Energy Services
2019-20 Programs

You must meet the income guidelines below

<table>
<thead>
<tr>
<th>Size of Household</th>
<th>Annual Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$24,980</td>
</tr>
<tr>
<td>2</td>
<td>$33,820</td>
</tr>
<tr>
<td>3</td>
<td>$42,660</td>
</tr>
<tr>
<td>4</td>
<td>$51,500</td>
</tr>
<tr>
<td>5</td>
<td>$60,340</td>
</tr>
<tr>
<td>6</td>
<td>$69,180</td>
</tr>
<tr>
<td>7</td>
<td>$78,020</td>
</tr>
<tr>
<td>8</td>
<td>$86,860</td>
</tr>
</tbody>
</table>

(add $8,840 for each additional member)

HOMEOWNER APPLICATION
If you are a renter you must complete the renters 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)
   - Demographic Form
   - Housewarming Weatherization Terms of Service
     (Dominion Energy Ohio customers only)

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
   - Most Recent Water & Sewer Bill (Must have both)
   - Proof of Home Ownership
     Provide property tax statement or mortgage statement clearly verifying you as the homeowner. It must have the property address on it. (Tax statements can be found at http://treasurer.cuyahogacounty.us)

4. Mail or drop off all documents to:
   CHN Housing Partners
   Attn: Energy Services Department
   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
216.574.7100 | www.chnenergy.org
7999 Payne Avenue, Third Floor
Cleveland, OH 44114

CHN Housing Partners
THIS APPLICATION IS FOR HOMEOWNERS ONLY

If you are a renter please complete the “Energy Conservation for Renters” 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, and insulation.

☐ CEI/CPP - Refrigerator and/or freezer replacement, light bulbs and electrical box.

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
**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**

<table>
<thead>
<tr>
<th>PRIMARY APPLICANT/UTILITY ACCOUNT HOLDER (must live in the home)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Current Service Address (no. and street, including route)</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Current Mailing Address (if different from above)</td>
</tr>
<tr>
<td>City</td>
</tr>
</tbody>
</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.

<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>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
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<td></td>
<td>yes/no</td>
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<tr>
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<td></td>
<td>yes/no</td>
<td></td>
<td>yes/no</td>
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<td>$</td>
<td>$</td>
<td></td>
<td>yes/no</td>
<td></td>
<td>yes/no</td>
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<td></td>
<td>yes/no</td>
<td></td>
<td>yes/no</td>
</tr>
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<td>$</td>
<td>$</td>
<td></td>
<td>yes/no</td>
<td></td>
<td>yes/no</td>
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<tr>
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<td>$</td>
<td>$</td>
<td></td>
<td>yes/no</td>
<td></td>
<td>yes/no</td>
</tr>
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<td>$</td>
<td>$</td>
<td></td>
<td>yes/no</td>
<td></td>
<td>yes/no</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td>yes/no</td>
<td></td>
<td>yes/no</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
- [ ] Child Support
- [ ] Employment Disability
- [ ] Interest
- [ ] Pension
- [ ] Self Employment
- [ ] Social Security
- [ ] SSDI
- [ ] SSI
- [ ] Unemployment
- [ ] VA Pension
- [ ] Utility Assistance
- [ ] Workers' Comp
- [ ] VA Disability
- [ ] Wages
- [ ] TANF/DA
- [ ] 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>
<td>M. I.</td>
<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>
<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>
**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
- [ ] 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>
<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>

<table>
<thead>
<tr>
<th>Company/Vendor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account #</td>
</tr>
</tbody>
</table>

<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>
<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>

<table>
<thead>
<tr>
<th>Company/Vendor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account #</td>
</tr>
</tbody>
</table>

---

**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**

<table>
<thead>
<tr>
<th>Company Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First and Last Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City, State and Zip Code:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>[ ] yes [ ] no Do you rent a room in someone else’s home? If yes, please list all household member information in INCOME SECTION.</th>
</tr>
</thead>
</table>

| [ ] yes [ ] no Do you receive **rental** assistance from the government (i.e. Section 8, HUD, Metropolitan Housing)? |

21) 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 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 conceals income or household composition information, risks: being dropped from PIPP Plus; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and receiving a bill from their utility (less) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of 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 income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the 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 Tax Commissioner of the Ohio Department of Taxation and/or the Director of the Ohio Development Services Agency. This authorization 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, assigns, executors, administrators, successors, receivers, trustees, or other beneficiaries.

I understand that by signing this application, I grant 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 agree to the Ohio Development Services Agency’s terms and conditions of service, and if I fail 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 request an approved payment plan if information is acquired which determines that my household income is above the levels determined by the rules of the program.

I understand that I have the right to appeal within 60 days of a written determination of services and 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, 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 electronic service is purchased in common. The disclosure of social security numbers is mandatory to receive energy assistance benefits (45CFR 50.6(c), 42 U.S.C. 6055(h)(2)(C)(II)).

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)
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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<tr>
<td>2.</td>
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<td>8.</td>
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</tr>
</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 participant’s 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, or 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 its 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 designee(s) information about the gas account at this home and about weatherization materials installed on the property at the address below.

☑ 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 _________________________________________________________
Date ____________________________________________________________

Complete above, with landlord signature if gas customer is renting

Is renting