



RURAL NEVADA DEVELOPMENT CORPORATION

1320 East Aultman Street • Ely, Nevada 89301
Phone (775) 289-8519 • Toll Free (866) 404-5204
Fax (775) 289-8214 • www.rndcnv.org

Dear Applicant:

Thank you for your interest in our Weatherization Program. Please complete this application in its entirety, sign, date and return to Rural Nevada Development Corporation at our address listed above, retaining copies for your records.

In addition we will need the following documentation to process your application:

- Three (3) copies of most recent pay stubs or a copy of the SSI benefit statement notice of award for current or upcoming year for all persons 18 and over in the household. Please note we CANNOT accept copies of 1099 tax forms, Child Support, or Snap Benefit forms as proof of income.
• Copies or usage printouts of power bills and/or gas bills (both if applicable) covering the previous 12 months. These bills must show your complete account number.
• For Homeowners & Renters: Print outs from your counties Assessor's Office displaying ownership, location, and age of the home. For manufactured homes a copy of the title.
• Picture Identification and copies of Social Security Cards for everyone in the home.
• Please read, sign, return, and adhere to the animal restraint form if applicable.

Please Check the Appropriate Source

Main Heat Source: Electric ___ Natural Gas ___ Propane ___ Provider: _____
Water Heater: Electric ___ Natural Gas ___ Propane ___

ALL THE ABOVE MENTIONED INFORMATION MUST BE INCLUDED TO PROCESS YOUR APPLICATION

Once your application is processed, you will be contacted regarding your status. If you have any questions regarding the application process, please contact me at the Rural Nevada Development Corporation office. When faxing supporting documentation please fax to 775-289-8214.

Thank you,
Courtney Snodgrass
RNDC Housing Programs
775.289.8519 EXT 1107
courtney@rndcnv.org

www.rndcnv.org

RNDC does not discriminate on the basis of age, race, sex, creed, or disability. • Equal Opportunity Lender

DEPARTMENT OF BUSINESS AND INDUSTRY – 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
TYPE OF HOME Rented Owned **(Does not apply to mobile home space rental.)**

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

B. HOUSEHOLD INFORMATION

COMPLETE FOR ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF (ATTACH ADDITIONAL PAGES IF NECESSARY)

NAME (Last) (First) (MI)	Relationship to Applicant	Social Security Number	Date of Birth	U.S.Citizen or Eligible *Non- citizen		Disabled		Native American	
				Yes	No	Yes	No	Yes	No

***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 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, child support, 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.

- 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: _____

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.
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 must try to resolve with the local agency I originally applied with. The complaint must be received by the local agency responsible within 30 days from the date of the incidence or date of completion..
10. 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) by submitting a Client Grievance Form obtained from NHD and must be filed within 60 days from the date of the local agency's response on my complaint
11. The residence is not eligible for weatherization assistance if the property is currently on the market for sale.
12. 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.
13. 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.
14. 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 local agency prior to commencement of work for any measures that require the Home Owners Association approval.
15. I will receive a Scope of Work for any weatherization work planned for my home and must approve by signing. I am aware that the work performed may change as deemed necessary depending on unforeseen conditions observed on site.

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



RURAL NEVADA DEVELOPMENT CORPORATION

1320 East Aultman Street • Ely, Nevada 89301
 Phone (775) 289-8519 • Toll Free (866) 404-5204
 Fax (775) 289-8214 • www.rndcnv.org

Applicant's Obligations and Restrictions

1. In order for your home to be weatherized, Weatherization Assistance Program (WAP) personnel shall enter your property as needed with prior notification to you, the applicant. WAP personnel shall include, but is not limited to, the employees of; Rural Nevada Development Corporation (RNDC), Nevada Housing Division, assigned contractors, and funding agencies.
2. During the time that WAP personnel are on the applicant's property all animals shall be restrained and all debris resulting from the animals shall be disposed of. The applicant shall be held liable for their animal's actions. WAP personnel will not be held liable for the applicant's animals.
3. WAP personnel shall use diagnostic equipment during the weatherization process and shall there be unknown toxic substances on the applicant's property WAP personnel shall not be deemed liable or held responsible for a possible connection to the disturbance of the toxic substance(s) by the diagnostic equipment and any future health issues.
4. Signing this form releases RNDC from any liability. Shall the applicant fail to comply with this document, RNDC may exercise its right to walk away and withdraw your application from the program.

Applicant's Printed Name

Applicant's Signature

Date

CERTIFICATION OF ZERO INCOME
(Form to be completed only by any household member 18 years and older that is not currently employed)
This form must be signed before a Notary Public before being returned to RNDC

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, child support, 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 Nevada
County of _____

On _____ before me, _____, personally
(Date) (Notary Public's name)
appeared _____, who did say that he/she is named in the foregoing instrument and
(Household Member named above)
acknowledged that he/she executed the same.

Notary Public



1320 East Aultman Street • Ely, Nevada 89301
Phone (775) 289-8519 • Toll Free (866) 404-5204
Fax (775) 289-8214 • www.rndcnv.org

**ANIMAL RESTRICTION / HEALTH HAZARD
COMPLIANCE AGREEMENT**

Occupant: _____

Address: _____

During the time that construction agents are at work on your property, we require that all animals be restrained and all debris resulting from the animals be cleaned up, as well as any direct health related issues corrected to prevent any injury and/or health hazards to the workers. This will also eliminate any unnecessary damage or confusion that may arise because of unrestrained animals leaving the property while the construction work is being completed.

The agreement releases Rural Nevada Development Corporation from any liability. Please note that in the event you, the occupant, do not comply with this agreement, Rural Nevada Development Corporation may exercise its right to walk away and withdraw your project from the program.

Thank you,
Housing Administrator

Comments:

Occupant's Signature

Date

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)						
Ethnic Categories – Check only one						
1) Hispanic or Latino						
2) Not-Hispanic or Latino						
Racial Categories – Check all that apply						
1) American Indian or Alaska Native						
2) Asian						
3) Black or African American						
4) Native Hawaiian or Other Pacific Islander						
5) White						

Is Head of Household Male ___ Female___

Is Head of Household disabled Yes ___ or No ___

Signature of Applicant: _____

Date: _____