

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

**A. APPLICANT INFORMATION**

PLEASE PRINT CLEARLY OR TYPE:

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
(Last, First, MI)

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

Mailing Address: (If different from home address) \_\_\_\_\_

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

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

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

**B. HOUSEHOLD INFORMATION**

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

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

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

**C. INCOME**

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

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

Annual household income: \$ \_\_\_\_\_

**Acknowledgement of Applicant:**

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION OF ZERO INCOME**

(Form to be completed only by any household member 18 years and older)

Applicant Name: \_\_\_\_\_

Household Member Name with NO income: \_\_\_\_\_

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

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

The reason that I have no income is as follows:

\_\_\_\_\_  
\_\_\_\_\_

Living Expenses:

Food: \$ \_\_\_\_\_

Shelter: \$ \_\_\_\_\_

Utilities: \$ \_\_\_\_\_

The above 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 \_\_\_\_\_

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

On \_\_\_\_\_ before me \_\_\_\_\_, personally appeared

\_\_\_\_\_, who did say that they are named in the foregoing instrument and acknowledged that they executed the same.

\_\_\_\_\_  
Notary Public

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

**Race and Ethnic Data Reporting Form**

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

Applicant Name: \_\_\_\_\_

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

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

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

Is Head of Household a women      Yes \_\_\_ or No \_\_\_

Is Head of Household disabled      Yes \_\_\_ or No \_\_\_

Signature of Applicant: \_\_\_\_\_

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

DEPARTMENT OF BUSINESS AND INDUSTRY -- 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:

1. A complete application packet must be on file with the local agency and deemed eligible for assistance to be provided.
2. I authorize the examination of all employment/income, utility/fuel and other records pertinent to my application for weatherization assistance.
3. No disclosure of any information obtained by a representative of the Weatherization Assistance Program will be made directly or indirectly. Such information will be utilized only in the furtherance of the Weatherization Assistance Program.
4. The weatherization work to be performed is being paid for with federal and state funds and at no cost to me.
5. As the owner/authorized agent, I authorize access to my residence as necessary to perform needed weatherization activities including the final inspection. If I do not allow access to the property for the final inspection, I am aware I will be financially responsible for reimbursing the State for all materials and labor.
6. I agree to report any changes in household size, income or other information relevant to receiving weatherization assistance that occur after my application is filed and prior to the receipt of such assistance.
7. If I have been declared eligible but have not received weatherization assistance within 12 months of the original application, I will be asked to resubmit current income and other household information.
8. No person will be denied weatherization assistance or be discriminated against because of race, color, national origin, age, sex, handicap, political beliefs or religion. If I believe I have been discriminated against, I understand I may call or write the local agency administering the Weatherization Assistance Program. If the issue cannot be resolved at the local level, I understand I may write Nevada Housing Division, Weatherization Program, 1535 Old Hot Springs Road, Suite 50, Carson City, Nevada 89706.
9. Workmanship on all materials installed is warranted for 90 days from the date that weatherization work was certified being completed on the Building Weatherization Report.
10. Should I have any complaints or questions regarding the action taken relative to my application or the work performed on my residence, I understand I may have a conference with a person from the local agency responsible for the weatherization assistance.

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

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

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

11. If I am unable to resolve any issues at the local agency level, I understand I have the right to request a review by the Nevada Housing Division (NHD). All complaints to the NHD must be in writing and must be received by the Nevada Housing Division, Weatherization Assistance Program, 1535 Old Hot Springs Road, Suite 50, Carson City, Nevada 89706 within 90 days from the notice date of local agency action or completion of work as shown on the Building Weatherization Report.

A review need not be granted when:

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

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_