

# **KANSAS WEATHERIZATION ASSISTANCE PROGRAM**

Serving Barber, Butler, Chautauqua, Cherokee, Clark, Comanche, Cowley, Crawford, Edwards, Elk, Finney, Ford, Grant, Gray, Hamilton, Harper, Harvey, Haskell, Hodgeman, Kearny, Kingman, Kiowa, Labette, Marion, McPherson, Meade, Montgomery, Morton, Neosho, Pawnee, Pratt, Reno, Rice, Sedgwick, Seward, Stafford, Stanton, Stevens, Sumner, and Wilson Counties.

## **CLIENT APPLICATION**

Program provided by:  
**SOUTH CENTRAL KANSAS ECONOMIC  
DEVELOPMENT DISTRICT, INC. (SCKEDD)  
9730 E 50<sup>th</sup> St N  
Bel Aire, KS 67226**

For Questions, please call (316) 262-7035 (*option 1*)  
Fax: (316) 262-7062

You may also submit applications or questions to: [info@sckedd.org](mailto:info@sckedd.org)

<http://www.sckedd.org>

### INFORMATION ABOUT THE PROGRAM

The South Central Kansas Economic Development District, Inc. (SCKEDD) sponsors a Weatherization program for lower-income residents of Barber, Butler, Chautauqua, Cherokee, Clark, Comanche, Cowley, Crawford, Edwards, Elk, Finney, Ford, Grant, Gray, Hamilton, Harper, Harvey, Haskell, Hodgeman, Kearny, Kingman, Kiowa, Labette, Marion, McPherson, Meade, Montgomery, Morton, Neosho, Pawnee, Pratt, Reno, Rice, Sedgwick, Seward, Stafford, Stanton, Stevens, Sumner, and Wilson Counties.

Funding for this program is provided by the Department of Energy and the Department of Health and Human Services. It is administered through the Kansas Housing Resources Corporation.

### APPLICATION COMPLETION CHECKLIST

Before you can submit your application for assistance, be sure you:

- \_\_\_\_\_ Read and understand the *What Weatherization Includes* section.
- \_\_\_\_\_ Read and understand the *Program Eligibility* section.
- \_\_\_\_\_ Read and understand the *Income Verification* section. You must submit proof of income with this application.
- \_\_\_\_\_ Complete the Kansas Weatherization Assistance Program Application Form and Sign. If you are a renter or in a rent-to-own contract, the homeowner must also sign the *Application Form* as well as the *Wall Insulation* disclosure.
- \_\_\_\_\_ Complete and sign the *Fuel Release Form* (pg.4). This is required to receive Weatherization Assistance
- \_\_\_\_\_ Complete the *Affidavit of No Income* (pg. 5) ONLY if you or a member of your household has not received income for the past 12 months. (*NOTE: this will require a signature witnessed by a Notary Public*)
- \_\_\_\_\_ If you are a renter or in a rent-to-own contract, complete the *Rental Property Agreement* (pg.6) with your Landlord.
- \_\_\_\_\_ If you receive wages and have been with your job for a year or longer, you may wish to bring the Employment Verification Form (pg. 7) to your employer to complete in lieu of providing copies of paystubs.

Feel free to contact our office with any questions pertaining to this Program or this Application. Our telephone number is (316) 262-7035.

### APPLICATION SUBMISSION CHECKLIST

Please enclose the following items when you submit your application. If any of these items are missing your application may be **severely delayed**.

- \_\_\_\_\_ Signed and Completed Kansas Weatherization Assistance Program Application Form
- \_\_\_\_\_ Proof of Income Documentation **OR** Employment Verification Form
- \_\_\_\_\_ Signed Fuel Release Form
- \_\_\_\_\_ Signed Rental Property Agreement if you rent or are in a rent-to-own contract.
- \_\_\_\_\_ Signed Zero-Income Affidavit if a member of your household claims zero income for the past 12 months.

## PROGRAM ELIGIBILITY

You must meet all these requirements to be eligible to receive Weatherization Assistance:

1. You and your household must occupy the home that you are applying to receive assistance with through this Program. All utilities including electric and gas service must be present and active.
2. Your house cannot be designated for acquisition or clearance by a federal, state or local program within 12 months from the date weatherization would be scheduled to be completed.
3. If your house has been weatherized before by a federal, state, or local weatherization program,
  - a. Your house is disqualified if Weatherization took place in the past 15 years, unless the house has been damaged by fire, flood, or act of God and repair of the damage to weatherization materials was not covered by insurance.
  - b. If you received weatherization assistance longer than 15 years ago, you may be eligible to receive further assistance, but we will be unable to repeat weatherization measures previously performed.
4. Your household income meets the requirements specified in the Kansas Housing Resources Corporation State Plan. Specifically, your household must either:
  - a. Contain a member that has received either Temporary Assistance for Families (TAF) payments under Title VI-A, Supplemental Security Income (SSI) payments, or assistance from the Low-Income Energy Assistance Program within the last 12 months.
  - b. In total, does not exceed the following maximum income levels based upon household size.

| Family Size | Maximum Income for Weatherization (200% of FPL) | Family Size | Maximum Income for Weatherization (200% of FPL) |
|-------------|-------------------------------------------------|-------------|-------------------------------------------------|
| 1           | \$31,300                                        | 9           | \$119,300                                       |
| 2           | \$42,300                                        | 10          | \$130,300                                       |
| 3           | \$53,300                                        | 11          | \$141,300                                       |
| 4           | \$64,300                                        | 12          | \$152,300                                       |
| 5           | \$73,300                                        | 13          | \$163,300                                       |
| 6           | \$86,300                                        | 14          | \$174,300                                       |
| 7           | \$97,300                                        | 15          | \$185,300                                       |
| 8           | \$108,300                                       | 16          | \$196,300                                       |

## Home Condition Eligibility

Along with you being eligible for Weatherization services, your home must also be eligible. Staff is authorized to postpone or deny services to homes/units under these circumstances:

### Health & Safety:

1. Unsanitary conditions where health of staff/contractor(s) would be placed in jeopardy
2. Threat of violence or personal safety of contractor(s) is in question
3. Household member has a health condition which could be aggravated by weatherization
4. Mold is found or excessive moisture conditions are present
5. Source pollutants are found which would be aggravated by weatherization (i.e., moisture, friable asbestos, or radon)

### Effectiveness:

1. Remodeling or rehabilitation is planned or in progress
2. Condition of dwelling is too degraded for weatherization to be effective (i.e., major roof, foundation, or structural issues)
3. Home is condemned or scheduled for demolition
4. Client does not cooperate with weatherization personnel and either refuses entry, inspection, or measures selected by audit

## INCOME VERIFICATION

To be eligible for the Weatherization Assistance Program, you must prove that you qualify based on criteria specified on the previous page. To do this, you and **every member of your household** must submit an acceptable Proof of Income to our office. Use these guidelines to determine what is acceptable as Proof of Income.

| Proof of Income                                        | Documentation Needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Cash Assistance</b>                                 | Include a dated printout from the Kansas Department for Children and Families (DCF) indicating the type and amount of benefits paid, month by month, for the most recent three-month period.                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Interest</b>                                        | Include three most recent bank statements that you have received or a transaction printout from your bank for the most recent year.                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>No Income</b>                                       | Any member of household over the age 18 must sign a No Income Affidavit (enclosed).                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Unemployment Benefits</b>                           | Send a dated printout from the Kansas Department of Human Resources (Labor) showing the amounts paid to you. If you do not have a dated printout, you may substitute an award letter that you have received within the last year.                                                                                                                                                                                                                                                                                                                              |
| <b>Retirement Benefits</b>                             | If you received a distribution from an IRA, 401(K), or other forms of retirement benefits, include the most recent statement from the fund that discloses the monthly distribution amount.                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Self-Employment*</b>                                | Provide a statement with your <i>NET</i> amount for the past 12 months. This <i>must</i> be signed and dated in front of and by a Notary Public.                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Social Security or Supplemental Security Income</b> | Include the most recent eligibility letter that you have received within the past year. If you do not have an eligibility letter, you may substitute a printout from the Social Security Administration detailing the benefit payments you receive monthly.                                                                                                                                                                                                                                                                                                    |
| <b>Veteran's Benefits</b>                              | Include a letter from the Veteran Administration indicating how much you have received within the past three months. If no printout from the VA is available, you may substitute an award letter that you have received within the past year.                                                                                                                                                                                                                                                                                                                  |
| <b>Wages</b><br>Include one of the Following*:         | <p>1. A signed Employer Verification Form (enclosed) signed by you and your employer if you have been employed for a year or longer. Provide one form from each employer for each member of your household that receives wages.</p> <p style="text-align: center;"><b>OR</b></p> <p>2. Photocopies of all paycheck stubs for the most recent three-month period. Enclose one set of paycheck stubs for each employer that you and/or any member or your household received wages from. Any paycheck stub you submit must disclose your <b>GROSS</b> wages.</p> |
| <b>Workers Compensation Benefits</b>                   | Send a letter from your attorney listing all amounts that have been paid to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Any other Source of income*</b>                     | Not excluded below, include a short, signed and dated note from any third party or company, other than those mentioned above, from which you or any member of your household earned or received within the past 12-month period. Your note must list the amount received for each month.                                                                                                                                                                                                                                                                       |

**\*Some instances may require a full 12 months proof of income and/or require a notarized statement. \***

**NOTE: You must provide appropriate income documentation with your application.**

**Income, for the purposes of this Program, excludes:** capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments or one-time compensation for injury; Also excluded are non-cash benefits such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches and housing assistance, and combat zone pay to the military. Note: Child Support Payments and College Scholarships are excluded.

# Kansas Weatherization Assistance Program Application Form

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Alternate #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### SOURCES OF INCOME AND ASSISTANCE FOR EVERYONE IN THE HOUSEHOLD

Check all types of income that were received by you and each member of your household within the past 12 months. You must include proof of each type of income with this application. **Please note W-2 forms are NOT accepted through this program as a form of income documentation.**

**\*\*Note:** If you indicate that you receive **NO INCOME** you *must* complete the **Affidavit of No Income\*\***

|                                             |                                               |                                                |                                                       |
|---------------------------------------------|-----------------------------------------------|------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Salary or Wages    | <input type="checkbox"/> Self-Employment      | <input type="checkbox"/> Interest or Dividends | <input type="checkbox"/> Rent or Royalties            |
| <input type="checkbox"/> Unemployment       | <input type="checkbox"/> Worker's Comp.       | <input type="checkbox"/> Military Pay          | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> Cash Assistance    | <input type="checkbox"/> Pensions & Annuities | <input type="checkbox"/> Social Security       | <input type="checkbox"/> No income                    |
| <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Trust Distributions  | <input type="checkbox"/> SSI                   | <input type="checkbox"/> (Attach affidavit)           |

### HOUSEHOLD COMPOSITION

List all persons **(including yourself)** currently living in your house and complete all fields on each member.

| Full Name | Age | Disabled (Y/N) | *Ethnicity | Gender (M/F) | **Type of Income |
|-----------|-----|----------------|------------|--------------|------------------|
|           |     |                |            |              |                  |
|           |     |                |            |              |                  |
|           |     |                |            |              |                  |
|           |     |                |            |              |                  |
|           |     |                |            |              |                  |
|           |     |                |            |              |                  |
|           |     |                |            |              |                  |

### STATISTICAL INFORMATION

This data is used only for statistical purposes. SCKEDD or the Kansas Weatherization Assistance Program does not discriminate based on gender, race, ethnicity, or origin.

How did you hear about us? \_\_\_\_\_

Do you have friends or family currently employed at SCKEDD? ☐ YES ☐ NO

If yes, please provide their name(s): \_\_\_\_\_

## DWELLING INFORMATION

Complete all the information below regarding the house to be weatherized under this Program. This must be the dwelling with the street address provided on the previous page and you must currently be living there.

| Dwelling Type (check one)                    | My house is:                         | I am a:                                          | Construction Year:     |
|----------------------------------------------|--------------------------------------|--------------------------------------------------|------------------------|
| <input type="checkbox"/> Single Family House | <input type="checkbox"/> 1 Story     | <input type="checkbox"/> Homeowner               | <hr/><br>(approximate) |
| <input type="checkbox"/> Mobile Home         | <input type="checkbox"/> 2 Stories   | <input type="checkbox"/> Renter*                 |                        |
| <input type="checkbox"/> Duplex/Triplex/etc. | <input type="checkbox"/> 3 Stories   | <input type="checkbox"/> Rent-to-Own*            |                        |
| <input type="checkbox"/> Apartment           | <input type="checkbox"/> Split-Level | *You must complete the enclosed Rental Agreement |                        |

- ☐ My house is scheduled for acquisition or clearance under a governmental agency?
- ☐ My house has been weatherized before (If so, when? \_\_\_\_\_)
- ☐ I am receiving help with my house from another agency. (Details: \_\_\_\_\_)

### Answer all of the following questions about your home (Yes or No)

- |                                                          |                                                                        |
|----------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> I have a working heat source    | <input type="checkbox"/> My home is air conditioned                    |
| <input type="checkbox"/> I have a forced air furnace     | <input type="checkbox"/> I have central air conditioning               |
| <input type="checkbox"/> I have a wall furnace           | <input type="checkbox"/> I have a window air conditioner               |
| <input type="checkbox"/> I have a floor furnace          | <input type="checkbox"/> I have mold in my house                       |
| <input type="checkbox"/> I have a space heater           | <input type="checkbox"/> I am aware of lead paint existing in my house |
| <input type="checkbox"/> I have a wood burning stove     | <input type="checkbox"/> I have a roof leak                            |
| <input type="checkbox"/> I have a wood burning fireplace | <input type="checkbox"/> I have a plumbing leak                        |

## WALL INSULATION

Please **mark** permissions for holes drilled on the **outside** and **inside** of the home below.

**Yes**, I understand and give my permission:

☐ I give permission for holes to be drilled in all exterior walls (if applicable) of my home (or rental property) for the purpose of installing insulation into the side walls. I understand I will be responsible to paint the plugs used to fill the holes. For vinyl siding, if applicable, siding will be taken down and put back up after insulation has been completed.

☐ I give permission for holes, approximately 2" wide, to be drilled in any or all walls, floors, or ceilings for the installation of insulation materials. I understand that it will be my responsibility to apply the desired finish to the plugs used to seal the holes.

**No**, I understand but do not give my permission:

☐ I do not give permission for holes to be drilled in all exterior walls (if applicable) of my home (or rental property) for the purpose of installing insulation into the side walls.

☐ I do not give permission for holes, approximately 2" wide, to be drilled in any or all walls, floors, or ceilings for the installation of insulation materials.

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Date

## ELIGIBILITY CERTIFICATION

I certify that there is at least one United States citizen or Qualified Alien who resides at the address listed on this application. Qualified Alien is defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## APPLICANT SIGNATURE

Read all the following information before signing.

Once SCKEDD has received your application and verified your income to determine eligibility, you are placed on a waiting list to receive a preliminary inspection. When it is your turn, an inspector will contact you to set up a time for your inspection. The inspector will visit your home to gather the necessary information which must be entered into a computer program approved by the U.S. Department of Energy and the State of Kansas. This program provides SCKEDD with a list of approved measures designed to reduce the energy consumption of your home. Each house is inspected in a similar manner and input in the audit software in a similar manner. However, due to the inherent differences in each building structure, the energy audit software may approve different measures for each house. After inspection, an appointment is then set for a SCKEDD weatherization crew to arrive to perform the work that has been approved for your home. Before any work is started, the crew supervisor will go over the list of work items with the homeowner. If there are no objections, the crew will proceed with the work. In cases where the homeowner objects to having any work item performed, the crew supervisor will contact the project inspector to discuss the objection before any work is started. If the housing inspector determines that the item objected is required for your health and safety, then we will be unable to do any of the items.

The services provided to you through the Kansas Weatherization Assistance Program provided by SCKEDD are intended solely to reduce the energy consumption needs of your household. SCKEDD receives a limited amount of money, and the Weatherization program regulations and guidelines limit the use of grant funds to specific approved measures which have been shown to reduce energy consumption. The work is performed by SCKEDD staff or subcontractors who have received extensive training and experience in specific weatherization techniques. Please be advised that all weatherization work items are not intended to enhance or improve the appearance of the home. If my application is approved, I authorize the weatherization of my home to be completed by this program and will provide reasonable access to my property as required by weatherization personnel. If I disallow reasonable access to my home, I understand that my application will be deferred and any, and all warranties on work items already performed will be void.

By signing below, I certify that I have read all information contained in this application and understand my rights and responsibilities as a client under the Kansas Weatherization Assistance Program. I also certify that the information given by me in this application is a true and accurate representation to the best of my knowledge. By signing this application, I understand that I may be civilly and/or criminally liable under Federal and State law for making any false or fraudulent representations. I also understand that any person that applies for the Kansas Weatherization Assistance Program has the right to appeal any denial, delay, or limitation of service under the grant program. Appeals must be sent in writing to SCKEDD 9730 E 50th St. N Bel Aire, KS 67226.

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Applicant Signature

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Date

---

Homeowner's Signature (if different from applicant)

---

Date

## FUEL RELEASE FORM

Please complete this form. It is required to receive Weatherization Assistance.

Applicant's Name: \_\_\_\_\_

County: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### UTILITY INFORMATION

#### HEATING FUEL SUPPLIER:

#### ELECTRIC SUPPLIER:

Supplier Name: \_\_\_\_\_

Supplier Name\*\*\*: \_\_\_\_\_

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

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

Bill To (whose name is on the bill): \_\_\_\_\_

Bill To (whose name is on the bill): \_\_\_\_\_

Account #: \_\_\_\_\_

Account #: \_\_\_\_\_

\*\*\* If you have services with **EVERGY**, please be sure to submit a copy of a recent bill with your application. \*\*\*

#### HIGH ENERGY USER OR HIGH ENERGY BURDEN HOUSEHOLDS

Priority is given to eligible households with elderly clients (60+), clients with disabilities, families with children 18 years of age or under, and high energy user or high energy burden households. If you are deemed eligible for Weatherization services and would like to be prioritized based on high energy use/burden, please submit the previous 12 months of energy bills with your application.

**This release shall apply to the above energy providers and any subsequent energy provider(s) formed through merger or acquisition therewith.**

Do you use the same supplier for both heating and electric? \_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby authorize the above energy providers to release information on my fuel bills to the following agencies: **Kansas Weatherization Assistance Program, Low Income Home Energy Assistance Program, and South-Central Kansas Economic Development District, Inc.**

I understand that this information will be used only to provide data for the above-named agencies, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

**This Release shall apply for 3 years following the date of its execution.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## AFFIDAVIT OF NO INCOME

Each member of your household over 18 years of age who has not received any income from any source other than excluded sources within the last year must complete this affidavit. For rules about what constitutes income, refer to the information below.

By signing, in the presence of a Notary Public, I certify under penalty of perjury that: (a) I am not presently employed, nor have been employed within the last year AND (b) I did not receive any income from any source within the past year except that which is excluded under the rules of this Program (displayed below).

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

**This section must be notarized by a Notary Public.**

|                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County of: _____<br>State of: _____<br><div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div> | This instrument was acknowledged before me on:<br>_____ day of _____ 20____ by:<br><br><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Printed Name of Household Member</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Printed Name of Household Member</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Printed Name of Household Member</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Printed Name of Household Member</div> |
| <div style="border-bottom: 1px solid black; margin-top: 5px;">Notary Public's Signature</div>                                     | <div style="border-bottom: 1px solid black; margin-top: 5px;">My Commission Expires</div>                                                                                                                                                                                                                                                                                                                                                                                                                              |

**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 includes regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' 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.

**Income excludes** capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury; Also excluded are non-cash benefits such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches and housing assistance, and combat zone pay to the military. Note: Child Support Payments and College Scholarships are excluded.

If you are a *renter, rent-to own*, or are *buying on contract* give this form to your landlord to complete. If you live in your own home, ***do not*** complete this form.

I grant the Kansas Weatherization Assistance Program (KWAP) permission to weatherize the dwelling at the aforementioned address and to do whatever reasonable repairs are deemed necessary within guidelines set forth by the U.S. Department of Energy. I further declare that I shall forever save and hold the KWAP, its agents, servants, and employees harmless from all claims, dividends, costs, and liabilities arising from damage or injury, actual or claimed, of whatever kind or character, to persons or property, occurring or claimed in, on or about the premises arising out of the service provided and shall defend the KWAP in any action or proceeding brought about.

1. I understand that the KWAP will assess the heating system. If found unsafe or inefficient, KWAP will try to replace the unit at no cost. I understand I will be contacted if a contribution is necessary before work proceeds.
2. I will not raise the rent on this property because of any improvements made by the KWAP for a period of one (1) year following completion of the weatherization work. I have the right to increase the rent an appropriate sum if I do additional repairs at my own expense unrelated to Weatherization work. Furthermore, I do not intend to sell the property for a period of one (1) year. Should I sell the property within 1 year, I will ensure the new owner agrees to the restrictions/requirements of this agreement. I also will not evict the tenant because of any improvements made by the KWAP. I retain the right to evict the tenant on matters demonstrably not Weatherization related. Landlords and tenants are encouraged to try to resolve disputes themselves. Landlord/tenant education and mediation services are available to assist in settling landlord-tenant disagreements arising from weatherization activities, if necessary, by contacting Kansas Housing Resources Corporation's Compliance-Tenant Relations Specialist at 1-800-752-4422.
3. I will be required to allow the weatherization work to be continued if the client moves from the dwelling before the work scope has been completed. Access to the unit will be made available as needed to all weatherization staff, inspectors, contractors, and crews to allow for completion of the work. Work planned or not yet started may be terminated if the tenant moves or the house is sold.
4. The KWAP may notify the appropriate utility company in addition to the tenant and myself if it discovers any physical condition which is believed to pose a threat to the safety of the tenant.
5. The benefits of the KWAP are to accrue primarily to the low-income tenants residing in the unit. No undue or excessive enhancements will occur to increase the value of the unit.
6. I hereby GRANT A WAIVER OF LIABILITY to the KWAP and its agents, from any and all claims against the Weatherization Program arising from its presence on said property.

|                  |       |      |
|------------------|-------|------|
| Tenant Signature |       | Date |
| Address          |       |      |
| City             | State | Zip  |
| Phone            |       |      |

## EMPLOYMENT VERIFICATION FORM

If you receive wages and have been at your current place of employment for a **year or more**, take this form to your employer to complete. You **may** submit paystubs for the most recent three-month period in lieu of completing this form.

### EMPLOYMENT INFORMATION

Employee's Name: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

I, \_\_\_\_\_, have received a total **GROSS** amount of \$\_\_\_\_\_,  
(Name of Employee) (Gross Dollar Amount)  
from \_\_\_\_\_ - \_\_\_\_\_, 20\_\_\_\_\_.  
(Date Range - MINIMUM of three (3) months)

### EMPLOYEE SIGNATURE

I authorize the release of my wage and employment information to SCKEDD. Under penalty of perjury, I hereby attest that all information provided is correct to the best of my knowledge.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### EMPLOYER SIGNATURE

Under penalty of perjury, I hereby attest that all information provided above is correct to the best of my knowledge.

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Phone

\_\_\_\_\_  
Date

SCKEDD  
9730 E 50<sup>th</sup> St N  
Bel Aire, KS 67226

SCKEDD  
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