RENTER APPLICATION
If you are a homeowner you must complete the homeowners application

How To Apply:

"If you live in a multi-family home you may need to complete an application for all units.

1. Verify your eligibility (see left)

2. Complete and/or sign all attached documents:
   - Complete application
   - Homeowner/Authorized Agent Certification (EIA-29D) (Complete and signed by owner)
   - Demographic Form
   - Rental Agreement (Signed by owner and renter)
   - Housewarming Weatherization Terms of Service (Dominion Energy Ohio customers only) (Signed by owner and renter)

Use the checklist below. All documents must be included for your application to be accepted.

3. Provide COPIES ONLY of the following: (No original documents please)
   - Proof of Income
     All individuals in the household 19 years or older must provide 12 months proof of income. You may provide check stubs or current benefits award letter. Tax documents WILL NOT be accepted as proof of income after March 15th. If no income, a notarized letter is required.
   - Most Recent Gas Bill
   - Most Recent Electric Bill

4. Mail or drop off all documents to:
   CHN Housing Partners,
   Attn: Energy Services Program
   2999 Payne Avenue
   Cleveland, OH 44114

FREE SERVICES
FOR ELIGIBLE APPLICANTS MAY INCLUDE

- FREE FURNACE
- FREE INSULATION
- FREE HOT WATER TANK
- FREE REFRIGERATOR
- FREE LIGHT BULBS

Energy Conservation & Weatherization
CHN Housing Partners
THIS APPLICATION IS FOR RENTERS ONLY
If you own your home please complete the "Energy Conservation for Homeowners" application found at CHN offices

YOU MUST COMPLETE ALL PAGES IN THIS APPLICATION TO APPLY.
If there is more than (1) unit in your building, each tenant must complete an application. Your building may be ineligible if it has more than (4) units.

What services are you interested in applying for? (Check all that apply)

☐ Weatherization
  Furnace, hot water tank, insulation, electrical box.

☐ CEI/CPP
  Refrigerator and/or freezer replacement and light bulbs.

Is your Furnace Working? ☐ Yes ☐ No
Is your Hot Water Tank working? ☐ Yes ☐ No
Is your Refrigerator working? ☐ Yes ☐ No

I agree to allow CHN Housing Partners to place a marketing yard sign in my front lawn for a minimum of 3 weeks.

Upon approval, you will be added to our waitlist and an inspector will contact you to schedule an appointment once you are due for service.

*Signature__________________________
All Applicants Must Sign Here
COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD
Please complete all items and questions and attach required proof. An incomplete application will delay assistance.

PERSONAL INFORMATION SECTION

Instructions for this section:
Enter the information completely. PLEASE USE DARK BLUE OR BLACK INK (any unreadable applications will not be processed).

YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

Primary Applicant/Utility Account Holder (must live in the home)

<table>
<thead>
<tr>
<th>First Name</th>
<th>M. I.</th>
<th>Last Name</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip code</th>
<th>Ohio County</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Service Address (no. and street, including route)</th>
<th>Apartment/Lot/Unit/Floor</th>
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</table>

<table>
<thead>
<tr>
<th>Current Mailing Address (if different from above)</th>
<th>Apartment/Lot/Unit/Floor</th>
</tr>
</thead>
</table>

1) How would your household prefer to be contacted? [ ] Postal Mail [ ] Email

2) Are you enrolling or re-verifying for PIPP Plus? [ ] Enrolled [ ] Re-Verifying [ ] Neither

3) Check the box that most closely describes the type of building in which you live. (Check only one)
   [ ] Mobile Home [ ] Multi-family High-rise (4 stories or more) [ ] Multi-family Low-rise (3 stories or less) [ ] Single-Family

4) ODJFS Case Number

INCOME SECTION

Instructions for this section:

PLEASE READ THESE INSTRUCTIONS CAREFULLY. Enter the information completely. Including yourself, list the names, relationships, Social Security number(s), date(s) of birth, and gross income of everyone living in your household. Attach proof of income, disability and citizenship/legal resident status (alien status) – see citizenship section. Use a separate sheet if necessary. Failure to provide the required income documents for at least the previous 90 days will delay the processing of your application. PLEASE DO NOT SEND ORIGINALS. Anyone 18 or older with no income must provide an explanation on the next page.

Number in Household

<table>
<thead>
<tr>
<th>Household Members</th>
<th>Relationship to You (i.e. son, daughter, etc.)</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Income Source</th>
<th>Current Month</th>
<th>Last 3 Months</th>
<th>Last 12 Months</th>
<th>Disabled?</th>
<th>U.S. Citizen/Legal Resident?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self</td>
<td></td>
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<td>$</td>
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<td>[ ] yes [ ] no</td>
<td>[ ] yes [ ] no</td>
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<td>[ ] yes [ ] no</td>
<td>[ ] yes [ ] no</td>
<td></td>
</tr>
</tbody>
</table>

NEXT PAGE ➤
INCOME SECTION (continued)

Instructions for this section:
Use this section to total your gross household income, source of income, and check if you receive public assistance. Use this
space to list other income related information you believe may be important to your application.

5) What was your total gross household income for the last 12 months? 

6) INCOME SOURCE (Check the income source(s) for your household)  DOCUMENTATION MUST BE PROVIDED!

☐ Active Military Pay ☐ Pension ☐ SSDI ☐ Unemployment ☐VA Pension
☐ Child Support ☐ Self Employment ☐ SSI ☐ Utility Assistance ☐ Wages
☐ Employment Disability ☐ Social Security ☐ TANF/DA ☐ VA Disability ☐ Workers’ Comp
☐ Interest ☐ Other or No Income (List other income sources separately or explain how you pay
your bills in the space below. If necessary, use an additional, signed sheet. Also, specify if the
amounts received are gifts or loans.) An IRS transcript will be required (see
front page “Eligibility” section for instructions.)

ZERO INCOME SELF-DECLARATION SECTION

Instructions for this section:
For individuals 18 or older listed above with zero income who are being supported by another household member, use this section
to tell us who is providing support.

<table>
<thead>
<tr>
<th>First Name</th>
<th>M. I.</th>
<th>Last Name</th>
<th>Supported By</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>M. I.</td>
<td>Last Name</td>
<td>Supported By</td>
</tr>
<tr>
<td>First Name</td>
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<td>Last Name</td>
<td>Supported By</td>
</tr>
<tr>
<td>First Name</td>
<td>M. I.</td>
<td>Last Name</td>
<td>Supported By</td>
</tr>
</tbody>
</table>

If you are receiving help paying your bills from a non-household member, list the name(s) and phone number(s) and include a
signed letter from that person. The letter should state how much and how often the money is given, and if the money is given to
you or paid to your creditors directly. Tell us the amount of each item and tell us how the bill is paid. You must tell us if the money
provided is given as a loan or a gift.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Daytime Telephone including Area Code</th>
</tr>
</thead>
</table>

Explain how you are paying the following monthly expenses:

<table>
<thead>
<tr>
<th>Bill</th>
<th>Monthly Amount</th>
<th>If paid by someone else, it is:</th>
<th>Bill</th>
<th>Monthly Amount</th>
<th>If paid by someone else, it is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Mortgage</td>
<td>$</td>
<td>gift loan</td>
<td>Car Payment/Insurance</td>
<td>$</td>
<td>gift loan</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
<td>gift loan</td>
<td>Cable/Internet</td>
<td>$</td>
<td>gift loan</td>
</tr>
<tr>
<td>Gas</td>
<td>$</td>
<td>gift loan</td>
<td>Personal Expenses</td>
<td>$</td>
<td>gift loan</td>
</tr>
<tr>
<td>Electric</td>
<td>$</td>
<td>gift loan</td>
<td>Bulk Fuels (i.e. propane, fuel oil/coal)</td>
<td>$</td>
<td>gift loan</td>
</tr>
<tr>
<td>Phone/Cell</td>
<td>$</td>
<td>gift loan</td>
<td>Other Expenses</td>
<td>$</td>
<td>gift loan</td>
</tr>
</tbody>
</table>

OVER ▶
UTILITY ACCOUNT INFORMATION

Instructions for this section:
Fill out this section completely, answering every question. Tell us your utility information including the name of your utility company and your utility account number. Include a copy of your most recent utility bill.

7) What is your MAIN source of heat? (Check only one)
   - Bottle Gas or Propane (L.P. Gas)
   - Coal, Wood or Pellets
   - Electric (Includes Baseboard)
   - Fuel oil or Kerosene
   - Natural Gas (Includes Steam Heat)
   - Other

Percentage of Income Payment Plan Plus (PIPP Plus) enrollment and re-verification (Please see front page for PIPP Plus description)

Complete this section for your main heating source, including all-electric homes. Give your heating company name and account number below. A copy of your most recent fuel or heating bill from your current address must be included and should be in the name of the primary applicant.

<table>
<thead>
<tr>
<th>If you are currently enrolled for PIPP Plus, we will automatically reverify you with this application</th>
</tr>
</thead>
<tbody>
<tr>
<td>8) ☐ yes ☐ no If you are not on PIPP Plus would you like to enroll?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you are currently enrolled in PIPP Plus, would you like to be removed? (If you drop, you will be responsible for any remaining balance.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9) ☐ yes ☐ no If you are currently enrolled in PIPP Plus, would you like to be removed? (If you drop, you will be responsible for any remaining balance.)</td>
</tr>
</tbody>
</table>

Company/Vendor

Account #

10) ☐ yes ☐ no Are your heating costs included in your rent?

11) ☐ yes ☐ no Is the name on your heating bill different from the Applicant's name? If yes, what name.
    First: ____________________ Last: ____________________

12) ☐ yes ☐ no Do you share a main heating source meter with another household?

Complete the section below with your electric company name and account number. A copy of your most recent electric bill from your current address must be included and should be in the name of the primary applicant.

<table>
<thead>
<tr>
<th>If you are currently enrolled for PIPP Plus, we will automatically reverify you with this application</th>
</tr>
</thead>
<tbody>
<tr>
<td>13) ☐ yes ☐ no If you are not on PIPP Plus would you like to enroll?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you are currently enrolled in PIPP Plus, would you like to be removed? (If you drop, you will be responsible for any remaining balance.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14) ☐ yes ☐ no If you are currently enrolled in PIPP Plus, would you like to be removed? (If you drop, you will be responsible for any remaining balance.)</td>
</tr>
</tbody>
</table>

Company/Vendor

Account #

15) ☐ yes ☐ no Is your electricity included in your rent?

16) ☐ yes ☐ no Is the name on your electric bill different from the Applicant's name? If yes, what name.
    First: ____________________ Last: ____________________

17) ☐ yes ☐ no Do you share an electric meter with another household?

INFORMATION ABOUT YOUR HOME

Instructions for this section:
Provide us with information about your home. Fill in every box completely.

18) Do you rent or own your home? ☐ Rent ☐ Own (Buying) skip to next question.

19) Landlord's Name
   - Company Name: ____________________
   - First and Last Name: ____________________
   - Address: ____________________
   - City, State and Zip Code: ____________________
   - Phone Number: ____________________

20) ☐ yes ☐ no Do you rent a room in someone else's home? If yes, please list all household member information in INCOME SECTION.

21) ☐ yes ☐ no Do you receive rental assistance from the government (i.e. Section 8, HUD, Metropolitan Housing)?

22) Number of American Indians in the household (as defined by the U.S. Bureau of Indian Affairs).

NEXT PAGE – You must read the terms of agreement and sign your application. ➤
PERCENTAGE OF INCOME PAYMENT PLAN PLUS (PIPP Plus)

Terms of Agreement

I agree To pay my Percentage of Income Payment Plan amount for my electric and/or natural gas service every month.

To go to my local community action agency or fill out a HEAP application at least once a year to provide updated household information, and income documentation. If I am using the minimum payment waiver for my electric bill, I agree to update my household income information at my local community action agency before the end of the waiver (no more than 180 days)

To contact my local HEAP provider or the Ohio Development Services Agency (ODSA) to report any changes to my total household income or number of household members.

To accept any energy efficiency programs offered by ODSA or its designated providers, if eligible.

To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to ODSA and agencies that perform weatherization services and/or provide other energy related services.

To allow ODSA to release my name, address, telephone number, household member information, and current status to the utility companies, HEAP, and other energy assistance providers. And to allow ODSA to share my usage and demographic data with organizations contracted by ODSA that evaluate the programs administered by ODSA.

I understand That I will not be re-verified if I owe any PIPP Plus payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.

That if I do not re-verify my income at least once every 12 months. I will be dropped from PIPP Plus.

That I must give proof of my total household income and membership to the HEAP provider or ODSA as required. That as long as I pay the PIPP Plus amount that is shown on my utility bills, my service will not be shut off.

That if I make my PIPP Plus payments in full and on-time every month, I will receive a credit for 1/24th of my total past due amount, and I will not need to pay the difference between my PIPP Payment and my actual billing amount.

If I reapply for PIPP Plus and I am not eligible, or if I choose to be removed from PIPP Plus, I can enroll in Graduate PIPP Plus for up to 12 months after the date I am removed and still receive credits toward my past due amounts owed on my utility accounts.

That if I move out of the service area for my electric company I can enroll in the Post PIPP Plus program to make payments on my closed account and receive credits toward the past due amounts.

That I am legally responsible for all past due amounts on my gas and/or electric accounts and if I stop PIPP Plus the past due amounts will become due. If these past due amounts are not paid in full, the utility companies may use any standard means of collection for the past due amounts on my accounts.

GENERAL AUTHORIZATION

A PIPP Plus applicant or customer who renounces income or household composition information risks: being dropped from PIPP Plus; being ineligible to reapply for 24 months; having arrears and credits added back on to their utility bill; and receiving a bill for the full account balance.

I authorize the tax commissioner of the Ohio Department of Taxation or any agent designated by the state to disclose the Director of the Ohio Development Services Agency or any designated employee of the Director, to the Ohio Development Services Agency or any designated employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives all confidentiality provisions of the Ohio Revised Code which would otherwise prohibit disclosure and agrees to hold both the Ohio Department of Taxation and the Ohio Development Services Agency and its agents and employees harmless with respect to the limited disclosure herein. This authorization is to be liberally construed and interpreted, any ambiguity shall be resolved in favor of the state of Ohio. The state of Ohio shall be irrevocable for a period of three years from the date that the application is signed, and is binding on any and all heirs, beneficiaries, survivors, assignees, executors, administrators, successors, receivers, trustees or other beneficiaries.

I understand that by signing this application, I authorize the Ohio Development Services Agency or its authorized providers access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. By signing this application, I authorize the Ohio Development Services Agency, its designees and authorized providers, and the U.S. Department of Energy and its designees and authorized providers, the right to inspect my home and any work performed on my home. I understand that filling out this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal within 60 days of a written determination of services or assistance. I also understand that I have the right to request a state hearing within 60 days of a written determination. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements. If I am or become a PIPP Plus customer I understand that I may be included in a group for which electric service is purchased in common. The disclosure of social security numbers is mandatory to receive energy assistance benefits (42 CFR sections 682.41 and 42 U.S.C. 405(c)(2)(C)(vi)).

X Sign Here __________________ Application Date __________

PLEASE SIGN AND MAIL APPLICATION TO:

CHN Housing Partners, Weatherization Program
2999 Payne Ave., Third Floor, Cleveland, Ohio 44114
Home Weatherization Assistance Program
Homeowner/Authorized Agent Certification
(EIA-29D)

Agency: CHN Housing Partners

Agency Address: ____________________________

Agency Phone (____) ______________________

I, ____________________________ (Name of Homeowner/Authorized Agent) Certify that I am the owner/authorized agent for the property located at the following address:

_________________________________________________________________________

_________________________________________________________________________

I further certify that I have given my permission to allow work on the property listed above which may include the following:

1. Drill Sidewall and replace exterior covering
   YES____ NO____ N/A____

2. Drill and plug interior walls
   YES____ NO____ N/A____

3. Install S-Type Fuses
   YES____ NO____ N/A____

4. Lower the thermostat on the water heater
   YES____ NO____ N/A____

5. ____________________________

6. ____________________________

7. ____________________________

8. ____________________________

9. ____________________________

10. ____________________________

11. ____________________________

12. Other work that must be done in accordance with the Ohio Weatherization Program Standards.

I further certify that I understand that all work must be done in accordance with the rules and regulations governing the Home Weatherization Assistance Program.

Signed ____________________________ Date ____________________________

(Owner/Authorized Agent)
RENTAL AGREEMENT

The parties to this agreement are the following:

_________________________________________ hereinafter tenant

_________________________________________ hereinafter landlord

_________________________________________ hereinafter agency

The landlord consents and agrees that the following weatherization work shall be done by the agency, at the property location at: ________________________________
And presently leased to the tenant: ________________________________
List weatherization work to be completed by the agency:

____________________________________________________________

____________________________________________________________

____________________________________________________________

The estimated value of the weatherization materials to be supplied by the agency is $___________

The estimated value of the labor associated with the weatherization work is $___________

The agency agrees to use its best efforts to complete the weatherization work in a timely manner

In consideration for the weatherization work to be performed the parties agree:

Limitations on Rent Increases

1. That the present rent for the above described premises is $_____ per _____.

2. That the rent shall not be raised at any time unless the increase is demonstrably related to matter other than the weatherization work performed. In instances of complaints regarding rent increases brought to the agencies attention by the tenant, the landlord agree to document the basis of the increase to the agencies satisfaction and to accept the agencies decision regarding the applicability of the increase under the terms of the agreement.

Energy/Utility Cost included in the Rent

1. In the event the landlord is directly responsible for the energy/utility costs used primarily for the purposes of heating the property covered by this agreement, the landlord agrees to:

_________________________________________________________________________

_________________________________________________________________________

for each unit(s) that receives weatherization services.
Eviction

1. That the landlord will not:
   a. Evict, terminate, institute any court action for possession against any covered tenant for twelve (12) months following the completion of the work, except for:
      i. Failure to pay rent
      ii. Violating the terms of the lease (other than to surrender possession upon notice)
      iii. Causing substantial damage to the premises
      iv. Permitting a nuisance
      v. Carrying on an unlawful business

Sale of Premises

1. In the event the landlord sells the premises within 1 year (12 months) of the date of the execution of this agreement, the landlord will comply with one of the two following conditions:
   a. The landlord shall repay the agency at the date of sale an amount equal to the amount of materials and labor supplied by the agency
   b. The landlord shall obtain, in writing prior to the sale, the purchase’s agreement to assume the landlord obligation under this agreement

The landlord shall, immediately upon entering into an agreement of sale of premises, so inform both the agency and the tenants, by written notice

Tenant’s Synopsis of Terms

1. That the Agency shall provide a copy of this agreement and a synopsis explaining its terms to the tenant within 15 days of the effective date of the agreement. Further, the agency shall provide, or cause the landlord to provide, a synopsis explaining the terms of this agreement to subsequent tenants of the above rental unit or to the new and subsequent occupants of the rental unit in the effective date of this agreement.

This agreement will begin on the date of signatures of the parties.

The parties acknowledge this agreement under seal

<table>
<thead>
<tr>
<th>Landlord</th>
<th>Date</th>
<th>Agency</th>
<th>Date</th>
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<tr>
<th>Tenant</th>
<th>Date</th>
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</table>
Demographic Form

Client Information Form

Please complete the following information:

Please list all persons who live in your home, including yourself.

Check box if disabled ↓

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>6.</td>
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<td>7.</td>
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<tr>
<td>8.</td>
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</tbody>
</table>

1. Is your home part of a multi-family dwelling? ☐Yes ☐No
   a. What is the number of units? __________

2. Are utilities included in your rent? ☐Yes ☐No

Minority Group Information is obtained for statistical purposes only

HEAD OF HOUSEHOLD: ☐Yes ☐No / ☐Male ☐Female

Ethnicity:

Hispanic/Latino ☐Yes ☐No

Race: (please select one or more)

☐White ☐Black or African American

☐Asian/Other Pacific Islander ☐American Indian or Alaska Native

☐Other ________________________
Housewarming
WEATHERIZATION PROGRAM

TERMS OF SERVICES

Dear Customer,

Dominion Energy Ohio (DEO) has implemented a Weatherization Program with the assistance of the CHN Housing Partners, Inc. (CHN). This program is designed to provide residential assistance to increase the energy efficiency of dwellings owned or occupied by DEO income-eligible customers, reduce participants’ household energy expenditures and improve health and safety to eligible residences. All weatherization services will be provided by contractors of CHN. DEO will not be responsible for providing these services.

Before weatherization services can be provided, a trained and program-certified inspector under contract with CHN will visit your home to determine what weatherization services are needed. The inspection process may take several hours and the inspector must have clear access to the attic, living spaces, crawl spaces and basement.

PLEASE TAKE NOTICE THAT IF THE INSPECTION REVEALS AN UNSAFE CONDITION, GAS SERVICE MAY BE DISCONTINUED UNTIL THE UNSAFE CONDITION IS CORRECTED. Weatherization cannot be completed until all unsafe conditions are corrected.

After the inspection, the inspector will explain to you the work that needs to be done, will complete paperwork, and will contact the contractor(s) that will be doing the work on your home. The contractor(s) will then contact you to schedule an appointment to complete your weatherization work. Upon completion, the inspector will come back to your home and make sure that the work was done correctly. Your Dominion Energy Ohio gas usage and billing history, 12 months before and after weatherization, will be released to CHN Housing Partners to evaluate the Housewarming Program.

By my signature below, I have read and ACCEPTED the above terms and services provided by the Weatherization Program. In consideration of the receipt of an initial inspection, and the receipt and installation of weatherization materials, I hereby release, acquit and forever discharge Dominion Energy Ohio and its officers, agents, affiliates, employees, successors and assigns, of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now or may hereafter have, or that my heirs, executors or their administrators can or may have against Dominion Energy Ohio or their officers, agents, affiliates, employees, successors and assigns, on account of, or in any way relating to, the initial inspection and the weatherization materials provided, as well as the installation and use thereof. If the home is not an owner occupied residence and a furnace installation is required, the landlord may be required to pay the cost of the installation, less $500 or 50% of the cost, whichever is less. By signing below, landlord agrees not to raise the tenant’s rent as a result of weatherization improvements to the home.

I understand and acknowledge that the CHN and its contractors are providing and installing all weatherization materials, and that no weatherization services or materials will be provided by DEO. I further understand that all weatherization materials will be provided on an “AS IS” basis, and that Dominion Energy Ohio DISCLAIMS ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION. I also acknowledge that any energy savings projected as a result of the installation of weatherization materials are only an estimate.

I authorize Dominion Energy Ohio to release to its designees information about the gas account at this home and about weatherization materials installed on the property at the address below.

Check one box

☑ Owner occupied residence ☐ Renter, landlord not applying ☐ Renter, landlord applying

Printed Name of Owner ____________________________________________

Signature of Owner ________________________________________________

Address __________________________________________________________

Phone ____________________________________________________________

Date ____________________________

Printed Name of Tenant ____________________________________________

Signature of Tenant ________________________________________________

Address __________________________________________________________

Phone ____________________________________________________________

Date ____________________________

Complete above ONLY if gas customer is renting

Complete above, with landlord signature if gas customer is renting

Is renting
