



SALISH KOOTENAI HOUSING AUTHORITY
OF THE FLATHEAD RESERVATION 

Dear Applicant,

Attached is an application for **HOME WEATHERIZATION PROGRAM (WX)** You must fill in all the blanks; please print as clearly as possible. In order to process your application all information requested must be supplied and the income verification for anyone 18 years old or older must be attached. If you are working, a copy of your last year's income tax return or your current check stub will be sufficient. If you are receiving Social Security, General Assistance, AFDC (Welfare), or any retirement benefits, you should attach a copy of your last check or a current letter that refers to the benefits you are receiving. All income supporting your family must be verified.

Once your application is returned and your income verification is verified, it will be processed and you will be put onto the waiting list, when it reaches the top of the waiting list you will receive a letter to set-up an appointment for an energy audit. Please keep in mind that there are Federal Regulations that restrict the number of times a person can receive assistance. You will be notified of the status of your application as soon as it is processed.

If you have any questions please feel free to call me at the Housing Authority Office. The number is (406) 675-4491 or (406) 883-4211, extension 1507.

Sincerely,



Jolene Gauthier Home Maintenance Advocate
Salish & Kootenai Housing Authority

Home Weatherization Application

(APPLICATION CANNOT BE PROCESSED WITHOUT PREVIOUS 12-MONTHS INCOME)

PLEASE COMPLETE AND RETURN TO:

Salish & Kootenai Housing Authority
PO Box 38, Pablo MT 59855
Weatherization Program

Age of your home (OR year built) _____

Do you live in a mobile home? ___ YES ___ NO

IF YOU LIVE IN A MOBILE HOME, THE WEATHERIZATION PROGRAM CANNOT SKIRT YOUR HOME; HOWEVER IF YOU NEED MINOR SKIRTING REPAIRS, THIS MAY BE FEASIBLE. WE WILL NOT BE ABLE TO DETERMINE UNTIL YOUR ENERGY AUDIT IS COMPLETED.

Name: _____ Phone #: _____

Address: _____ City: _____

_____ Zip Code: _____

Birthday: _____ SS #: _____

Monthly Income: _____ Source of Income: _____

****Proof of income 12 months prior to today's date is REQUIRED****

Number of Persons in your home: _____ Enrolled?: _____ 1st Descendant: ? _____

Tribal Affiliation: _____ Enrollment# _____

****Proof of enrollment and/or proof of descendency are required****

List All Others in Home and All Income

Name	Date of Birth	Social Security No.	Income	Tribal Yes/No

Are you or anyone in your household permanently disabled or handicapped: ___ Yes ___ No

***If so please provide name and a brief description:**

Do You ___ Own or ___ Rent your home?

If renting, please list the name and address of your Landlord:

Type of Heat (Your main source only)
_____ Propane _____ Oil Furnace _____ Oil Stove
_____ Electric _____ Forced Air _____ Wood Only

Has your home been weatherized by this Program before? _____
*If so please give the date: _____

Have you applied for LIHEAP- fuel assistance? _____ Yes _____ No

Have you ever received Home Improvement Assistance (HIP)? _____ Yes _____ No
**If so please give short detail of work and approximate date completed:

PLEASE GIVE COMPLETE DIRECTIONS TO YOUR HOME. PLEASE BE SURE TO INCLUDE WHAT SIDE OF STREET HOME IS ON, STREET NUMBER, HOUSE NUMBER, COLOR, ETC. OF HOME:

Having a working home, cell, or message number is very important. Keeping us informed of any changes will allow us to keep your file current, otherwise it could slow down the processing of your application; communication is important.

(Please initial that you have read this statement)

Initial

+++++

I CERTIFY THAT INFORMATION PROVEDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I WILL PROVIDE PROOF OF MY INCOME. I AUTHORIZE THE WEATHERIZATION PROGRAM TO OBTAIN INFORMATION NECESSARY TO VERIFY ANY OF THESE STATEMENTS WHEN NECESSAR; AND ALSO TO OBTAIN INFORMATION FROM OTHER TRIBAL ENTITY THAT MAY BENEFIT THE WEATHERIZATION PROGRAM. I UNDERSTAND I HAVE THE RIGHT TO APPEAL ANY DECISION MADE ON THIS APPLICATION. WE PROTECT THE RIGHT OF CONFIDENTUALTIY.

Applicant Signature

Date

+++++

FOR OFFICE USE ONLY

Approved: _____

Denied: _____

Reason for Denial: _____

Program Representative: _____

APPEAL DATE: _____

APPEAL RESPONSE: _____

The Montana Power Company (MPC) and
The Montana Department of Public Health and Human Services (DPHHS)
WEATHERIZATION ASSISTANCE PROGRAM(S) ACCESS AGREEMENT

Occupant: _____ File: _____
Address: _____ Phone: _____
City: _____ Zip Code: _____

We, the undersigned agree to participate In the Department of Public Health and Human services (DPHHS) Weatherization Assistance Program and/or the Montana Power Company (MPC) Free Weatherization Program. The primary weatherization contractor will be:

Contractor/Agency Name: _____
Address: _____
City, State and Zip Code: _____

We understand that appropriate energy conservation measures will be installed in our home free of charge by weatherization contractors who will exercise care not to disrupt our household more than necessary to complete the weatherization work. We further understand that neither MPC or DPHHS guarantee the work of the weatherization contractors and as consideration for providing the weatherization work at no charge, we agree that our only recourse the event of any defects in workmanship or materials related to the installation shall be against the primary weatherization contractor listed above.

We agree to hold MPC and DPHHS, their officers, agents and employees harmless from any and all claims, demands, actions and causes of action for damages to the property or injury to persons, debts, obligations and liabilities of every kind and character whatsoever, in law and equity, which we may have or assert resulting from or in connection with the weatherization work.

We know that during the course of the project it will be necessary for a number of contractors to make visits to our home to install cost effective conservation measures and for MPC and DPHHS representatives to have the right of inspection before and after the Installation of the energy conservation measures. We agree to provide reasonable access to those individuals involved in the project upon request.

We understand that the sole purpose of the weatherization is to reduce household energy consumption by performing measures prescribed by the Savings to Retirement Ratio (SIR) energy audit.

We agree the installed weatherization measures are to remain with the home and the landlord and/or the owner assumes all responsibility related to them, including maintenance.

We understand that the program contractor will provide a copy of this agreement to the tenant, owner and/or landlord.

We agree as the landlord and/or owner of the above property(ies), to voluntarily invest \$ _____ toward the weatherization of the above mentioned property. We acknowledge that our investment will be exclusively applied to the above referenced property. No undue or excessive enhancement will occur to the value of the dwelling as a result of the weatherization measures funded through the DPHHS or MPC Programs.

We certify to the best of our knowledge, this property is not scheduled, within the next 12 months, for acquisition or clearance under a government program.

Landlord/Tenant Agreement (Items 1-5 apply to rental dwellings.)

We the undersigned acknowledge:

1. That this agreement is intended for the purpose of assuring that the primary beneficiary of the weatherization shall be the low income tenant or any successor tenant.
2. That the rent for the above described premise is \$ _____ per month.
3. That the amount of rent shall not be raised within five (5) years of the weatherization work because of any increase in value due to weatherization assistance. The amount of rent charged the tenant may, however, be raised to reflect matters others than the weatherization work performed.
4. That the landlord will not evict, terminate, or institute any court action for possession against any covered tenancy following the completion of work except in accordance with Montana law.
5. That the present tenant, or any successor tenant is the intended beneficiary of this agreement and shall have a right of enforcement.

Occupants and/or Owners Signature: X _____ Date: _____

Landlord (or authorized representative): Name: _____
(PLEASE PRINT) Address: _____
City, State and Zip: _____
Telephone: _____

Landlord's Signature: X _____ Date: _____