

HOMEWISER WEATHERIZATION APPLICATION

Document Checklist

Return this checklist with your fully completed application.

To qualify, you must complete the attached forms #1 thru #6, and required documentation items #7 thru #10:

Please use this checklist to mark-off each item you send to complete your application.

- 1. HomeWise Weatherization Application (attached)
- 2. Seattle City Light Utility Release Form (attached)
- 3. Puget Sound Energy Utility Release Form (attached) complete if you have a gas furnace only
- 4. COVID-19 Protection Plan Permission to Proceed – Resident (attached)
- 5. Weatherization Client Release Form (attached)
- 6. Declaration of No Income Form (attached)
 - Complete form only if you have no income for the last 3 months
 - Each household member, age 19 years or older, with no income must complete a form. If you have more than one individual with no income in the household, call us for additional forms.
- 7. Residence verification document. Choose one of the following: U.S. Birth Certificate(s), Social Security card(s), passport, or qualified alien residence card documents.
 - Please make a copy and send it with your application. The copy of this document must have your current name.
 - Call our office if you need a list of other acceptable alien residence documents.
 - All persons in your household must provide a copy of one of the above items.
 - If you do not include a copy with your application, you might still qualify, however, it might result in fewer home improvements available to you.

If you don't send a copy of one of these items above (#7), please enter your comments (below) explaining why you didn't send one of the required documents.

Signature

Date

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HOMEWISER WEATHERIZATION APPLICATION

Document Checklist

8. Send copies of income you have received in the last 3 months, from the list below. (All residents living in your home must send copies of their income).
- Paycheck stubs (these documents must show your name and address)
 - TANF (Public Assistance payments)
 - Child Support Income: send copy of checks and copy of full Divorce Decree
 - Pension/retirement income
 - send form or letter from the company you receive payment. Send most current letter with payment information.
 - Social Security payment information
 - Send copy of Benefits form or letter from Social Security showing **current year monthly payments**. Do not send 1099 Form. Your copy must show name and address of recipient, call 1-800-772-1213 or go to their webpage: <https://www.ssa.gov/myaccount/>
 - Unemployment payments/ Claim History from Employment Security Dept
 - Send copy of your records from Employment Security Dept. (website) <https://esd.wa.gov/newsroom/public-records>, or call our office to request this form. Request they return form / letter to you. Then, send it with your HomeWise Weatherization application.
 - Self-employment income
 - Call our office to request the Self Employment Income Worksheet. Attach applicable forms: proof of income, and receipts per instructions.
 - Bank Statements
 - If you have drawn from investment accounts within the last 3 months (example: IRA, and/or CDs). Send all pages, do not cross out information 2) self employment payment deposits.
9. Verification of Residency- Pick **one** of these items (below) send a copy with your application
- Current Seattle City Light bill, Puget Sound Energy bill, or fuel bill in the applicant's name
 - Mortgage payment receipt
 - Current Lease/rental agreement or statement from landlord
 - Mobile Home Residents: If you live in a mobile home, you must also send a copy of your State of Washington Vehicle Certificate of Ownership (Title)
10. If you live in a **condominium**, please send a letter from the Condo Association, and/or HOA permitting our staff to inspect your unit for possible installation of: a ductless heat pump, and weatherization type improvements. The letter must be on their letterhead with authorized individual's name, signature, and including their title.

HOMEWISE WEATHERIZATION APPLICATION

Home/Residence Type: (circle one)		Single Family – House	Duplex	Triplex	4-plex	Mobile home	Condominium	Townhouse	
Property Address:					city:		zip code:		
Homeowner 1 Name:				cell phone		home phone		TTY	
Homeowner 2 Name:				cell phone		home phone		TTY	
If this property is jointly owned by more than two (2) individuals, please attach additional page, listing all legal owner's data, name, address, phone, include signature, and date signed.									
Homeowner (Owner occupied) Yes No					Homeowner lived in home for more than one year? Yes No				
For rental properties, you must attach <u>Weatherization Assistance Covenant</u> (completed by owner). Call 206-684-0244 to request complete rental package.					RENTER lived in home for more than one year? Yes No				
Renter 1 Name:				cell phone		home phone		TTY	
Renter 2 Name:				cell phone		home phone		TTY	
List names of everyone permanently living in the home, include yourself , all other adults, and children. If more than 4 in your household, attach a separate page listing all additional persons living in the home.					Male or Female	Age	Date of Birth	Source of Income (attach copies)	Monthly Income (before deductions)
1									
2									
3									
4									
Total Combined Income									
What kind of heat do you have? Please circle which type of furnace you have, even if it's broken or not working.		GAS furnace	Electric furnace	Oil furnace	If you have an OIL FURNACE and live in SEATTLE (ONLY) and interested in replacing oil furnace with an electric heating system (free program), call to request a Clean Heat/Weatherization application. 206-684-0244				
If you can't use your furnace, explain why and how long haven't you used it? (attach additional page if necessary)									
Do you have any of the following:		electric baseboard heaters		electric wall heaters		portable plug-in electrical heaters			

Office of Housing / Internal Use Only							
HH<7 Non-LIHEAP		LIWA %		MM %		LIEP %	
Approved by:UW Initials			Date		Proj #		
Priority		Criteria		Intake Staff		Date	

HOUSEHOLD DEMOGRAPHICS

The following information helps us better serve all Seattle residents. Please complete the **optional** information below. If you do **not** want to fill out this information, **check this box** indicating you choose not to provide the following information. **You may still be eligible for our program.**

How <u>MANY</u> household members are:		White __	Black African American __	Black & White __	Asian __	Asian Pacific Islander __	Native __
Native & White __	Native & Black __	Alaskan Native __	Native Hawaiian __		Latino/Hispanic __	Multi-Racial __	

Is applicant a single female/head of household? Yes No	How many household members have disabilities? _____
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Is your primary language other than **English**? If yes, please circle (below) We offer free translation and interpretation services; do you need this assistance? If yes, which language do you require translation? _____

Amharic	Cambodian/Khmer	Cantonese	Korean	Laotian	Mandarin	Oromo	Russian
Somali	Spanish	Tagalog	Tigrinya	Ukrainian	Vietnamese	Other: _____	

Does anyone in the household have Asthma? Yes No	Are you a Veteran or surviving spouse of a Veteran? Yes No
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How did you hear about our program?	Received a letter	Minor Home Repair	King County Weatherization	other _____
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APPLICANT ACKNOWLEDGEMENT

By signing below, I certify that the information provided is complete and accurate. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I give the City permission to request or release information to other non-profit or government organization for the purpose of providing assistance to me. Such information may include but is not limited to my application, including income and related documentation, photographs showing before and after condition of the home and weatherization scope of work. Such information may result in my receiving or being denied other City assistance.

For state weatherization programs: I understand that I may request a Fair Hearing if the provision of the above information is not acted on to determine my eligibility within a reasonable time or if I do not receive benefits for which I am eligible. I authorize the City to enroll me in all City or King County assistance programs for which I am eligible.

The utility company(s) may release past and future consumption information on my household to City of Seattle, Office of Housing (OH) HomeWise Weatherization Program. If determined that I am eligible for service, I grant permission to: OH, its staff, and contractors to gain access to this property for audit, installation, and inspection purposes. In the case that work requires subsequent inspection from Seattle City Light or the State of Washington, I agree to provide access for these audit purposes.

Signature	Date	Phone Number	e-mail address
Signature	Date	Phone Number	e-mail address



APPLICANT DECLARATION OF NO INCOME FORM

To qualify for Office of Housing’s Weatherization Program you need to supply copies of income documentation and/or this form as proof your income does not exceed the income guidelines of our program (refer to Page 2 of the Weatherization Application Income Guidelines Chart & Information). Each household member age 19 years or older must complete this form if they have no income.

Name (print): _____

This form is signed in the month of _____

I, hereby declare, have not received any income within the past three months (refer to the chart example below):

1. _____ 2. _____ 3. _____

Example below:

Current month applying	List past months of no income
January	1.October, 2. November, 3. December
February	1.November, 2. December, 3. January
March	1.December, 2.January, 3. February
April	1.January, 2. February, 3. March
May	1.February, 2. March, 3. April
June	1.March, 2. April, 3. May

Current month applying	List past months of no income
July	1. April, 2. May, 3. June
August	1. May, 2. June, 3. July
September	1. June, 2. July, 3. August
October	1. July, 2. August, 3. September
November	1. August, 2. September,3. October
December	1. September, 2. October, 3. November

The reason I had no income for the months listed above is: _____

I have been meeting my basic living needs; for food, shelter, and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify the information I have contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Client Signature _____

Date _____

NOTARY

I certify that I know of and have satisfactory evidence that _____(print name) is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.

State of Washington

County of _____ Dated: _____ Signed by: _____

(Notary Signature)

Notary Seal or Stamp

County Notary Resides _____

My appointment expires _____

SEATTLE CITY LIGHT UTILITY INFORMATION RELEASE FORM

SUBJECT: AUTHORIZATION TO RELEASE ENERGY USE AND BILLING INFORMATION

PURPOSE: The City of Seattle, Office of Housing Weatherization Program uses billing data information to track actual energy savings resulting from weatherization. The energy savings achieved through the Weatherization Program are calculated to assess program impacts, increase accountability, and improve future weatherization work. To accurately calculate energy savings, the Weatherization Program needs energy use and billing information five years prior to weatherization and five years after weatherization. This release form authorizes the City of Seattle Office of Housing Program to obtain and use energy use and billing information from only this customer at this residence for up to a ten-year period for the following uses:

- Determining household energy use before and after weatherization.
- Determining which weatherization measures to provide.

Note: All release information will be kept confidential and will only be used by the HomeWise Weatherization Program and only for the mentioned uses.

To: Seattle City Light: Please release energy use and billing information to: City of Seattle Office of Housing for the purpose of assessing energy use and/or savings:

- Release historical billing data for a maximum five years prior to the date at the bottom of this release to a maximum of five years after this date.
- Release historical billing data for all of the following sites, accounts, and meters.

Account or Meter Number

Service Address

Print Name

Phone Number

Customer Signature

Date

Complete this form ONLY if you have a gas furnace.



Puget Sound Energy Residential Utility Release Authorization

PSE Contact
RESIDENTIAL ENERGY EFFICIENCY SERVICES
P.O. BOX 97034 (EST-10W)
BELLVUE, WA 98009-9942
VIA FAX: 425.456.2706
Email Address

CUSTOMER INFORMATION:	
First Name:	PSE Account Number: <input type="text"/>
Last Name:	
Service Street Address:	
City:	Zip Code:

SUBJECT: AUTHORIZATION TO RELEASE ENERGY USE AND BILLING INFORMATION	
PLEASE RELEASE ENERGY USE AND BILLING INFORMATION TO:	
Recipient Office of Housing	Company or Organization HomeWise Program
Mailing Address: PO Box 94725	
City: Seattle	State: WA Zip Code: 98124
Phone Number:	Email:

I have elected to participate in certain Puget Sound Energy (PSE) energy efficiency programs designed to help me better manage my energy consumption. By signing below, I authorize PSE to provide my contact and customer account information, including my billing and energy usage information, for a period not to exceed 36 months from the below date, to the above named company/organization and such independent third-party evaluator(s) and pre-authorized contractor (s), as may be necessary to evaluate energy savings, to arrange for no-obligation estimate(s), and quality assurance. However, I understand that this information will not be provided to any third party for general marketing purposes. I also agree to the direct installation of qualifying energy efficiency upgrades associated with program(s) in which I elect to participate, and I acknowledge that PSE may inspect the work performed in association with such program(s). I further agree that PSE has made no implied or express warranties or representations with regard to these products or energy savings from their installation and usage. This is a tariffed service and is subject to change or termination without prior notice.

SIGNATURE REQUIRED:	
Account Holders Signature: _____	Date: _____

Print Form

Clear Form

WEATHERIZATION PROGRAM CLIENT RELEASE WARRANTY & INSPECTIONS

If you are eligible to receive City of Seattle, Office of Housing (OH) Weatherization energy conservation services, the work will be performed by a qualified OH approved licensed contractor. All work, upon completion, will be inspected by OH and will carry a one (1) year warranty.

Attest by signing below, I _____

(print name of homeowner or renter's names in space above) agree to provide access to my home by the HomeWise Property Rehabilitation Specialist (auditor), program contractors, their crew members for purposes of auditing, testing, installing a heating system, improvements listed on work order, and follow-up inspection(s). I hereby release and hold harmless OH, and its employees, contractors, and their successors, from any liability in connection with the work.

property address

If this property is jointly owned by more than two (2) individuals, please attach additional page, listing all legal owner's name, signature, and date signed.

(print) owner's name

owner's signature

date

(print) owner's name

owner's signature

date

(print) renter name

(print) renter signature

date

(print) renter name

renter's signature

date

ORIGINAL



**OFFICE OF HOUSING WEATHERIZATION/REPAIR PROGRAM
COVID-19 Protection Plan Permission to Proceed by Resident**

Name of Resident:

Project address:

PURPOSE: At the City of Seattle, Office of Housing (OH), we value the health and safety of our clients, staff, and contractors. This document contains the expectations for your contractor and you, the resident, during the course of your project.

We recognize that this is a stressful and uncertain time. Your safety and comfort are our top priority. If you would prefer to postpone your Weatherization/Repair project, OH will work with you to reschedule. In some cases, you may have to submit another application before work could begin.

CONTRACTOR EXPECTATIONS:

- Your contractor will provide a COVID-19 Safety Plan to you prior to beginning work.
- OH will review the contractor’s COVID-19 Safety Plan and require the contractor to address any deficiencies in the plan prior to beginning work.
- If you, the contractor, or OH believes the project cannot be performed according to the contractor’s COVID-19 Safety Plan, the project will be postponed until the work can be performed safely.
- If you have any concerns that work is not being completed according to your contractor’s COVID-19 Safety Plan, please contact the contractor and OH staff immediately.

RESIDENT EXPECTATIONS: By signing below, you acknowledge everyone living in your home will abide by the following expectations. Failure to abide by these expectations could result in the work being postponed or canceled.

- Agree to communicate with OH staff, and contractors by phone rather than in person.
- Agree to a Health Symptoms Survey on any day work is scheduled to be performed at your home. The contractor will contact you prior to arriving at your home to ask if:
 - Anyone in household has a temperature or feels ill (cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea.)
 - Any visitors are anticipated for the day.

Contractors will not go to your home if the Health Symptoms Survey cannot be completed or if anyone in the household is ill. The contractor will work with you to reschedule for a later date.

- Immediately contact OH staff and tell any workers on site if anyone in your household is feeling ill (cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea)

ORIGINAL

**OFFICE OF HOUSING WEATHERIZATION/REPAIR PROGRAM
COVID-19 Protection Plan Permission to Proceed by Resident
Page 2**

- Do not shake hands with workers.
- At all times, maintain at least 10 feet distance from all workers.
- Make a plan, with contractors, on where and how to isolate yourself and others living in your home while work is being performed and stick to that plan.
- Give workers access to running water. Workers will supply their own soap and disposable drying towels.
- Give workers access to bathroom facilities if needed.
- While work is being performed at your home, encourage all members of the household to wash and disinfect their hands regularly, before and after going to the bathroom, before and after eating and after coughing, sneezing, or blowing their nose.
- If not able to isolate yourself from workers, agree that every occupant in the home will wear a cloth mask while work is being performed on your home. If you do not have a mask, OH will provide one.
- Only allow essential visitors while workers on-site. Limit access to all visitors to your home for the entire duration of the Weatherization/Repair project.
- Log all occupants and visitors to home during the project (project start with the first site visit to final inspection which is the last site visit) and retain for your records for 4 weeks minimum.

INDEMNIFICATION: I hereby release and pledge to hold harmless, indemnify and defend City of Seattle, Office of Housing (OH), its agents, elected and appointed officials, servants and employees (collectively, "Indemnified Parties"), harmless from and against any liability and all claims for injuries, sickness or damage to persons or property of whatsoever kind or character in connection with the work, or any act or eventuality arising from this work, performed by any of the Indemnified Parties and any business contracted by any of the Indemnified Parties to perform work in the home located at the address listed above (Page 1).

RESIDENT ACKNOWLEDGEMENT:

_____	_____
Print Name	Date
_____	_____
Signature	Phone

e-mail address	

ORIGINAL

HOMEWISE WEATHERIZATION Income Qualification Chart & Information

The HomeWise Weatherization Program provides FREE energy efficiency improvements to qualified homes, increasing comfort, and saving money. Utilities are one of a household's greatest expenses. For more information visit our website: <http://www.seattle.gov/housing/homeowners/weatherization>

Improvements could include:

- Energy audits
- Insulation
- Air sealing
- Furnace repair or replacement

Income Limits

The Office of Housing's weatherization program uses different income eligibility thresholds for renter occupied and owner-occupied housing: 60% and 80% of area median income, respectively. Specific dollar limits for each affordability category vary by the number of people in the household. The income eligibility limits (below) were effective as of April 1, 2021.

In some cases, the weatherization program's geographic span can extend beyond Seattle city limits. Income-eligible households with homes located within Seattle city limits can receive assistance regardless of the way they heat their home (e.g., electricity, gas, or oil).

Income-eligible households who live outside of Seattle city limits but are both Seattle City Light customers and heat their homes with electricity may also receive assistance.

If you have an **OIL FURNACE** and live in **SEATTLE jurisdiction (only)** and interested in replacing oil furnace with an electric heating system (free program), call 206-684-0244 and ask for the Clean Heat application. If you live outside of Seattle jurisdiction such as Burien, Federal Way, Shoreline, we cannot accept your application. Please contact King County Housing Authority Weatherization (206) 214-1240. For more information about our program please visit our website

<http://www.seattle.gov/housing/homeowners/weatherization/oil-to-electric-program>

To qualify, your income must not exceed the income (gross) limits below:

Income Limits		
Family Size	Percent of Area Median Income	
	Renter-Occupied	Owner-Occupied
	60%	80%
1	\$48,590	\$64,790
2	\$55,540	\$74,050
3	\$62,480	\$83,300
4	\$69,420	\$92,560
5	\$74,970	\$99,960
6	\$80,530	\$107,370
7	\$86,080	\$114,770
8	\$91,630	\$122,180

Income Limits, Monthly Basis		
Family Size	Percent of Area Median Income	
	Renter-Occupied	Owner-Occupied
	60%	80%
1	\$4,049	\$5,399
2	\$4,628	\$6,171
3	\$5,207	\$6,942
4	\$5,785	\$7,713
5	\$6,248	\$8,330
6	\$6,711	\$8,948
7	\$7,173	\$9,564
8	\$7,636	\$10,182

HOMEWISE WEATHERIZATION Income Qualification Chart & Information

How it Works

Since 1980, the HomeWise program has offered weatherization services to income eligible households, helping thousands to decrease their energy bills and increase their comfort and safety. Services are provided through federal, state and local utility funding. All weatherization work is contracted and managed by the HomeWise Program and is FREE of charge for eligible households.

1. See if you are income eligible for HomeWise services (Page 1)
2. Completely fill out the Weatherization application and send copies of required documents.
3. Homewise will review your application for eligibility and notify you in writing.
4. If you are eligible, we will call you to a date and time for a comprehensive home energy audit conducted by our well-trained and certified HomeWise Property Rehabilitation Specialist (auditor).
5. HomeWise staff will identify possible energy saving, health and safety measures such as; new insulation, bath and kitchen fans, furnaces, ductless heat pumps and air sealing.
6. HomeWise selects and manages a specialty and/or general contractor(s) to perform the work.
7. All work, we provide, is inspected at completion and HomeWise pays the contractor.

Processing of applications may take approximately 4 to 6 weeks. Send your completed application with required documentation to:

City of Seattle-Office of Housing, PO Box 94725, Seattle, WA 98124-4725

Attn: Weatherization applications



**WEATHERIZATION PROGRAM CLIENT RELEASE
WARRANTY & INSPECTIONS**

If you are eligible to receive City of Seattle, Office of Housing (OH) Weatherization energy conservation services, the work will be performed by a qualified OH approved licensed contractor. All work, upon completion, will be inspected by OH and will carry a one (1) year warranty.

ATTEST: By signing below, I _____ (print name of homeowner or renter) agree to provide access to my home to the HomeWise Property Rehabilitation Specialist and Program contractors and crew members for purposes of auditing, testing, installing a heating system, and follow-up inspection(s). I hereby release and hold harmless OH, and its employees, contractors, and their successors, from any liability in connection with the work.

property address

(print) owner's name

owner's signature

date

(print) owner's name

owner's signature

date

(print) renter's name

renter's signature

date



OFFICE OF HOUSING WEATHERIZATION/REPAIR PROGRAM
COVID-19 Protection Plan Permission to Proceed by Resident

Name of Resident: _____

Project address: _____

PURPOSE: At the City of Seattle, Office of Housing (OH), we value the health and safety of our clients, staff, and contractors. This document contains the expectations for your contractor, and you the resident, during the course of your project.

We recognize that this is a stressful and uncertain time. Your safety and comfort are our top priority. If you would prefer to postpone your Weatherization/Repair project, OH will work with you to reschedule. In some cases, you may have to submit another application before work could begin.

CONTRACTOR EXPECTATIONS:

- Your contractor will provide a COVID-19 Safety Plan to you prior to beginning work.
- OH will review the contractor's COVID-19 Safety Plan and require the contractor to address any deficiencies in the plan prior to beginning work.
- If you, the contractor, or OH believes the project cannot be performed according to the contractor's COVID-19 Safety Plan, the project will be postponed until the work can be performed safely.
- If you have any concerns that work is not being completed according to your contractor's COVID-19 Safety Plan, please contact the contractor and OH staff immediately.

RESIDENT EXPECTATIONS: By signing below, you acknowledge everyone living in your home will abide by the following expectations. Failure to abide by these expectations could result in the work being postponed or canceled.

- Agree to communicate with contractors by phone rather than in person.
- Agree to a Health Symptoms Survey on any day work is scheduled to be performed at your home. The contractor will contact you prior to arriving at your home to ask if:
 - Anyone in household has a temperature or feels ill (cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea.)
 - Any visitors are anticipated for the day.

Contractors will not go to your home if the Health Symptoms Survey cannot be completed or if anyone in the household is ill. The contractor will work with you to reschedule for a later date.

- Immediately contact OH staff and tell any workers on site if anyone in your household is feeling ill (cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea)

**OFFICE OF HOUSING WEATHERIZATION/REPAIR PROGRAM
COVID-19 Protection Plan Permission to Proceed by Resident
Page 2**

- Do not shake hands with workers.
- At all times, maintain at least 10 feet distance from all workers.
- Make a plan, with contractors, on where and how to isolate yourself and others living in your home while work is being performed and stick to that plan.
- Give workers access to running water. Workers will supply their own soap and disposable drying towels.
- Give workers access to bathroom facilities if needed.
- While work is being performed at your home, encourage all members of the household to wash and disinfect their hands regularly, before and after going to the bathroom, before and after eating and after coughing, sneezing, or blowing their nose.
- If not able to isolate yourself from workers, agree that every occupant in the home will wear a cloth mask while work is being performed on your home. If you do not have a mask, OH will provide one.
- Only allow essential visitors while workers on-site. Limit access to all visitors to your home for the entire duration of the Weatherization/Repair project.
- Log all occupants and visitors to home during the project (project start with the first site visit to final inspection which is the last site visit) and retain for your records for 4 weeks minimum.

INDEMNIFICATION: I hereby release and pledge to hold harmless, indemnify and defend City of Seattle, Office of Housing (OH), its agents, elected and appointed officials, servants and employees (collectively, "Indemnified Parties"), harmless from and against any liability and all claims for injuries, sickness or damage to persons or property of whatsoever kind or character in connection with the work, or any act or eventuality arising from this work, performed by any of the Indemnified Parties and any business contracted by any of the Indemnified Parties to perform work in the home located at the address listed above (Page 1).

RESIDENT ACKNOWLEDGEMENT:

_____	_____
Print Name	Date
_____	_____
Signature	Phone

e-mail address	

CLIENT COPY