



**Urban League of
Metropolitan St. Louis**

*Empowering Communities.
Changing Lives.*

Dear Sir or Madam:

We are pleased to inform you that we are accepting applications in our Weatherization program. **It is an income based program for residents of St. Louis City who are homeowners and renters.** One of the main goals of having your home weatherized is to improve the energy efficiency of your home. Services may include:

- Comprehensive Home Energy Audit
- Window & Door Repair or Replacement
- Ceiling Insulation
- Dryer Venting
- Furnace/Hot Water Tank Repair or Replacement

If you would like to participate in the program, please complete the attached application and gather the information from the checklist.

- Picture ID/Identification for all occupants in the home including SS cards for the applicant
- Proof of Income for everyone in the household for 3 previous months
 - If there is someone in the household receiving no income, please provide a notarized Statement stating unemployed with zero income
 - If you are self-employed, please provide a copy of last year's tax return
- FOR HOMEOWNERS: Proof of Home Ownership
- FOR RENTERS: Landlord Agreement and Copy of Current Lease
- Current Gas Bill
- Current Electric Bill

Please call TODAY for a pre-screening and to schedule your intake appointment as soon as possible. We look forward to assisting you with your home's Weatherization needs and improving our community.

Sincerely,

Melissa Davenport
Assistant Program Manager
Weatherization Assistance Program
(314) 615-3646

WEATHERIZATION GUIDELINES

- Application must be completed in full
- Home must be located within St. Louis City Limits
- Program is available to **Homeowners & Renters**
- Gas services **MUST BE ON**
- Must have **ALL REQUESTED DOCUMENTATION**
- If the address of the home was weatherized after September 30, 1994, it may not be eligible to be weatherized again. The address is checked in the weatherization database for verification when the application is being processed.
- Home must not have major pre-existing conditions such as a ROOF LEAK, SEWER BACKUP, CLUTTER THAT COMPROMISES SAFETY, MOLD AND ASBESTOS
- Household must meet the income guidelines

Weatherization Income Guidelines	
Size of Family Unit	Annual Income
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

Effective January 15, 2020

Urban League of Metropolitan St. Louis, Inc
Weatherization Assistance Program
Documentation Checklist for Homeowners and Renters

Name: _____

Date: _____

APPLICATION CHECKLIST

HOMEOWNERS	RENTERS
VERIFICATION OF IDENTITY	VERIFICATION OF IDENTITY
<input type="checkbox"/> Photo ID (Must be current) & SSC for Applicant	<input type="checkbox"/> Photo ID (Must be current) & SSC for Applicant
<input type="checkbox"/> ID or SSC for all Occupants in household	<input type="checkbox"/> ID or SSC for all Occupants in household
INCOME VERIFICATION <i>(all that apply)</i>	INCOME VERIFICATION <i>(all that apply)</i>
<input type="checkbox"/> Zero Income Certification Statement	<input type="checkbox"/> Zero Income Certification Statement
<input type="checkbox"/> TANF Award Letter	<input type="checkbox"/> TANF Award Letter
<input type="checkbox"/> Pay Check Stubs <i>(prior 3 months from application date)</i>	<input type="checkbox"/> Pay Check Stubs <i>(prior 3 months from application date)</i>
<input type="checkbox"/> Retirement/Disability Award Letters	<input type="checkbox"/> Retirement/Disability Award Letters
<input type="checkbox"/> Current SSI Award Letter	<input type="checkbox"/> Current SSI Award Letter
<input type="checkbox"/> Current Social Security Verification	<input type="checkbox"/> Current Social Security Verification
<input type="checkbox"/> Unemployment Benefit Letter	<input type="checkbox"/> Unemployment Benefit Letter
<input type="checkbox"/> SELF EMPLOYED ONLY: 1040 Tax Return of previous year	<input type="checkbox"/> SELF EMPLOYED ONLY: 1040 Tax Return of previous year
PROOF OF OWNERSHIP <i>(one of the following)</i>	PROOF OF OCCUPANCY <i>(one of the following)</i>
<input type="checkbox"/> Property Deed	<input type="checkbox"/> Current Lease
<input type="checkbox"/> Current Paid Property Receipt	<input type="checkbox"/> Rent Receipts (2 Recent Months)
<input type="checkbox"/> Copy of current homeowner's insurance policy	<input type="checkbox"/> Other:
<input type="checkbox"/> Contract for Deed	LANDLORD AGREEMENT
<input type="checkbox"/> Mortgage Statement	<input type="checkbox"/> Landlord Affidavit & Proof of Income <i>(if applicable)</i>
VERIFICATION OF UTILITY BILLS	VERIFICATION OF UTILITY BILLS
<input type="checkbox"/> Recent Gas Bill <i>(within the last 30 days)</i>	<input type="checkbox"/> Recent Gas Bill <i>(within the last 30 days)</i>
<input type="checkbox"/> Rent Electric Bill <i>(within the last 30 days)</i>	<input type="checkbox"/> Rent Electric Bill <i>(within the last 30 days)</i>



Authorization to Release Information

Client's Name: _____ Date of Birth: _____

Consumer's Social Security Number: _____

I hereby authorize the Urban League to either obtain and/or release to the following documents/information from the records pertaining to services received

Company Name or Contact: _____

Address: _____

Date of Service: _____

The documents to be released are described or listed as:

The records are required for the specific purpose of:

I understand that my authorization will remain effective for 1 (one) year from the date of my signature until and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Signature of Consumer/Consumer's Designated Representative

Date

Witness

Date



MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

URBAN LEAGUE OF METROPOLITAN ST. LOUIS
3701 Grandel Square
St. Louis, MO 63108

FOR OFFICE USE ONLY

COUNTY

JOB NUMBER

Answer every question on the application and provide the proper supporting documentation. Leaving questions blank on the application or failing to provide proper documentation will cause delays.

APPLICANT INFORMATION

NAME		PHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE
HAS THE HOME PREVIOUSLY BEEN WEATHERIZED? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____	SSN	EMAIL	

HOUSEHOLD INFORMATION

TYPE OF HOME <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Shelter <input type="checkbox"/> Multi-family	ESTIMATED AGE OF HOME	REFERRED BY
--	-----------------------	-------------

If you own your home, please provide proof of home ownership. (deed, mortgage, title, etc.) If you rent your home, provide your landlord's address, telephone number and fax number.

Own <input type="checkbox"/>
Rent <input type="checkbox"/>

Household Members	TOTAL HOUSEHOLD MEMBERS	CHILDREN 19 AND UNDER	OVER 60	DISABLED	NATIVE AMERICAN
--------------------------	-------------------------	-----------------------	---------	----------	-----------------

List all household members. If additional space is needed, please attach list.

Household Member Name	Date of Birth	Native American	Handicap or Disabled	Veteran
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide proof of income for the previous three months for all household members. If additional space is needed, please attach list.

INCOME INFORMATION		
Income Source	Amount	Interval

FUEL CONSUMPTION INFORMATION

PRIMARY FUEL TYPE	
PRIMARY FUEL SUPPLIER	ACCOUNT NUMBER
PRIMARY ELECTRIC SUPPLIER	ACCOUNT NUMBER

TERMS AND CONDITIONS

I hereby apply for weatherization assistance through the Low-Income Weatherization Assistance Program, or LIWAP, administered by Missouri Department of Natural Resources' Division of Energy and implemented by the weatherization agency with whom I am filing this application. I authorize and direct any federal, state or local agency, organization, business or individual to release to the weatherization agency any information needed to verify my application for weatherization assistance. I further authorize and direct the weatherization agency to release information to other entities for the purpose of determining my household's eligibility for the LIWAP.

I authorize the release of my billing and utility consumption history from my utility vendors providing service to the residence for which I request weatherization assistance, and those vendors are hereby released from any liability for providing information to the weatherization agency.

I understand information relating to my eligibility application or participation in the program, such as name, address, or income information, are generally exempt from disclosure and requests for such information will be treated by the Department of Natural Resources' Division of Energy consistent with the federal government's treatment of information requested under the Freedom of Information Act (FOIA), 5 U.S.C. 552, including the privacy protections contained in Exemption (b)(6) of the FOIA. A request for release of my personal information including but not limited to my name, address, or income information requires the Department of Natural Resources' Division of Energy to balance a clearly defined public interest in obtaining this information against my legitimate expectation of privacy. If a legitimate, articulated public interest is found, the Department of Natural Resources' Division of Energy may release my information in the aggregate with other recipients' information.

I understand that funds for weatherization assistance for my residence may be provided by federal and state agencies, utility vendors, and other sources, and I hereby agree that my information, to the extent not specifically required to be kept confidential pursuant to the federal Privacy Act and Freedom of Information Act, and Missouri laws including the Sunshine Law, may be released by the Department of Natural Resources' Division of Energy to qualified personnel for research, audits, program evaluation or reports, with appropriate restrictions on the use of that information (i.e., not to be released to the public). If I receive LIWAP services, I specifically authorize the Department of Natural Resources' Division of Energy to release information regarding my identity, address, weatherization services performed on my residence and other pertinent information, to my utility vendors or other appropriate entities for use in analyzing the effects of weatherization on utility usage, for other research, or for required reporting purposes. This authorization does not constitute public release of my identity, and I understand the Department of Natural Resources' Division of Energy will not publicly release or permit public release of my personnel information, and will place appropriate restrictions on use of my personal information. Highly sensitive information such as Social Security numbers, income or medical information will be protected from disclosure under the Privacy Act and Freedom of Information Act, as well as the Missouri Sunshine Law.

Civil Rights Statement:

No person will be denied or discriminated against in connection with any program or activity receiving federal financial assistance from the U.S. Department of Energy because of race, color, national origin, age, sex or disability.

Access to Residence/Conditions:

I agree and understand the Department of Natural Resources' Division of Energy staff, weatherization technicians and contractors must be given access to all areas of my home during business hours and on a reasonable schedule.

My signature below authorizes the Department of Natural Resources' Division of Energy employees, the weatherization agency employees, contractors and subcontractors to enter my home as needed to perform energy audits, weatherization work and inspections of weatherization work and such persons will not be held liable for any injury or expense incurred by me while participating in this program.

I agree and understand that if my home is deemed unsafe or unacceptable for weatherization technicians, contractors or inspectors to perform their duties due to unsafe or dangerous conditions, presence of debris, clutter, mold, insect/rodent infestation, pets, threat of violence, etc., the project will be postponed until these conditions are corrected.

I agree to allow my home to be photographed for pre-and post-work documentation.

I understand that in order to weatherize my home, holes may be drilled in walls (particularly outside walls) to install insulation. I understand holes will be plugged as part of the weatherization service, but that it is my responsibility to paint the plugs used to fill these holes. I also understand that older vinyl or other siding may be damaged during this process.

Closing Certification:

My signature verifies this residence is not currently for sale, nor is it designated for acquisition, clearance or foreclosure by federal state or local programs, and has not been weatherized previously (unless work was performed prior to Sept. 30, 1994). Upon completion of work, I give permission for the contractor, subcontractor, the weatherization agency employees, the Department of Natural Resources' Division of Energy employees and federal officials to inspect that work.

I certify the information provided in this application is true, correct and complete to the best of my knowledge. I understand that I may be fined, imprisoned or both under state or federal law if I make false statements on this application in order to get benefits I am not eligible to receive. LIWAP service is free of charge, but I understand that if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received.

My signature below indicates that I have read, understood and agree to the conditions of this application.

Applicant's Signature _____ Date: _____

WEATHERIZATION ASSISTANCE PROGRAM
CLIENT INTERVIEW STATEMENT

I/We have acknowledged and agreed to the following:

- > I/We have met with a representative from the Weatherization Assistance Program who has explained to me/us the processing procedures to have energy conservation measures done on my apartment or home.
- > I/We have been informed if I/We am/are eligible for the Weatherization Program.
- > I/We was/were informed that the **GAS must be on**, in order to receive weatherization services.
- > I/We agree to notify the Weatherization Assistance Program if my/our gas is disconnected prior to an assessment being made on the unit.
- > I/We understand that I/We do not pay the contractor(s) for performing any part of the work done in my/our apartment or home through the Weatherization Assistance Program.
- > I/We authorized the Weatherization Assistance Program to inspect the work done by the contractor(s) upon completion.

By my/our signature(s), I/We acknowledge and agree to the terms listed in the Client Interview Statement

Client Signature

Date

Urban League (Intake Staff/Volunteer)

Date

WEATHERIZATION ASSISTANCE PROGRAM
AGREEMENT FOR GAS CUSTOMERS

If Gas Service is Not On:

- > We will not be able to audit your home.
- > We cannot test your Furnace or Water Heater.
- > We cannot repair or replace your Furnace or Water Heater.
- > We cannot ensure the safety of those appliances.
- > We cannot test for Carbon Monoxide or gas leaks.
- > We cannot warranty the appliance if we cannot test it.

If at ANY time during the Weatherization Process you gas service is disconnected:

- > We will stop all Weatherization on your home.
- > We cannot be held liable for safety issues arising from your gas appliances.
- > All warranties will be null and void.

By my/our signature(s), I/We acknowledge and agree to the terms above and will ensure gas service is kept on during the entire Weatherization Process.

Client Signature

Date

Urban League (Intake Staff/Volunteer)

Date

Occupant Confirmation Pamphlet Receipt

- I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Owner-occupant Opt-out Acknowledgment

- I confirm that I own and live in this property, that no child under the age of 6 resides here, that no pregnant woman resides here, and that this property is not a child-occupied facility.
Note: A child resides in the primary residence of his or her custodial parents, legal guardians, foster parents, or informal caretaker if the child lives and sleeps most of the time at the caretaker's residence.
Note: A child-occupied facility is a pre-1978 building visited regularly by the same child, under 6 years of age, on at least two different days within any week, for at least 3 hours each day, provided that the visits total at least 60 hours annually.

If Box A is checked, check either Box B or Box C, but not both.

- (B) I request that the renovation firm use the lead-safe work practices required by EPA's Renovation, Repair, and Painting Rule; or
- (C) I understand that the firm performing the renovation will not be required to use the lead-safe work practices required by EPA's Renovation, Repair, and Painting Rule.

Printed Name of Owner-occupant

Signature of Owner-occupant

Signature Date

Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

Declined — I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

Unavailable for signature — I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

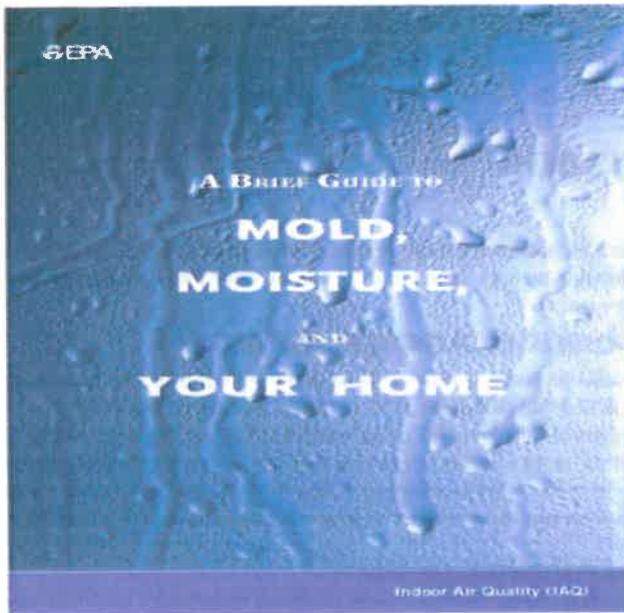
Printed Name of Person Certifying Delivery

Attempted Delivery Date

Signature of Person Certifying Lead Pamphlet Delivery

Unit Address

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least seven days before renovation. Mailing must be documented by a certificate of mailing from the post office.



I have received a copy of the Booklet Entitled
"A Brief Guide to Mold, Moisture and Your Home"

Client Signature

Date

I have received a copy of the handout entitled:
*"A Citizen's Guide to Radon:
The Guide to Protecting Yourself and Your Family from Radon"*

Client Signature

Date

Last Revised 10.28.16

Landlord Agreement Cover Letter

Dear _____ (landlord/owner)

Your tenant, _____ (name of tenant) has applied for Weatherization services through the **Urban League of Metropolitan St. Louis** for their rental unit. Attached is a form authorizing the **Urban League Weatherization Dept.** to audit the unit and, if the tenant and property are found eligible, install Weatherization measures that would help make the rental unit more energy efficient. Your signature is required in order for the **Urban League** to complete Weatherization services including an audit for energy efficiency and the installation of possible measures such as insulation and air sealing, health and safety (carbon monoxide and smoke detectors, ventilation fans, and clean and tune of furnace), and energy efficient lighting.

The measures to be installed will be determined after the energy audit has been performed and information has been entered into an energy audit software program. Any measure installed (other than health and safety) must meet cost-effective requirements as determined from the energy audit software program. Homes and rental units that were previously weatherized after September 30, 1994 are ineligible for additional weatherization services.

If you have information with regard to the section of the form requesting totals for all vacant/ineligible units, please provide it. If not, the **Urban League** will work with your tenants to obtain this required information. This information is required for all rental units weatherized.

Please note that there is no cost to you unless the applicant resides in a multi-family complex of five or more units per building. While there is no requirement to contribute on rentals of up to four units per building, the **Urban League** encourages you to consider a voluntary contribution that would be applied to your rental unit(s) being weatherized. This would allow the Urban League to reduce the cost of your rental unit(s) being weatherized and stretch funding to weatherize additional homes in the Urban Leagues' service area.

If you have questions regarding your tenant's application for Weatherization services, or the Landlord Agreement Form, please contact **Melissa Davenport** at 314-615-3646 or at mdavenport@urbanleague-stl.org.

Thank you for considering your tenant's application for Weatherization services.

6/28/2016

**Weatherization Assistance Program Owner/Landlord Agreement
Owner/Authorized Agent Certification**

Check One: _____ Single-Family Unit
_____ Multi-Family (2 – 4 Units per Building) _____ # of Units
_____ Multi-Family Complex (Five or More Units per Building) _____ # of Units

I, _____ certify that I am the owner or authorized agent for the property located at
(address) _____

and occupied by (tenant) _____

I authorize the (agency) _____ to weatherize the unit located above in accord with the following provisions:

- 1. I agree not to raise the rent on the unit(s) weatherized for a period of two years after weatherization is complete without just cause. Normal just cause for rent increases (i.e. increased costs, other building improvements, etc) are allowable.
- 2. The tenant will not be evicted (during the two-year period after weatherization) due only to weatherization work completed. Eviction for lease violations is allowable.
- 3. To the best of my knowledge, the unit listed above has not been weatherized by the Missouri Weatherization Assistance Program.
- 4. I agree that tenant(s) with utility inclusive rent will receive reductions in rent when utilities are reduced as a result of weatherization.
- 5. Owner shall not sell premises unless the Buyer agrees to assume all obligations contained in this agreement.
- 6. If the property is a Multi-Family Complex (more than 5 units per building), I agree to provide a minimum of a twenty-five percent (25%) cash contribution of estimated labor and material project costs before weatherization work can begin on the unit(s).

I am contributing \$ _____ towards the labor and material costs incurred toward this Weatherization project.

Are the energy utilities included in the rent? ___ YES ___ NO

Please enter the total number of people for all vacant / ineligible units not applying individually:

_____ # of Units
_____ # of Elderly (60 and older) _____ # of Disabled
_____ # of Children (19 and younger) _____ # of Other

Owner/Agent's Name: _____ **Telephone:** _____

Address: _____

Signature: _____ **Date:** _____
Owner or Authorized Agent

Signature: _____ **Date:** _____
Agency Representative



Department of Economic Development
Division of Energy

Radon Informed Consent Form

Weatherization achieves energy and cost savings and improved comfort, health and safety of homes through a variety of home retrofit measures, including some which improve the airtightness of the building. According to the Department of Energy (DOE) sponsored study, "Weatherization and Indoor Air Quality: Measured Impacts in Single-family Homes under the Weatherization Assistance Program," there is a small risk of increased radon levels in homes when the building air tightness levels are improved. These increases are smaller in manufactured housing everywhere, and all homes in low-radon potential counties, and higher in site built homes in high-radon-potential counties. There is some evidence that the installation of continuous mechanical ventilation reduces radon levels in homes, and counteracts any radon increases that are due to improved building air tightness levels.

Precautionary Measures: Since your house is located in a county identified as having moderate- to high-potential-radon levels¹, precautionary measures indicated below will be installed as part of weatherization:

- Exposed dirt floors covered and sealed
- Floor/foundation penetrations sealed
- Open sump pit capped
- Crawl space venting inspected and/or improved
- Basement isolated (air sealed) from living space
- Other: _____

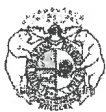
I am aware that weatherization may result in increased levels of radon, and that mechanical ventilation may counteract those increases. I have received the Environmental Protection Agency's (EPA's) "A Citizen's Guide to Radon," and radon-related risks were discussed. I have chosen to go forward with weatherization, and accept all risks of injury or damages.

I have carefully read this informed consent form and have signed it of my own free will.

Client Name: _____

Client Signature: _____ Date: _____

¹ Defined as counties with predicted indoor radon screening levels at or above 2 pico Curies per liter of air (pCi/L). Link to EPA interactive zonal radon map: <https://www.epa.gov/radon/find-information-about-local-radon-zones-and-state-contact-information#radonmap>


 MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
AUTHORIZATION FOR RELEASE OF INFORMATION

FROM	LIHEAP Worker Name	Telephone Number	Date
	LIHEAP Agency Name	LIHEAP Agency Address _____ _____ _____	
TO	Name		
	Address _____ _____ _____		
RE	Applicant Name	Applicant DCN	
<p>I authorize the release of information regarding my situation described below to representatives of the Missouri Family Support Division. (Circle the applicable situation and explain, if necessary)</p> <p>_____</p> <p>Weatherization _____</p> <p>Lifeline _____</p> <p>Safelink _____</p> <p>Other (Explain) _____ _____ _____ _____ _____</p>			
<p>I (we) hereby release any person, representative of the Missouri Family Support Division, or representative of the LIHEAP contract agency from any liability for information furnished pursuant to this authorization.</p>			
Applicant Signature		Date	
Signature of Other (If applicable)		Date	



Urban League of
Metropolitan St. Louis, Inc.

*Empowering Communities.
Changing Lives.*

Michael P. McMillan
President/CEO

Officers 2018

Keith H. Williamson
Chair

Mark Levison
Vice-Chair

Darryl T. Jones
2nd Vice-Chair

Robert E. Wallace
Treasurer

Steven Sullivan
Secretary/General Counsel

Board of Directors

Mary Atkin
Shannon L. Bagley
Steven M. Barney
Oscar Beryman
Michael Burns
Andy Byer
Thomas Caccamo
David B. Cade
Christine Chadwick
Beth Davis
Melanie DiLeo
Frankie Eichenberger
Richard Eichwald
Alcía Elsner
Akberet Boykin Farr
Jovita Foster
Johnny Furr, Jr.
Michael Gardner
Frank Hamsner
Kristina Hazley
Joseph G. Hernandez
E. Andrea Hoosman
Thomas J. Irwin
Allan D. Irie, IV
Benjamin Lipman
Juanita Logan
Charles Lowenhaupt
Daniel J. Ludeman
John G. Lyday
Eric M. Madkins
Dr. Art McCoy
Richard H. Miles
Charles R. Miller
Michael L. Moehn
Thomas J. Noack
Kathleen T. Osborn
Dr. Michael Panicola
Tyronica Peery
Dr. Jeff L. Pittman
Emily Pitts
Arvetta Powell
Stan Roux
William Rusnack
Wayne Scott
John Sondag
Charles A. Stewart, Jr.
Dr. Elizabeth Stroble
Julio Suárez
Dr. Donald Suggs
Jermaine Tarrant
Trish Muyco-Tobin
Gene R. Todd
Michelle Tucker
Denise Turner
Randy Weller

Dear Client:

Post Weatherization education can play an important role in deepening the impact of your weatherization services. By creating an energy profile for your home and collecting data on your energy usage, it can aid us in helping you understand how weatherization services can affect the energy consumption profile of your home.

As part of the receiving services from the Urban League Weatherization Department, you will be expected to attend one of the **Post Weatherization Workshops**. These workshops will be scheduled quarterly (every three months) and you will be notified approximately two weeks prior to the scheduled date.

These workshops are designed for your benefit. By attending the workshop and learning energy saving strategies through installed measures upgrades you may receive in your home that further lower your utility bills and increase your energy savings.

It is very important to make every effort to attend the follow up workshop since program regulations prohibit us from using DOE funds to revisit your home once it has been weatherized.

By signing this form you acknowledge that you understand and will make every effort to attend the **Post Weatherization Workshop**.

Client Printed Name

Date

Client Signature

Date



Affiliated with the National Urban League

Proud member of

United Way
of Greater St. Louis



GENERAL WARRANTY

We, The Urban League of Metropolitan St. Louis, Inc., do hereby warrant that all labor and materials furnished and work performed are in accordance with the contract documents and authorized modifications thereto, and will be free from defects due to defective materials or workmanship for a period of one year from Final Completion.

IN WITNESS WHEREOF, the undersigned has signed and sealed this document this

_____ day of _____.

Client Printed Name

Date

Client Signature

Urban League Intake Staff

Date