



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 **Low-Income 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:

- Proof of **ALL** income within the household. If employed, copies of four (4) months most recent pay stubs for all persons over 18. If self-employed- 2 years personal and business taxes including profit and loss statements. Copies of SSI benefit statement notice of award letter for current or upcoming year for anyone receiving these benefits. In addition, copies of any pensions or veteran benefit letters. Please note we CANNOT accept copies of 1099 tax forms, Child Support, or Snap Benefit forms as proof of income.
- 12 months of electricity, propane, solar, and/or natural gas bills (if applicable) or a printout showing the usage and cost for the past 12 months. These bills must show your complete account number. If using solar, monthly solar generated statements and complete electric bills showing usage/bank must be provided.
- *For Homeowners:* Printout from your counties Assessor’s Office displaying ownership, location, and age of the home. For manufactured homes please send 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___ Other_____ Provider: _____

Water Heater: Electric___ Natural Gas___ Propane___ Provider: _____

Solar: _____ Provider: _____

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,

Meg Rhoades
Housing Programs Clerk
Meg@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: _____ CELL 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) (Mailing 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, 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, 1830 College Parkway, Suite 200, 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 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..
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) 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
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 local agency prior to commencement of work for any measures that require the Home Owners Association approval.
16. 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

WAM-02 (December 2022)



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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)

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
(Date) (Notary Public’s Name)

_____, who did say that they are named in the foregoing instrument and acknowledged that they
(Household Member Named Above)

executed the same.

Notary Public



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**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: _____

Deferral Standards

Deferral may be necessary if Health and Safety issues cannot be adequately addressed. The decision to defer work in a dwelling is difficult, but necessary in some cases. This does not mean that assistance will never be available, but that work must be postponed until the problems can be resolved and/or alternative sources of help are found. In the judgement of the auditor, any existing conditions that may endanger the health and/or safety of the workers or occupants may cause weatherization to be deferred. Deferral may also be necessary where occupants are uncooperative, abusive, or threatening. Subgrantee staff and contractors, are expected to pursue reasonable options, including referrals and to use good judgment in dealing with difficult situations.

Subgrantees use NV WAP's Deferral Form for such situations. The form must be filled out completely and contain a clear description of the problem, conditions under which weatherization could continue, the responsibilities of all parties involved, and the client's signature indicating that they understand and have been informed of their rights and options.

Deferral conditions may include:

1. The client has known health conditions that prohibit the installation of insulation and other weatherization materials.
2. The building structure or its mechanical systems, including electrical and plumbing, are in such a state of disrepair that the conditions cannot be resolved within these guidelines and at reasonable costs, i.e. repairs are beyond incidental.
3. The house has sewage or other sanitary problems including pet/animal excrement that can't be corrected through weatherization and would further endanger the client and weatherization installers if weatherization work were performed.
4. The house has been condemned or electrical, plumbing, or other equipment has been "red tagged" by local or state building officials or utility companies and weatherization funds are not sufficient or corrective measure are not allowable costs.
5. Moisture or potential moisture problems, as discussed above, that cannot be resolved under existing health and safety guidelines and with minor repairs.
6. Dangerous conditions in the home due to high carbon monoxide levels in combustion appliances or their venting which cannot be resolved under existing health and safety guidance. Subgrantees should take immediate action to ensure the appliance is not used, including instructing the client to contact a combustion appliance repair/replacement specialist.
7. The client is uncooperative, abusive, or threatening to WAP Staff or contractors.
8. The extent and condition of lead-based paint or any other identified hazardous condition in the house that could potentially create further health and safety hazards.
9. Pest infestation that cannot be reasonably removed or poses health concerns for workers.
10. In the judgement of the energy auditor, any condition exists which may endanger the health and/or safety of the work crew or subcontractor.
11. Homes with conditions that have the potential to create health concern requiring more than incidental repair should be deferred.

Code Compliance Issues

Correcting existing code violations in a dwelling is not allowed unless the code corrective action is required because of the installation of a weatherization measure. State and local (or authority having jurisdiction) codes must be followed when installing weatherization measures. Condemned properties and properties where “red tagged” health and safety conditions cannot be corrected under these health and safety standards should be deferred. Code corrections that are required because of weatherization but are not a direct component of a weatherization measure are to be charged as H&S expenses.

My signature below indicates I understand and have received a copy of the Deferral Standards & Compliance Code Issues as an applicant for the state Weatherization Assistance Program.

Signature

Date



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Dear Applicant,

Please complete and return this form so that we can be sure to have the **most current and updated contact information** for you. If any of your contact information changes, please let us know as soon as possible.

Name of Applicant: _____

Home Phone #: _____

Cell Phone #1: _____

Cell Phone #2: _____

Work Phone #: _____

Email Address: _____

Mailing Address: _____

(Street / PO Box #)

(City)

(Zip Code)

Emergency Contact (Name and phone number of nearest contact, in the event we are not able to get in contact with you for scheduling purposes):

(Name)

(Phone Number)

(Relationship)

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Please take a moment to complete the following survey:

How did you hear about the Weatherization Assistance Program? (Check all that apply)

- Social Services Agency
- Aging and Disability Services Center
- Low Income Housing Energy Assistance (LIHEA)
- Referred by utility service provider(s)
 - If yes please list the provider who referred you _____.
- News Paper Advertisement
- Referred by a family member, neighbor, or friend
- Facebook Advertisement
- Referred by Nevada Rural Housing Authority, HELP of Southern Nevada, or Community Services Agency
- Referred by USDA- Rural Development
- Received a postcard through the mail
- Internet search (downloaded application from rndcnv.org)
- None of the above
- Other (please specify) _____.



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This form must be completed and returned with the application before eligibility is determined.

Applicant Name: _____.

Address: _____.
(Number and Street) (City) (Zip Code)

Year home was built: _____

Size of home: _____ square feet.

Number of bedrooms _____. Does your home have solar? _____.

Primary source of heat: Select only one.

- Electric Provider _____.
- Propane Provider _____.
- Natural Gas Provider _____.
- Solar Provider _____.
- Oil Provider _____.
- Wood Stove Cords per year _____ Cost per year \$ _____.
- Pellet Stove Tons per year _____ Cost per year \$ _____.
- Other _____.

Secondary source of heat (if applicable):

- Electric Provider _____.
- Propane Provider _____.
- Natural Gas Provider _____.
- Oil Provider _____.
- Wood Stove Cords per year _____ Cost per year \$ _____.
- Pellet Stove Tons per year _____ Cost per year \$ _____.
- Other _____.