



# Confederated Tribes of Siletz Indians

## Weatherization Application Siletz Tribal Energy Program (STEP)

P.O. Box 549  
Siletz, Oregon 97380  
(541) 444-8271 or (541) 444-8300 or (541) 444-8276  
(541) 444-8362 Fax

Applicant Information											
Full Name:						Date:					
<i>Last</i>				<i>First</i>				<i>M.I.</i>			
Address:						Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<i>Street Address</i>						<i>Mailing Address if different</i>					
						Over Income? <input type="checkbox"/> YES <input type="checkbox"/> NO					
						If No, please provide proof of income					
<i>City</i>				<i>State</i>				<i>ZIP Code</i>		<i>County</i>	
Phone: (    )			E-mail Address:								
How Many Occupants?		How Many Adults? <small>(over 18)</small>		How Many 65 & Over?		How Many Disabled?		How Many Children? <small>(under 6)</small>			
Best Time to Contact:		Do you Rent or Own your Home?				How Long at this Address?					
Landlord's Name & Address:											
Is Home for Sale?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is Home a Manufactured/Mobile Home? <small>(Must provide proof of ownership or home will be considered a rental)</small>						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is Attic Insulated?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Manufacturer, Model & Year Built:							
Walls?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Water Heater is (please circle one): Gas    Electric							
Under Floors?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does the Roof Leak?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is Mold Present?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Primary Heating System is:</b>		Electric <small>(Circle one)</small>		Furnace		Baseboard		CADET		Oil/Propane <small>(Type of unit)</small>	
Natural Gas <small>(Type of Unit)</small>				Wood Stove		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Pellet Stove		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is Heating System Currently Working?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	What is your Highest Monthly Heating Bill? \$							
				Condition of System?		Excellent		Good		Fair    Poor	
Name of Utility Company & Account Number		<small>(Please Attach Copies of Current Bill)</small>									
Would you be Interested in an Energy Seminar or In-Home Consultation on Energy Conservation?										YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had a home weatherized by any agency?										YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, date and location:											
Have you received Energy Assistance (LIHEAP) this year?										YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, date and EA Provider: <small>(Please State Whether Provider was Tribal or County)</small>											
Name of Applicant <small>(Please Print)</small>						Signature					
By signing this document, I am authorizing the Confederated Tribes of Siletz Indians of Oregon to obtain heat, fuel and utility billing records of my home, and I direct my utility companies to make such records available to CTSI. I also give permission for CTSI to share my information with other CTSI programs when appropriate, for the purpose of offering additional assistance and hereby allow the STEP program to photograph and publish photos through the Weatherization process if they choose to do so.											

## **Weatherization Services Agreement**

By my signature below, I certify that I am the owner/landlord/authorized agent for the property listed above and, as such, give permission to the Confederated Tribes of Siletz Indians Energy Program to weatherize this property. I understand that normal materials and labor will be provided free of charge and that no liens will be placed on the property as a result of service.

**Dry Rot Disclaimer: In the event that dry rot/structural issues exist in areas intended for window or furnace replacement, the Weatherization Program will halt work immediately, notify the homeowner/landlord, and not be held responsible. Repair is the sole responsibility of the homeowner/landlord, and any necessary dry rot repairs must be completed prior to Weatherization workers completing the work.**

In consideration for the Weatherization services provided by the Confederated Tribes of Siletz Indians (CTSI), I agree to the following:

1. The weatherization workers will be permitted to use, at no cost, lights, heat, power, and water necessary to carry out and complete the work.
2. I hereby release and hold harmless CTSI and its weatherization staff and subcontractors from any and all liabilities, claims, damages, losses and expenses not related to installation of weatherization measures and/or any occurrence resulting from audit, performance of weatherization services or inspection of the completed work.
3. **If a rental property:**
  - If the value of the dwelling is increased as a result of weatherization services, I will not on this basis alone raise the current tenant's rent for at least one year from the date the work is completed.
  - As long as the tenant is in compliance with the duties and obligations of the rental agreement, I will not evict him/her for at least one year from the date the work is completed.
  - If I sell the property during the one-year term following completion of work, I will inform CTSI in writing. If the purchaser does not assume this agreement, I will be responsible for reimbursement of weatherization costs on a pro-rated basis.

**Special Instructions:**

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I hereby authorize CTSI and its subcontractors to provide weatherization services and inspect the work performed by its Weatherization Crew and any subcontractors hired by CTSI.

Owner/Landlord Name (please print): \_\_\_\_\_

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Address

Phone Number

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Address of Home to be weatherized

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Owner Signature (Owner of House or Mobile Home/Landlord/Authorized Agent)

Date

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