardanza de asistencia.*
4. I authorize the Texas Department of Housing and Texoma Council of Governments to solicit/verify information including employment verification needed to provide assistance with my utilities and/ or fuel bills, both past and future. *Autorizo al "Texas Department of Housing and Community Affairs" y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar informacion sobre mis cuentas pasadas y futuras para luz y gas cuando la informacion se usa para reporter data estadis.*
5. I am an applicant of Texoma Council of Governments. I hereby give my permission to release and verify all information requested and understand that it will be kept in strict confidence to be used for program purposes only. I understand that photocopy of this release is as valid as the original and may be used to obtain employment information or verify other data.
6. I understand that the weatherization assistance process may take up to a year to complete and that I will be placed on a waiting list according to pre-established agency rules and procedures in order to receive assistance. Further I understand that recertification of application package will be required if current applications is over a year from date signed below
7. If I or another member of the household has no income the Declaration of Income Statement must be completed and notarized for all household members over 18 years of age having no income or for self-employed.
8. I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION.  
*COMPRENDO QUE ESTOY SUJETO A SER PROCESADO SI LA INFORMACION PROVEIDO ES FALSA INCORRECTA.*

X Sign here: \_\_\_\_\_

Applicant's Signature / Firma de Solicante

Date / Fecha

**\*VETERANS (Please Note): Important information for former Military Services Members.** Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information, please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>

## Weatherization Assistance Program

Application for Weatherization Services  
Programa De Climatizacion Del Hogar Sociedad Para Services



### WAP APPLICANT'S AUTHORIZATION, UNDERSTANDING AND AGREEMENT

**My answers to all of the previous questions and the statements I have made are true and correct to the best of my knowledge and belief. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination.**

**If I am eligible for weatherization services, I give my permission to allow work on the residence listed on this form. I will cooperate fully with state and federal personnel to obtain information from any source to verify statements I made. Make myself available for all phases of the Program (Assessment, Installation, City Inspection, Final Inspection and Quality Control Review). Failure to do so could result in forfeiture of the (1) one year warranty on the measures installed.**

**I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.**

#### PENALITIES FOR FRAUD!

**Whoever obtains or attempts to obtain weatherization services for which he is not entitled, By means of willful false statement or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and /or imprisoned.**

#### AUTORIZACION, ACUERDO, Y ENTENDIMIENTO DEL SOLITANTE

**Mis respuestas a todas las preguntas anteriores y las declaraciones que he hecho son verdaderas y correctas segun mi leal saber, entender y creencia. Autorizo al "Texas Department of Housing and Community Affairs" y la sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar o solicitar informacion necesaria para la determinacion de elegibilidad.**

**Si califico para servicios de Climatización del hogar, doy permiso para que se hagan reparaciones a la redidencia idenfificada en esta solicitud. Cooperaré plenamente con personas del gobirno estatal o federal para obtener cualquier información necesario para verificar las declaraciones que he hecho, cual en lo mismo se incluyen estudios tocante la calidad del trabajo. Ponerme a disposición para todas las fases del Programa (evaluación, instalación, inspección de la ciudad, inspección final y revisión de control de calidad). De lo hecho, podria haber perdido la (1) garantía de un año sobre las medidas instaladas.**

**Me han avisado y entiendo que esta solicitud será considerada sin distinción de raza, color, religión, credo, origen nacional, sexo, mi creencia politica.**

#### CASTIGO POR FRAUDE!

**Si alguna persona recibe servicios de Climatización del Hogar por medio de declaraciones Falsas o intenta defraudar por medio de estas declaraciones, se considerará culpable de una Ofensa criminal y al ser convicta puede ser multada o encarcelada.**

#### BEFORE YOU SIGN BE SURE EACH ANSWER IS COMPLETE AND ACCURATE

**ASEGURESE, ANTES DE FIRMAR, QUE TODAS SUS REPUESTAS ESTEN COMPLETAS  
Y CORRECTAS**

|          |   |                      |  |
|----------|---|----------------------|--|
| <u>X</u> | <b>Signature – Applicant</b><br>Firma del Solicitante | <b>Date</b><br>Fecha | <b>Signature – Spouse</b><br>Firma de Esposa (o) |
|----------|---|----------------------|--|

|   |                      |   |                      |
|---|----------------------|---|----------------------|
| <b>Signature – individual making application on applicants behalf or case worker who assisted in completion of application.</b><br><br><b>firma del Solicitante – De la persons que hace la solicitud de parte de solicitante, o trabajador social que ayudo a hacerla.</b> | <b>Date</b><br>Fecha | <b>Signature – Witness (if signed with "x")</b><br><b>Firma – Del Testigo (Si se firma con "x")</b> | <b>Date</b><br>Fecha |
|---|----------------------|---|----------------------|

1117 Gallagher Drive,  
Suite 450  
Sherman, Texas 75090

(903) 893-2161 Ext. 3530 Phone  
(800) 677-8264 ext. 3530 Toll-Free  
Email: [mcostello@tcog.com](mailto:mcostello@tcog.com)



**FOR WEATHERIZATION ASSISTANCE PROGRAM USE ONLY**

**HOME INFORMATION**

|                 |  |                     |  |
|-----------------|--|---------------------|--|
| Client Name     |  | County of Residence |  |
| Address         |  | Year Built          |  |
| City, State ZIP |  | Approximate Sq. Ft. |  |
| Structure Type  | <input type="checkbox"/> Single story <input type="checkbox"/> Double story <input type="checkbox"/> Triple story <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home |                     |  |

**ATTENTION:** Before Weatherization work can commence, all homes must meet minimum housekeeping standards.

|   |  |   |
|---|--|---|
| Do you agree to and understand that areas are to be free of debris, clutter, pets, and be reasonably hygienic where work is to be completed? ( <i>Where these conditions exist because of a disability, reasonable accommodations may apply</i> ) |  | <input type="checkbox"/> I agree<br><input type="checkbox"/> Disability Present |
| If disability present, please describe:   |  |   |
| Do you agree to and understand that weatherization technicians and contractors must be given access to all rooms in your home during business hours and on a reasonable schedule in order for work to commence?                                   |  | <input type="checkbox"/> I agree  |
| Do you agree to allow Texoma Council of Governments' Weatherization Assistance Program specialists to photograph and video the unit for pre- and post-work documentation?   |  | <input type="checkbox"/> I agree  |

**INSPECTION REQUIREMENTS**

| QUESTION  | YES | NO | REMARKS |
|---|-----|----|---------|
| Does your home have broken glass in windows or doors?   |     |    |         |
| Does your home have foundation problems?  |     |    |         |
| Does your roof leak or is there physical damage to the inside from a roof leak?                     |     |    |         |
| Are you in the process of remodeling or do you plan to remodel your home in the near future?        |     |    |         |
| Are any parts of your ceilings, walls, or floors incomplete or in need of repair?                   |     |    |         |
| Do you know if your home's electrical wiring is up-to-date?   |     |    |         |
| Have you noticed mold or mildew growing on windows, walls, or in corners of your home?              |     |    |         |
| Is your home currently for sale or do you plan on selling your home in the next twelve (12) months? |     |    |         |

**SIGNATURE**

Firma del Solicitante

**DATE**

Fecha

TO BE COMPLETED FOR ANY ADULT (18 years of age or older) who is SELF EMPLOYED or receives ZERO income.

**DECLARATION OF INCOME STATEMENT  
(DECLARACION DE INGRESOS)**

|   |                                |                          |
|---|--------------------------------|--------------------------|
| Applicant Name (Nombre del Solicitante) | Applicant Last Name (Apellido) | Suffix (Sufijo)          |
| Address (Dirección)                     | City (Ciudad)                  | Zip Code (Código Postal) |

State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance: (*Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 dias antes del aplicar para asistencia*)

|               |  |
|---------------|--|
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |

My household has no documented proof of income due to the following situation (*Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones*):

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I certify that the above information is true and correct to the best of my knowledge and belief. (*Yo certifico que la información proveida de los ingresos es verdadera y correcta según mi saber y creencia.*)

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. (*Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido información falsa ó fraudulenta.*)

/ /2024

(*Applicant Signature/Firma del Solicitante*)

(*Date/Fecha*)

**State of Texas**

**County of** \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year),  
by \_\_\_\_\_ (Name of Applicant).

(*Personalized Notary Seal*)

\_\_\_\_\_

(*Date/Fecha*)

\_\_\_\_\_

(*Date/Fecha*)

TO BE COMPLETED FOR ANY ADULT (18 years of age or older) who is SELF EMPLOYED or receives ZERO income.

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

## Household Status Verification Form

Applicant Certification Form for all applicable TDHCA programs



The program for which you are applying requires verification that you are a U.S. citizen, U.S. national, or qualified alien of the United States. Documentation of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

To add additional household members, use another copy of this form.

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.

|   |                         |      |
|---|-------------------------|------|
|   |                         |      |
| <b>Applicant's Signature</b>  |                         | Date |
|   |                         |      |
| <b>Signature of agency staff certifying they verified the above documents</b> | <b>Print Staff Name</b> | Date |

## LANDLORD PERMISSION TO PERFORM ASSESSMENT & INSPECTIONS FOR RENTAL UNITS

Your multifamily building(s) is under consideration to receive services from the Weatherization Assistance Program (WAP). Texas Department of Housing and Community Affairs (TDHCA) administers the WAP Program in Texas. The WAP operates under Federal and State rules which have certain requirements of which you, as a multi family building landlord, should be aware. At the bottom of this page is a PERMISSION TO ENTER PREMISES section granting your permission for: Texoma Council of Governments to

enter your building(s) to perform energy audits, collect eligibility documentation from your tenants, and complete applications.

Before work begins on your building(s), you will be required to sign a Landlord Agreement, a copy of which is attached for your review. Please be aware that only residential units may be weatherized. Meeting rooms, game rooms, laundry rooms, maintenance rooms, daycare centers, office areas or commercial business areas, and non-residential facilities are not eligible for weatherization services. WAP may request a financial commitment from the building's landlord(s) based on the estimated cost for each building containing multi- family rental units. Exceptions to this requirement can be made when the owner is an income-eligible applicant or a non-profit entity. The financial commitment may be in the form of monetary contributions (checks or money orders), materials, or labor provided to install eligible measures. All monetary contributions provided by landlords will be used for labor and materials. The estimated cost of each building will be based on an energy audit that is performed on each individual unit within the building. When the energy audits are completed, the local weatherization agency will contact you to discuss the proposed weatherization measures for each building and your financial commitment to the project and the Landlord Agreement.

After weatherization services have been provided, the local agency is required to conduct a quality control inspection to ensure that work was completed in accordance with the standards set forth by the WAP. It is your responsibility to assist the local agency staff in gaining entrance to your property.

### PERMISSION TO ENTER PREMISES

I, \_\_\_\_\_ as landlord/authorized agent for building(s) located at \_\_\_\_\_ have read and understand the above and hereby grant permission for representatives of TEXOMA COUNCIL OF GOVERNMENTS to enter these premises for the purposes of conducting energy audits and collecting eligibility documentation from the residents, including applications, and to perform the weatherization work.

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Landlord/Agent's Signature

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Title

---

Date*Seth Evilsizer*

---

Agency Representative Signature

---

TCOG Weatherization Assistance Program Manager

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Title

---

Date

## LANDLORD FINANCIAL PARTICIPATION FORM

\*\* For Office Use Only\*\*

|   |   |
|---|---|
| Date of Transaction or Initial Contact:   | Instigating local WAP Agency: Texoma Council of Governments |
| Responsible Landlord and/or Agent for Owners of property currently under consideration for weatherization services: |   |
| Physical address or location of property under consideration:   |   |
| Number of multifamily building(s):  | Number of eligible dwelling units:                          |

The Texas Weatherization Assistance Program requires the Agency to obtain financial commitment information from the Landlord for the weatherization services that the agency intends to perform on the building(s). The landlord/agent for this building(s) has indicated that he/she fully understands this policy and has decided to take the following course of action:

(AGENCY SHALL COMPLETE AS REQUIRED. LANDLORD INITIALS APPROPRIATE LINE.)

Landlord/Owner will invest \$ \_\_\_\_\_ for the cost of the weatherization work. This amount represents % of the total estimated cost of the work.

- Landlord/Owner is unable to make any financial investment.
- Landlord/Owner refuses to make an investment.
- Owner is a 501(C)(3) non-profit organization

### Signatures:

Landlord/Agent \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code:

Phone Number:

Date

Agency \_\_\_\_\_ Representative \_\_\_\_\_ Date \_\_\_\_\_

*Seth Evilsizer,  
TCOG Weatherization Assistance Program Manager*

**LANDLORD AGREEMENT****Texoma Council of Governments****It is agreed by and between****(WAP Agency/the Agency)****and** \_\_\_\_\_**(Landlord/Authorized Agent)****Landlord and /or Authorized Agent of the premises located at:**

as follows:

1. The Landlord agrees to cooperate with the Agency by assisting the Agency in gathering all records and documents necessary for the Agency to determine if the tenants residing at the premises are eligible according to the US Department of Energy guidelines for weatherization services. The Agency shall gather and keep confidential the names and incomes of tenants living at the premises.
2. If the Agency, at its sole discretion, determines that the premises are eligible for weatherization services, the Agency agrees to weatherize the premises in accordance with applicable codes, laws and regulations. The Agency agrees to forward a summary of the proposed work to the Landlord after the energy audits are completed. In exchange for these services, the Landlord agrees to be bound by the terms and conditions of this Agreement for a period of 24 months commencing on the date the weatherization work is completed.
3. A tenant's lease may be renewed for successive periods during the period of the Agreement. If an eligible tenant's lease ends during the term of the Agreement, the owner is not obligated to renew the lease, as long as the dwelling unit is subsequently rented to an income eligible household for the remaining time period of the Agreement. The Landlord shall not increase the rents during the term of this Agreement unless the increase is demonstrably related to matters other than weatherization work performed. Landlord shall not evict Tenants for the time period of this Agreement, except for just cause and for matters unrelated to the weatherization work performed. A list of units and agreement amounts, and a sample of the lease agreement must be attached to this Agreement.
4. Weatherized units that become vacant during the term of this Agreement must be rented to income eligible households.
5. The Landlord hereby swears or affirms that the premises is not presently being offered for sale and further agrees to give the Agency thirty days (30) notification of the sale or conversion of the premises. At least ten days (10) prior to the sale or conversion, the Landlord agrees to obtain, in writing, the purchaser's consent to assume the Landlord's obligations under this agreement, or if this consent is not obtained, to pay the Agency the full cost of weatherization pro-rated by the number of months left under this agreement. The landlord agrees that this document may be filed as evidence of a lien (§53 of the Texas Property Code) against the property in the municipal land records.
6. The Landlord agrees to maintain the weatherization materials installed under this agreement in accordance with all relevant codes.
7. The Agency agrees to begin installation of weatherization materials on or about (date) \_\_\_\_\_, 20 \_\_\_\_\_. From this date through the completion of the weatherization work, the Landlord agrees to provide during normal business hours, access by Agency personnel, Agency sub - contractors, and State & Federal officials to all dwelling units and common areas weatherized.
8. The Agency and Landlord agree that the tenants, present and future, are meant as the persons to benefit from the weatherization program. The tenants of weatherized units shall receive a copy of this agreement. The Agency agrees to provide a copy of this agreement to the tenant of the weatherized unit. The Landlord agrees to provide a copy of this agreement to all future tenants of weatherized units while this agreement is in effect.
9. In the event the Landlord defaults on, or materially breaches any term of this agreement, the Landlord shall be liable for liquidated damages, immediately due and payable to the Agency, to be computed as follows: the total cost of the project not borne by the Landlord shall be divided into twenty-four equal shares. One share shall be

deducted for each full month which elapses between the date of completion of the work and the date of Landlord's default or breach. The remainder shall be paid as liquidated damages.

10. If any portion of this Agreement is held to be invalid by a court or administrative tribunal of competent jurisdiction, the remainder shall remain valid and binding.

Landlord/Agent \_\_\_\_\_ Date \_\_\_\_\_

Landlord/Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

*Seth Evilsizer,  
TCOG Weatherization Assistance Program Manager*



**Weatherization Assistance Program**  
Application for Weatherization Services  
Programa De Climatizacion Del Hogar Sociedad Para Services



**Customer Billing/Consumption Release Form**  
**Formulario de divulgación de facturación/consumo del cliente**

**Name:**

**Nombre:**

\_\_\_\_\_  
*First/Primer nombre*      *Last/Apellido*      *MI/Inic. Segundo Nombre*

**Address:**

**Dirección:**

\_\_\_\_\_  
*Street/Calle*

*City/Ciudad*

*Zip/C.P.*

**Telephone:**

**Teléfono:**

\_\_\_\_\_

**Electric Utility Co:/Compañía de Serv. de electricidad:** \_\_\_\_\_

**Account Number:/Número de cuenta:** \_\_\_\_\_

**Gas Utility Co:/Compañía de Serv. de gas:** \_\_\_\_\_

**Account Number:/Número de cuenta:** \_\_\_\_\_

**Other:/Otra:** \_\_\_\_\_

**Account Number:/Número de cuenta:** \_\_\_\_\_

I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumption histories, both past and future, to the extent the information is used only to determine program eligibility and to provide data.

Autorizo al Departamento de Vivienda y Asuntos comunitarios de Texas y a sus agencias contratadas a solicitar/verificar información acerca de mi facturación por energía e historiales de consumo, pasados y futuros, en la medida en que la información sea usada únicamente para determinar mi elegibilidad para el programa y proporcionar datos.

X

*Signature/ Firma*

*Date/ Fecha*

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Sherman, Texas 75090

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