

**RENTER/LANDLORD  
WEATHERIZATION ASSISTANCE PROGRAM AGREEMENT**

**OWNER/AUTHORIZED AGENT CERTIFICATION**

**CHECK ONE: SINGLE FAMILY UNIT( ) MULTI-FAMILY UNIT ( )MULTI-FAMILY COMPLEX UNITS( )  
PLEASE READ THIS FORM CAREFULLY/PLEASE RETURN ORIGINAL FORM (NO COPIES)**

I, \_\_\_\_\_ CERTIFY THAT I AM THE OWNER OR THE AUTHORIZED AGENT FOR THE PROPERTY, LEASED TO: \_\_\_\_\_, LOCATED AT \_\_\_\_\_, I AUTHORIZE EAST MISSOURI ACTION AGENCY TO WEATHERIZE THIS UNIT IN ACCORDANCE WITH THE FOLLOWING PROVISIONS:

1. I UNDERSTAND FOR MY BUILDING TO BE WEATHERIZED I AGREE NOT TO RAISE THE RENT ON THE UNIT(S) FOR A PERIOD OF TWELVE (12) MONTHS. I ALSO UNDERSTAND THAT IF I DO RAISE THE RENTS ON SUCH UNIT(S) WITHOUT JUST CAUSE, THE MATTER WILL BE REFERRED TO LEGAL AID OF MISSOURI FOR ADJUDICATION.
2. THE TENANT WILL NOT BE EVICTED (DURING THE TWO (2) YEAR PERIOD FOLLOWING WEATHERIZATION) WITHOUT JUST CAUSE. NORMAL JUST CAUSES FOR RENT INCREASES (I.E. INCREASED COSTS, OTHER BUILDING IMPROVEMENTS, ETC) ARE ALLOWABLE. EVICTIONS FOR LEASE VIOLATION'S ARE ALLOWABLE.
3. TO THE BEST OF MY KNOWLEDGE, THE HOME AT THE ADDRESS HAS NOT BEEN WEATHERIZED BY THE STATE WEATHERIZATION ASSISTANCE PROGRAM (WAP) SINCE SEPTEMBER 30, 1994
4. TO THE BEST OF MY KNOWLEDGE, THE HOME AT THE ABOVE ADDRESS IS NOT SCHEDULED FOR ACQUISITION OR CLEARANCE (DEMOLITION).
5. LANDLORD AGREES THAT TENANT(S) WITH UTILITY INCLUSIVE RENT WILL RECEIVE REDUCTIONS IN RENT WHEN UTILITIES ARE REDUCED AS A RESULT OF WEATHERIZATION.
6. OWNER SHALL NOT SELL PREMISES UNLESS THE BUYER AGREES TO ASSUME OBLIGATIONS CONTAINED IN THIS AGREEMENT FOR TWELVE (12) MONTHS AFTER DATE OF COMPLETION.
7. IF MULTI-FAMILY COMPLEX INCLUDING 5 UNITS OR MORE, THE LANDLORD AGREES TO CONTRIBUTE A MINIMUM OF 25% OF THE TOTAL ELIGIBLE UNITS WEATHERIZATION COSTS.
8. THE LANDLORD AGREES TO A CASH CONTRIBUTION OF 10% OF THE MATERIAL AND LABOR ON SINGLE FAMILY UNITS BEFORE THE WORK CAN BEGIN OR HAVE A NOTARIZED WAIVER OF 10% CONTRIBUTION FEE DUE OWNER'S ANNUAL INCOME BEING WITHIN 200% OF THE OFFICIAL POVERTY GUIDELINES AS DEFINED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES .

**\*\*MULTI-FAMILY COMPLEX'S INCLUDING FIVE OR MORE MUST FURNISH THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THE OTHER TENANTS: ATTACH ADDITIONAL LIST IF NECESSARY.**

<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
-------------	----------------	------------------

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**OWNER/AGENT NAME AND ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
**OWNER/AGENT SIGNATURE**

\_\_\_\_\_  
**TELEPHONE**

\_\_\_\_\_  
**DATE**

\*ALL OUR EMPLOYEES ARE SUBJECT TO OUR PRIVACY POLICY WHICH IS REINFORCED IN OUR WRITTEN GUIDELINES. WE MAINTAIN PHYSICAL, ELECTRONIC AND PROCEDURAL SAFEGUARDS TO GUARD YOUR NONPUBLIC INFORMATION. Over more on back page ➡

*See Attention Landlord on reverse side of this form ➡*

**ATTENTION LANDLORD:** This side of the rental/agreement form only: *If you waive the fee you must include gross income verification for previous Three months. We must receive the income verification along with the rental agreement.*

Waiver of 10% contribution fee due to owner's annual income within 200% of official poverty Line defined by the U.S. Department of Health and Human Services. **You must include your income verification.**

**AFFIDAVIT**

STATE OF MISSOURI)

)

COUNTY/CITY OF)

)

\_\_\_\_\_ )

\_\_\_\_\_ (name), first being duly sworn, on his/her oath states:

1. I am the owner/landlord of \_\_\_\_\_,  
\_\_\_\_\_ (address of home being assisted). For the year of \_\_\_\_\_ (year), my income was at or below two hundred percent (200%) of the official poverty Guidelines as defined by U.S. Department of Health and Human Services.

2. Due to my income falling at or below two hundred percent (200%) of the official poverty Guidelines; I qualify for a waiver of the ten percent (10%) cash contribution to the **EAST MISSOURI ACTION AGENCY INC.** (local Weatherization Assistance Program (WAP) Sub-grantee) for the weatherization at \_\_\_\_\_,  
\_\_\_\_\_ The address of the home being assisted).

I certify under penalty of perjury that the foregoing is true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ (signature of affiant)

Subscribed and sworn to before me this day of; \_\_\_\_\_ (date), \_\_\_\_\_ (year).

SEAL \_\_\_\_\_ (official signature)

Notary Public

My commission expires: \_\_\_\_\_

(Date)



East Missouri Action Agency, Inc.  
William W. Bunch, CCA  
Executive Director

**EAST MISSOURI ACTION AGENCY, Inc.**

(A Community Action Agency)

403 Parkway Drive • P.O. Box 308 • Park Hills, Missouri 63601

Telephone: (573) 431-5191

Fax: (573) 431-4822

Toll Free: (800) 392-8663

TDD: 1-800-735-2966

**WEATHERIZATION ASSISTANCE PROGRAM**

Funded by the American Recovery and Reinvestment Act of 2009 and the U.S. Department of Energy

