



Dear Renter:

Enclosed is the application for Weatherization Assistance that you requested.
Please forward **copies** of the following items with the **completed application**:

1. Verification for the past 90 days of Income, for all persons 18 yrs. and older
**(award letter, check stubs, printouts, etc.) **
2. Proof of ownership
3. Natural Gas & Electric bill: **Please submit the REQUIRED page #1 & #2 from your most current GAS and ELECTRIC BILL.**
4. Fuel bill (propane, fuel oil, kerosene)
5. Social Security Cards for all household members (copies)
6. Signed landlord papers (attached)
7. *Please put correct postage or envelope will be returned to you*

Please submit these items and application to me as soon as possible. If you have any questions, please feel free to contact me at the above number Monday – Friday 8:00 a.m. – 4:30 p.m.

Sincerely,

The Home Weatherization Assistance Program
937-341-5000 EXT. 226

Main Office
Montgomery County
719 S. Main Street
Dayton, OH 45402
937-341-5000

Darke County
1469 Sweitzer Street
Greenville, OH 45331
937-548-8143

Greene County
469 Dayton Avenue
Xenia, OH 45385
937-376-7747

Preble County
308 Eaton-Lewisburg Rd.
Eaton, OH 45320
937-456-2800

Weatherization &
Housing Services
3155 Elbee Road, Suite 3
Moraine, OH 45439
800-617-2673



Home Weatherization Assistance Program Homeowner/Authorized Agent Certification

I, _____ (Name of Homeowner/Authorized Agent) certify that I am the homeowner/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 sidewalls and replace exterior covering: YES _____ NO _____ N/A _____

2. Drill and plug interior walls: YES _____ NO _____ N/A _____

3. Lower the thermostat on the water heater: YES _____ NO _____ N/A _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. Other work that must be done in accordance with the State of Ohio Weatherization Field Guide for Home Energy Updates.

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.

I grant the Ohio Department of Development (Development) and its designees' permission to use information associated with this job for the purpose of conducting weatherization studies or statistical analyses. I understand that no information obtained shall be made public in such manner that the dwelling or its occupant(s) may be identified, except with written consent by the occupant.

Signed _____
(Owner/Authorized Agent)

Date _____

Signed _____
(Energy Auditor)

Date _____



719 South Main Street
Dayton, OH. 45402

TOLL FREE: 1-800-617-2673
PHONE: 937-341-5000
FAX: 937-331-9362

LANDLORD LETTER

Dear Landlord/Agent:

One of your tenant(s) _____ has applied to our program for free weatherization on your property. Under a federal program we can provide materials and labor, at no cost to you, to make energy saving improvements to your property.

Our trained crews/contractors can install attic, sidewall, and floor insulation, reduce air leakage, and provide maintenance on the heating system as needed.

The purpose of this program is to save energy and fuel, and to help your tenant save on fuel cost. We feel this program will benefit both you and your tenant.

If you are willing to give your consent to make these energy efficiency improvements, we simply ask that you sign the attached agreement.

This agreement will allow us to enter your property to make the improvements. Rent increases and evictions: this part of the agreement simply asks you not to raise the rent or evict the tenant because of the work we have done. The agreement does not stop you from raising the rent for any increased cost (that is not a result of the work). However, your tenants may file a complaint with us should they believe that increase is unjustified. In that case, we will ask you to prove that the reason for the increase is not the weatherization work. You may still evict the tenant if the tenant does not meet his or her legal obligations to you. Sale of the property: This part of the agreement asks that you inform us should you intend to sell the property during the period of the agreement. If the property is sold during the term of the agreement, you must reimburse us for the cost of the work done or obtain a written agreement from the new owner to continue the terms of the agreement.

If you agree, please sign the agreement and return it by mail as quickly as possible, and if you have any questions, please feel free to call our office between 8:00 a.m. and 4:30 p.m., Monday – Friday.

RENTAL AGREEMENT



Tenant _____

Owner/Authorized Agent _____

Agency Miami Valley Community Action Partnership

The Owner/Authorized Agency consents and agrees that the following weatherization work shall be done by the agency to the property located at _____ and presently leased to _____

The estimated value of the weatherization materials and labor to be supplied by the agency is \$8,250.00

Major retrofits proposed include: Energy Saving Measures

The Agency agrees to use its best efforts to complete the weatherization work by 12 Months

In consideration for the weatherization work performed the parties agree:

1. Amount of rent The present rent for the above described premises is \$ _____ per _____
2. Limitations of Rent Increases For a period of one year from the completion of the weatherization the rent shall not be raised unless the increase is demonstrable related to matters other than the weatherization work performed. In instances of complaints regarding rent increases brought to the Agency's attention by the Tenant, the Owner/Authorized Agent agrees to document the basis of the increase to the Agency's satisfaction and to accept the Agency's decision regarding the applicability of the increase under the terms of this Rental Agreement.
3. Energy/Utility Cost Included in the Rent In the event the Owner/Authorized Agent is directly responsible for the energy/utility costs used primarily for heating purposes on the property covered by this Rental Agreement, the Owner Authorized Agent agrees to _____
4. Eviction The tenant will not be evicted from the premises for a period of one year from the completion of the weatherization so long as every ongoing obligation and responsibility owed to the Owner/Authorized Agent is met.
5. Sale of Premises In the event that the Owner/Authorized Agent sells the premises within one year of the date of execution of the rental agreement, the Owner/Authorized Agent will comply with one of the following two conditions:
 - a. The Owner/Authorized Agent shall repay the Agency at the date of sale an amount equal to the amount of materials and labor supplied by the Agency.
 - b. The Owner/Authorized Agent shall obtain, in writing prior to the date, the purchaser's agreement to assume the Owner/Authorized Agent's obligations under this Rental Agreement.

The Owner/Authorized Agent shall, immediately upon entering into an agreement of sale of the premises, so inform both the Agency and the Tenant by written notice.

This Agreement will begin on the date of last signature of the parties and shall terminate one year after the date of the last signature.

Tenant Signature: _____

Date: _____

Owner/Authorized Agent Signature: _____

Date: _____

By: _____

Title: _____

Agency Name: Miami Valley Community Action Partnership

Date: _____

By: _____

Title: _____

TENANT'S SYNOPSIS OF THE PROVISIONS CONTAINED IN THE
WEATHERIZATION OWNER/AUTHORIZED AGENT, TENANT,
AGENCY RENTAL AGREEMENT

TENANT:

OWNER/AUTHORIZED AGENT:

Name: _____

Name: _____

Address: _____

Address: _____

Phone no. _____

Phone no. _____

Rent Amount \$ _____

You and your rental property Owner/Authorized Agent have entered into an Agreement with Miami Valley Community Action Partnership Weatherization, to have your home weatherized. Most, if not all of the materials and labor to weatherize the unit are being supplied free of charge to your Owner/Authorized Agent because you are income eligible to receive benefits of the weatherization program. In return for this weatherization, your Owner/Authorized Agent has agreed to several provisions that benefit you and give you specific rights. These provisions and rights are summarized for you below.

1. Except for reasons unrelated to the weatherization work, the Owner/Authorized Agent cannot raise your rent for a period of one year after the date of the execution of the Rental Agreement, even if you have previously agreed that your present rent could be increased before that date.
2. If your Owner/Authorized Agent tries to raise your rent before the period of one year, you have the right to file a complaint with Miami Valley Community Action Partnership Weatherization. The Weatherization Department will review your complaint and if necessary, will determine if the Owner/Authorized Agent has grounds to raise the rent or not. You may also have the right to assert a claim against him/her in court. If this happens and you need assistance in asserting your claim, call the local legal services agency in your community.
3. If you happen to move out of your unit before 12 months, the Landlord must charge the new tenant the same rent as you are charged.
4. Miami Valley Community Action Partnership Weatherization will provide you with a copy of the signed Owner/Authorized Agent, Tenant, Agency Agreement upon request. You may use the agreement document as evidence in court to prove your claim.
5. This agreement protects you from eviction for 12 months following the completing of the weatherization work, except for:
 - <failure to pay rent;
 - <violating the terms of the lease (other than surrender possession upon notice);
 - <causing substantial damage to the premises;
 - <permitting a nuisance; or
 - <carrying on an unlawful business.



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LANDLORD/TENANT RELEASE AND AUTHORIZATION
RELEASE OF ALL CLAIMS AND
AUTHORIZATION TO USE DATA

I, the owner at the address below, understand that the purpose of CENTERPOINT ENERGY WEATHERIZATION PROGRAM is to benefit low income families through the application of proven energy conservation and weatherization measures. I understand that the initial inspection procedures are designed to reveal the need for further work services, which, when deemed necessary at the discretion of the Program Inspector, will be made available free of charge. I understand that my tenants have applied to participate in the program, and I hereby authorize the property at the address listed below to be weatherized as part of the program.

In consideration of the receipt of an initial inspection, the subsequent receipt and installation of weatherization materials, and/or the receipt of work services performed on the property's heating system, I, the property owner, do hereby release, acquit and forever discharge CenterPoint Energy and Miami Valley Community Action Partnership (MVCAP) their respective officers, agents, employees, successors and assigns, of and from claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may have against CenterPoint Energy or MVCAP, their respective officers, agents, employees, successors, and assigns, on account of, or in any way arising out of the energy conservation and weatherization services provided as well as the installation and use thereof, under the CENTERPOINT ENERGY WEATHERIZATION PROGRAM.

I acknowledge that CenterPoint Energy, and MVCAP, and their contractors DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OR MERCHANTABILITY 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 energy conservations and the weatherization measures are estimates only.

I authorize CenterPoint Energy to release information about the account at the address below and about the energy conservation and weatherization measures installed on the property at the address below.

Property Owner's Signature

Date: _____

Property Owner's Name

Tenant's Signature

Address of Rental Property

Tenant's Name

City, State, Zip Code

CenterPoint Energy Gas Account Name



Miami Valley Community Action Partnership Weatherization Customer Intake Application

Client Number:		Program Name:				Application Date:	
		☐ HWAP ☐ DP&L Smart Energy ☐ CPE ☐ EHRP					
Primary Applicant							
First Name:		M.I.:		Last Name:			
Social Security Number:		Date of Birth:		Gender:			
				☐ Female ☐ Male ☐ Other			
Disabled: ☐ Yes ☐ No		Veteran: ☐ Yes ☐ No		Food Stamps: ☐ Yes ☐ No			
Current Residential Address:							
Current Mailing Address (if different from above):							
City:		State:		Zip Code:		County:	
Phone Number:				Email Address:			
Race:		Education:			Ethnicity:		
☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Other		☐ 0-8 ☐ 9-12 (Non Grad) ☐ HS Grad/GED ☐ 12 + Post-Secondary ☐ 2-4 Yr. Grad College			☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins		
Household Information:							
# In Household:	Family Type	Building Type	Work Status		Health Insurance Type		
	☐ Single Parent/Female ☐ Single Parent/Male ☐ Two-Parent Household ☐ Single Person ☐ Two Adults/No Children ☐ Non-related Adults with children ☐ Multigenerational Household ☐ Other	☐ Mobile Home ☐ Single Family ☐ Multi-family low-rise (3 stories or less) ☐ Multi-family high-rise (3 stories or more)	☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm Worker ☐ Unemployed (short-term, 6 months or less) ☐ Unemployed (long-term, more than 6 months) ☐ Unemployed (not in labor force) ☐ Retired ☐ Unknown/not reported ☐ Youth ages 14-24 who are neither working nor in school		☐ Medicaid ☐ Medicare ☐ Private/Employment ☐ Self-Insured/Direct Pay ☐ None ☐ State Children's Health Insurance Program ☐ State Health Insurance for Adults		
Housing Status							
☐ Own ☐ Rent ☐ Other Permanent ☐ Housing ☐ Homeless ☐ Other							
Source of Income:			Income Period:		Income Amount:		
☐ Employment ☐ Unemployment ☐ Self-Employment ☐ No Income ☐ Social Security ☐ TANF/ADC ☐ SSI/SSD ☐ Pension ☐ Disability ☐ Child Support ☐ Other (Please Specify) _____			☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly				
Household Members:							
Last Name:							
First Name:							
Social Security #							
Date of Birth:							
Gender:							
Race:							
Education:							
Ethnicity:							
Disabled Y/N:							
Health Insurance:							
Relationship (i.e. daughter, son, spouse etc.)							
Income source:							

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: _____ Date: _____



CenterPoint Energy Weatherization Program Application

Name: _____ SS#: _____

Address: _____

Phone: _____ Number in Household: _____

CenterPoint account #: _____ e-mail address: _____

Household Income

List all persons in the household and identify all income sources and amounts for the past 90 days. You must provide documentation of all household income in order for this application to be processed. Attach additional page(s) if necessary.

Name	Age	Source of Income	Amount for past 90 days
			\$
			\$
			\$
			\$
			\$
			\$

Please read the following statement. If you do not understand any part of it or if you have any questions about what you are asked to sign, please ask someone at this agency to help you.

I certify that the information given by me in this application is true, accurate and complete to the best of my knowledge and understand that all of this information is subject to verification. I understand that by signing this application I authorize this agency and its representatives and designee's access to bank, employment, public assistance, utility account or any other records as may be required to verify any and all statements made in this application. I understand that no information obtained through this application shall be made public in such a manner that the dwelling or occupants can be identified. By signing this application, I understand that I may be held civilly and/or criminally liable under federal and State laws for knowingly making false or fraudulent statements.

Signature of Applicant

Date

For Office Use Only:

CenterPoint Energy Client Information

Total Income prior to application date: 12 Months: _____

Verified by: _____ Date: _____

☐ 200% ☐ 300%



ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2026 – MAY 2027

Ohio's Energy Assistance Programs can help income eligible Ohioans manage their utility bills. The Home Energy Assistance Program (HEAP), and emergency HEAP provide the benefit directly to a customer's utility bill. The Percentage of Income Payment Plan Plus (PIPP) is an extended payment plan in which customers pay a percentage of their income toward their utility bill each month. If you are looking to improve the energy efficiency of your home to help lower your energy bills, the Home Weatherization Assistance Program (HWAP) or Electric Partnership Program (EPP) may help. For HWAP and EPP, visit energyhelp.ohio.gov to find your local provider and contact them for additional information.

You can apply for the energy assistance programs by visiting energyhelp.ohio.gov and completing the online application, by completing this application and mailing it to your local energy assistance provider, or by scheduling an appointment with your local energy assistance provider or HWAP/EPP provider. Applications completed online or by mail can take up to 12 weeks to process. Please visit energyhelp.ohio.gov for additional information.

Here's what you'll need to complete this application:

- Proof of citizenship for each member of the household
- Copies of your most recent utility bills
- Proof of income for each member of household for either the previous 30 days or 12 months
- Disability verification (if applicable)

A household is defined as any individual or group of individuals living together as one economic unit for whom residential energy is customarily purchased in common or who make undesignated payments for energy in the form of rent (Per Section 2603 (5) of the Low-Income Energy Assistance Act of 1981). If you live in federally subsidized housing and have a utility bill in your name, you may be eligible for assistance. A copy of the utility bill or documentation of responsibility (example: copy of your rental agreement/lease or signed letter from your landlord) is required.

For a dwelling unit to be eligible for energy assistance benefits, its primary heat source must be:

- A regulated or unregulated utility (gas and electric).
- A legal fireplace (wood).
- A permanent, free-standing fuel tank (oil and propane).
- A legally vented wood/coal stove or furnace.

Residents of any licensed medical facility (hospital, skilled nursing facility or intermediate care facility) or publicly operated community residence (example: YMCA) are not eligible. Boarding/rooming houses, group homes or emergency shelters are also not eligible.

If eligible, the HEAP benefit amount will depend on federal funding levels, how many people live with you, total household income and the main fuel used. In most cases, benefits are applied directly to the heating bill by the utility company. If you are reverifying your PIPP amount, it will be based on either 10% or 5% of your total household income for the past 30 days, depending on your heating source.

These are the programs you can apply for with this application:

- ☐ Home Energy Assistance Program (HEAP).
- ☐ Home Weatherization Assistance Program (HWAP).
- ☐ Percentage of Income Payment Plan Plus (PIPP).
- ☐ Electric Partnership Program (EPP).

JULY 2026 – MAY 2027 Income Guidelines

Size of Household			
1		\$27,930	\$31,920
2		\$37,870	\$43,280
3	(175%)	\$47,810	\$54,640
4	(For PIPP, EPP, HEAP, WCP and SCP)	\$57,750	\$66,000
5		\$67,690	\$77,360
6		\$77,630	\$88,720
7		\$87,570	\$100,080

When determining households up to seven members for HEAP, 175% of the Federal Poverty Guidelines (FPG) is used. For HEAP, households over seven members, 60% State Median Income (SMI) is used. PIPP and EPP for all household sizes is 175% of the FPG. When determining 200% of the FPG for HWAP, households with more than seven members must add \$11,360 for each additional member.

How can I check the status of my application?

To check the status of your application, please visit energyhelp.ohio.gov and create an account.

Please note: Applications are processed in the order received and may take up to 12 weeks from the date of your signed application. HEAP benefits may be applied to your utility bill as early as October 2026.

IMPORTANT: The HEAP Program runs from July 1, 2026 – May 30, 2027. Applications dated June 1, 2026 – June 30, 2027, will be processed for PIPP, EPP and/or HWAP only. Customers seeking HEAP must submit a new application starting July 1, 2026.

If you have questions, please contact your local energy assistance provider or send us a message by visiting energyhelp.ohio.gov and clicking "contact us."

Acceptable Citizenship Documentation (DO NOT SEND ORIGINAL DOCUMENTS)

Proof of U.S. Citizenship	Proof of Legal Resident/Qualified Alien
1. Birth Certificate/Hospital Birth Records/Birth Registration Card 2. Baptismal Records (Only when place and date of birth is shown) 3. U.S. Indian Census Record 4. Military Service Record 5. U.S. Passport 6. Verified Citizenship for Ohio Works First (OWF) Program 7. Voter Registration Card 8. Social Security Card (Social Security Cards administered by Social Security Administration that are valid for work authorization status only will not be accepted for citizenship verification)	1. Naturalization Papers/Certifications of Citizenship 2. INS ID Card 3. Alien Registration Cards/Re-entry permits 4. INS Form I-151, IR1-9, or I-551 (Form I-151 will not be valid after August 1, 1993) 5. INS Form I-94 if annotated with either: a) Sections 203(a)(7), 207, 208, 212(d)(5), 243(h), or 241(b)(3) of the Immigration and Nationality Act; or b) One or a combination of the following terms: Refugee, Parolee, or Asylee 6. Permanent Visa INS Form G-641, "Application for verification of Information from INS Records," when annotated at bottom by INS representative as lawful admission for humanitarian reasons 7. Documentation that alien is classified pursuant to Sections: 101(a)(2), 203(a), 204(a)(1)(a), 207, 208, 212(d)(5), 241(b)(3), 243(h), or 244(a)(3), of the Immigration and Nationality Act 8. Court order stating deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act 9. INS Form I-688

Acceptable Proof of Income

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
☐ Award/Benefit letter ☐ Payment printout/statement from issuing agency ☐ Copy of check or bank statement including deposit ☐ Most recent filed IRS Form 1040 or Tax Transcript ☐ Most recent IRS Form 1099	☐ All pay stubs received 30 days from the date of the application that include gross and year-to-date amounts received (including active military pay) ☐ Completed and signed Employment Verification Form* ☐ Payroll Printout ☐ Most current pay statement (Leave and Earning Statement (LES))	☐ Copy of check/award amount letter ☐ ODJFS documents/eligibility letter with amounts and dates ☐ Most recent IRS Form 1099 ☐ Housing Authority Documentation ☐ Pay stubs received within the previous 30 days from the date of the application ☐ Payment printout/statement from issuing agency	☐ Statement from Financial Institution ☐ Copy of check or bank statement showing deposit ☐ Most recent IRS Form 1099	☐ Pay stubs indicating amount received within the previous 12 months from the date of the application ☐ Self-Employment Income and Expense Form* for the previous 12 months ☐ Most recent filed IRS Form 1040 and Schedules ☐ Most recent IRS Form 1099 ☐ Seasonal Employment Verification Form*

*All forms marked with an asterisk contact your local energy assistance provider to obtain a copy of the document

Privacy Act Notice

DISCLOSURE: The disclosure of Social Security numbers is mandatory to receive HEAP benefits.

AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i)

USE: The state will use Social Security numbers in the administration of the Home Energy Assistance Program to verify information supplied on the application to prevent, detect and correct fraud, waste, and abuse. The information is also used to respond to requests for information from agency programs funded by block grants to states for Temporary Assistance for Needy Families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

Primary Household Member Personal Information Section*

Enter the information completely. Do NOT send originals. PLEASE USE DARK BLUE OR BLACK INK.

Failure to fill out the application completely, provide all the required documentation and sign the application (on the last page) will delay the processing of your application.

For Office Use Only

Date Received

Client Number

First Name*	M.I.	Last Name*
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Social Security Number* ☐ Applying for Social Security Number	U.S. Citizen / Legal Resident (Qualified Alien)* ☐ Yes ☐ No	Military Status ☐ Active ☐ Veteran ☐ No Military Service	Date of Birth (MM / DD / YYYY)*
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Disabled* ☐ Yes ☐ No	Gender ☐ Female ☐ Male	Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins
Race ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & Black/African American ☐ Asian/White ☐ Other Multi-Race ☐ American Indian/Alaskan Native & White ☐ Black/African American ☐ White ☐ Black/African American/White		

Non-Cash Benefits ☐ Supplemental Nutrition Assistance Program (SNAP) / Food Stamps ☐ Affordable Care Act Subsidy ☐ Child Care Voucher	☐ Public Housing ☐ HUD-VASH ☐ Permanent Supportive Housing	☐ Women, Infants, and Children (WIC) ☐ Other	Number of Household Members
---	---	---	-----------------------------

Family Type ☐ Single Parent/Male ☐ Non-related Adults with Children ☐ Single Parent/Female ☐ Multigenerational Household ☐ Two-Parent Household ☐ Other ☐ Single Person	Housing Type ☐ Own ☐ Rent	Residence Structure ☐ Mobile Home ☐ Apartment ☐ Single-Family ☐ Basement ☐ Multi-Family Low Rise (3 stories or less) ☐ Building ☐ Multi-Family High Rise (4 stories or more)
Does anyone in your household receive any of the following Categorical Eligibility benefits? ☐ Yes ☐ No If yes: ☐ SSI ☐ TANF ☐ LIHEAP ☐ HUD ☐ SNAP ☐ PRC ☐ WIC		

Email Address ☐ Email ☐ Postal	Phone Number (including area code) ()
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Preferred Method of Contact

Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor		
City* ☐ Same as above ☐ Different (list below)	State* ☐ Different (list below)	ZIP Code*	County*

Is Utility Service Address the Same?*

Current Service Address (if different from above; number and street including route)	Apt/Lot/Unit/Floor		
City ☐ Yes ☐ No	State	ZIP Code	County

Do You Receive Rental Assistance?*	Landlord Organization (if you rent)
------------------------------------	-------------------------------------

Landlord First Name*	Landlord Last Name*	Landlord Phone Number - Cell and/or Landline (including area code)* ()
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Landlord Mailing Address (number and street including route, Apt/Lot/Unit/Floor)*	Landlord E-Mail Address*
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City*	State*	ZIP Code*	County*
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* Indicates information required in to process your application.

Missing information may delay processing of your application.

Primary Household Member Income Section*

Failure to fill out the application completely, provide all the required documentation and sign the application will delay the processing of your application.

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income†	Other Earned Income†
☐ Social Security ☐ Supplemental Security (SSI) ☐ Social Security Disability Insurance (SSDI) ☐ Pension (Private and VA) ☐ Widow/Widower's Benefit ☐ Alimony ☐ Black Lung Pension ☐ Lump Sum payout from these sources	☐ Wages ☐ Active Military Pay	☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Employment Disability Payout ☐ Strike Benefit	☐ Cash withdrawn from IRAs / Annuities / Other Investments ☐ Interest Income ☐ Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Dividends ☐ Capital Gains ☐ Other	☐ Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) ☐ Seasonal employment (includes teachers, construction workers, etc.)
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$

† These categories MUST provide 12 months of income documentation

Household Members and Income Section

If you have additional household members (anyone living in your household at the same address), please complete Household Members and Income Section of the application (this section), on pages 2-4. If you have more than five household members, print an additional household member section page from energyhelp.ohio.gov or pick up another application at your energy assistance provider.

Full Name*		Social Security Number* ☐ Applying for Social Security Number		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Education and Employment Information ☐ Grade 0-8 ☐ Grade 9-12/Non-Graduate ☐ High School Graduate ☐ GED/Equivalency Diploma ☐ 12+ Some Post-Secondary ☐ Unknown/not reported ☐ 2 or 4 years college graduate ☐ Graduate of other post-secondary school					
Disabled* ☐ Yes ☐ No		Gender ☐ Female ☐ Male		Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins	
Race ☐ American Indian/Alaskan Native ☐ American Indian/Alaskan Native & Black/African American ☐ American Indian/Alaskan Native & White		☐ Asian ☐ Asian/White ☐ Black/African American ☐ Black/African American/White		☐ Native Hawaiian/ Other Pacific Islander ☐ Other Multi-Race ☐ White	
				U.S. Citizen / Legal Resident (Qualified Alien)* ☐ Yes ☐ No	
				Do you currently have health insurance ☐ Yes ☐ No	
Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income†	Other Earned Income†	
☐ Social Security ☐ Supplemental Security (SSI) ☐ Social Security Disability Insurance (SSDI) ☐ Pension (Private and VA) ☐ Widow/Widower's Benefit ☐ Alimony ☐ Black Lung Pension ☐ Lump Sum payout from these sources	☐ Wages ☐ Active Military Pay	☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Employment Disability Payout ☐ Strike Benefit	☐ Cash withdrawn from IRAs / Annuities / Other Investments ☐ Interest Income ☐ Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Dividends ☐ Capital Gains ☐ Other	☐ Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) ☐ Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	

† These categories MUST provide 12 months of income documentation

Household Members and Income Section – Continued

Fill out the table below for all household members. Use additional section (on page 4) as needed for other household members with income.

Full Name*		Social Security Number* ☐ Applying for Social Security Number		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Education and Employment Information ☐ Grade 0-8 ☐ Grade 9-12/Non-Graduate ☐ High School Graduate ☐ GED/Equivalency Diploma ☐ 12+ Some Post-Secondary ☐ Unknown/not reported ☐ 2 or 4 years college graduate ☐ Graduate of other post-secondary school					
Disabled* ☐ Yes ☐ No		Gender ☐ Female ☐ Male		Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins	
Race ☐ American Indian/Alaskan Native ☐ American Indian/Alaskan Native & Black/African American ☐ American Indian/Alaskan Native & White		☐ Asian ☐ Asian/White ☐ Black/African American ☐ Black/African American/White		☐ Native Hawaiian/ Other Pacific Islander ☐ Other Multi-Race ☐ White U.S. Citizen / Legal Resident (Qualified Alien)* ☐ Yes ☐ No Do you currently have health insurance ☐ Yes ☐ No	
Fixed Income ☐ Social Security ☐ Supplemental Security (SSI) ☐ Social Security Disability Insurance (SSDI) ☐ Pension (Private and VA) ☐ Widow/Widower's Benefit ☐ Alimony ☐ Black Lung Pension ☐ Lump Sum payout from these sources		Earned Employment Income ☐ Wages ☐ Active Military Pay		Supplemental Income ☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Employment Disability Payout ☐ Strike Benefit	
				Other Sources of Income† ☐ Cash withdrawn from IRAs / Annuities / Other Investments ☐ Interest Income ☐ Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Dividends ☐ Capital Gains ☐ Other † These categories MUST provide 12 months of income documentation	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

Full Name*		Social Security Number* ☐ Applying for Social Security Number		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Education and Employment Information ☐ Grade 0-8 ☐ Grade 9-12/Non-Graduate ☐ High School Graduate ☐ GED/Equivalency Diploma ☐ 12+ Some Post-Secondary ☐ Unknown/not reported ☐ 2 or 4 years college graduate ☐ Graduate of other post-secondary school					
Disabled* ☐ Yes ☐ No		Gender ☐ Female ☐ Male		Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins	
Race ☐ American Indian/Alaskan Native ☐ American Indian/Alaskan Native & Black/African American ☐ American Indian/Alaskan Native & White		☐ Asian ☐ Asian/White ☐ Black/African American ☐ Black/African American/White		☐ Native Hawaiian/ Other Pacific Islander ☐ Other Multi-Race ☐ White U.S. Citizen / Legal Resident (Qualified Alien)* ☐ Yes ☐ No Do you currently have health insurance ☐ Yes ☐ No	
☐ Social Security ☐ Supplemental Security (SSI) ☐ Social Security Disability Insurance (SSDI) ☐ Pension (Private and VA) ☐ Widow/Widower's Benefit ☐ Alimony ☐ Black Lung Pension ☐ Lump Sum payout from these sources		☐ Wages ☐ Active Military Pay		☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Employment Disability Payout ☐ Strike Benefit	
				☐ Cash withdrawn from IRAs / Annuities / Other Investments ☐ Interest Income ☐ Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Dividends ☐ Capital Gains ☐ Other † These categories MUST provide 12 months of income documentation	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

Household Members and Income Section – Continued

Fill out the table below for additional household members. Print additional pages, as needed, for other household members with income.

Full Name*		Social Security Number* ☐ Applying for Social Security Number		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Education and Employment Information ☐ Grade 0-8 ☐ Grade 9-12/Non-Graduate ☐ High School Graduate ☐ GED/Equivalency Diploma ☐ 12+ Some Post-Secondary ☐ Unknown/not reported ☐ 2 or 4 years college graduate ☐ Graduate of other post-secondary school					
Disabled* ☐ Yes ☐ No		Gender ☐ Female ☐ Male		Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins	
Race ☐ American Indian/Alaskan Native ☐ American Indian/Alaskan Native & Black/African American ☐ American Indian/Alaskan Native & White		☐ Asian ☐ Asian/White ☐ Black/African American ☐ Black/African American/White		☐ Native Hawaiian/ Other Pacific Islander ☐ Other Multi-Race ☐ White U.S. Citizen / Legal Resident (Qualified Alien)* ☐ Yes ☐ No Do you currently have health insurance ☐ Yes ☐ No	
Fixed Income ☐ Social Security ☐ Supplemental Security (SSI) ☐ Social Security Disability Insurance (SSDI) ☐ Pension (Private and VA) ☐ Widow/Widower's Benefit ☐ Alimony ☐ Black Lung Pension ☐ Lump Sum payout from these sources		Earned Employment Income ☐ Wages ☐ Active Military Pay		Supplemental Income ☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Employment Disability Payout ☐ Strike Benefit	
Other Sources of Income† ☐ Cash withdrawn from IRAs / Annuities / Other Investments ☐ Interest Income ☐ Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Dividends ☐ Capital Gains ☐ Other		Other Earned Income† ☐ Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) ☐ Seasonal employment (includes teachers, construction workers, etc.)		†These categories MUST provide 12 months of income documentation	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

Full Name*		Social Security Number* ☐ Applying for Social Security Number		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Education and Employment Information ☐ Grade 0-8 ☐ Grade 9-12/Non-Graduate ☐ High School Graduate ☐ GED/Equivalency Diploma ☐ 12+ Some Post-Secondary ☐ Unknown/not reported ☐ 2 or 4 years college graduate ☐ Graduate of other post-secondary school					
Disabled* ☐ Yes ☐ No		Gender ☐ Female ☐ Male		Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins	
Race ☐ American Indian/Alaskan Native ☐ American Indian/Alaskan Native & Black/African American ☐ American Indian/Alaskan Native & White		☐ Asian ☐ Asian/White ☐ Black/African American ☐ Black/African American/White		☐ Native Hawaiian/ Other Pacific Islander ☐ Other Multi-Race ☐ White U.S. Citizen / Legal Resident (Qualified Alien)* ☐ Yes ☐ No Do you currently have health insurance ☐ Yes ☐ No	
☐ Social Security ☐ Supplemental Security (SSI) ☐ Social Security Disability Insurance (SSDI) ☐ Pension (Private and VA) ☐ Widow/Widower's Benefit ☐ Alimony ☐ Black Lung Pension ☐ Lump Sum payout from these sources		☐ Wages ☐ Active Military Pay		☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Employment Disability Payout ☐ Strike Benefit	
☐ Cash withdrawn from IRAs / Annuities / Other Investments ☐ Interest Income ☐ Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Dividends ☐ Capital Gains ☐ Other		☐ Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) ☐ Seasonal employment (includes teachers, construction workers, etc.)		†These categories MUST provide 12 months of income documentation	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

Household Deductions Section*

Total Household Income Deductions (Choose all that apply)	☐ Attorney fees for estate or trust settlements	☐ Health Care Spending Accounts	☐ Reimbursement for work expenses
	☐ Child Support paid-out	☐ Medicaid Spend Down (deductibles)	☐ Self-employment IRS allowable business expenses
	☐ Health Insurance Premiums	☐ Medicare Premiums	☐ Short- and long-term disability
		☐ Prescription Plans	
Total Deductions for the past 30 Days \$		Total Deductions for the past 12 Months \$	

Please note: Documentation of deduction(s) is required.

Total Household Eligible Income Section*

Please add the total income received for each adult household member then subtract the total household deductions.

Total Household Income (add amounts from Household Income Section on pages 3 & 4)	Past 30 Days \$	Past 12 Months \$
Total Household Deductions (from Household Deductions Section on page 5)	Past 30 Days - \$	Past 12 Months - \$
Total Eligible Income	Total Household Income minus Total Household Deductions above \$	Total Household Income minus Total Household Deductions above \$
If applicable, please explain the difference in the past 30 days income from the past 12 months' income.		

Please note: Income from child support received and VA disabilities are not countable income. Documentation of excluded income may be required to complete your application.

Utility Information Section*

How do you heat your home?	☐ Natural Gas	☐ Fuel Oil or Kerosene	☐ Electric (Includes baseboards)
	☐ Propane or Bottle Gas (L.P. Gas)	☐ Coal, Wood, or Pellets	☐ Other
Company/Vendor	Account Number	Costs included in rent? ☐ Yes ☐ No	Shared Meter? ☐ Yes ☐ No
Account Holder's First Name	Account Holder's Last Name	Relationship to Primary Client	
If you are currently enrolled in PIPP, do you wish to reverify on this account? ☐ Yes ☐ No		Do you wish to enroll in PIPP and do you have a regulated utility provider? ☐ Yes ☐ No	

Please provide your electric utility provider information (if not provided above):

Electric Company/Vendor	Account Number	Costs included in rent? ☐ Yes ☐ No	Shared Meter? ☐ Yes ☐ No
Account Holder's First Name	Account Holder's Last Name	Relationship to Primary Client	
If you are currently enrolled in PIPP, do you wish to reverify on this account? ☐ Yes ☐ No			
Do you wish to enroll in PIPP and do you have a regulated utility provider? ☐ Yes ☐ No			

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2026 – MAY 2027

Terms of Agreement

- I agree**
- To pay my Percentage of Income Payment Plan Plus (PIPP) amount for my electric and/or natural gas service every month.
 - To go to my local energy assistance provider or to energyhelp.ohio.gov to reapply at least once a year with updated household information, and income documentation in order to remain eligible.
 - To contact my local energy assistance provider or go online to energyhelp.ohio.gov to report any changes to my total household income or number of household members, within 30 days of the change.
 - To accept any energy efficiency programs offered by Ohio Department of Job and Family Services 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 Ohio Department of Job and Family Services and agencies performing weatherization services and/or provide other energy related services.
 - To allow Ohio Department of Job and Family Services to release my name, address, telephone number, household member information, and current status to the utility companies, and other energy assistance providers.
 - To allow Ohio Department of Job and Family Services to share my usage and demographic data with organizations contracted by Ohio Job and Family Services to evaluate the programs administered by Ohio Job and Family Services.
- I understand**
- I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
 - If I miss three or more consecutive payments, I will receive a notice on my bill and have one billing cycle after the notice to make up payments or be dropped from PIPP.
 - If I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.
 - If I do not make up missed PIPP payments by my stated anniversary date, I will be dropped from PIPP (I understand the PIPP verification and anniversary dates are printed on the utility bills each month).
 - If eligible for EPP, I agree and/or understand that enrollment to accept EPP services is required to maintain eligibility for PIPP Plus.
 - If I make my PIPP payments in full and on time every month, I will receive a credit for 1/24th of my total past-due amount, and I will not need to pay the difference between my PIPP payment and my actual bill amount.
 - If I reapply for PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP 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.
 - If I move out of the service area for my gas/electric company, I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past-due amounts.
 - I am legally responsible for all past-due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, 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.
 - I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance.

General Authorization

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Department of Job and Family Services or any designated agent or 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 of Ohio 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 might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures 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 the Director of the Ohio Department of Jobs and Family Services.

I understand that by signing this application, I grant the Ohio Department of Job and Family Services, or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Department of Job and Family Services, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal. I certify that the information I have provided in this application is, to the best of my knowledge, a 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.

I declare under penalty of perjury the information submitted in this application is true and correct.

Return this application to your local energy assistance provider.

To find the location nearest to you, visit jfs.ohio.gov/communitymap.

X Sign Here _____ **Application Date** _____

Homeowner/Tenant Acceptance

Dear Customer:

AES Ohio offers the Residential Low-Income Assistance Program to customers who are qualifying homeowners and tenants to help make their homes safe and more energy efficient, as well as to assist the customer in reducing energy costs.

The Program is designed to provide energy efficiency, weatherization, and electrical safety services to qualifying customers. When possible, funding is also obtained from the Ohio Home Weatherization and Assistance Program (HWAP), the Ohio Home Energy Assistance Program (HEAP), the Ohio Energy Credits Program (OECF), and the Percentage of Income Payment Plan (PIPP) resources.

We will examine these specific areas:

1. The electric wiring, lighting, heating system, water heater, refrigerator, stove, and other electric energy users will be examined to verify they are operating safely and efficiently.
2. If your home is electrically heated or cooled, the attic, sidewalls, floors, windows, and doors will be checked to determine the structure's insulation needs.

If you qualify and would like this service, please read, sign, and return this form, the release forms, and **a copy of your most recent electric bill**, in the enclosed self-addressed envelope.

I ACCEPT the services provided by the Residential Low-Income Assistance Program.

Name of Owner/Tenant (Please Print)

Signature of Owner/Tenant

Date

Address of Owner/Tenant: Street City State Zip

Electric Utility Providing Service: AES Ohio

Account Number: _____

Agency: Miami Valley Community Action Partnership

Applicant's Assistance Agreement

RELEASE OF ALL CLAIMS AND AUTHORIZATION TO USE DATA

In consideration of the receipt and installation of eligible measures through the Residential Low-Income Assistance Program, I, the customer at the address below, do hereby release, acquit, and forever discharge AES OHIO and **MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP** (Agency), their officers, agents, employees, successors, and assigns, of an from any and all actions, causes of action including by way of compensation, which I not have or may hereafter have, or that my heirs, executors or administrators can or may have against AES OHIO or **MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP** (Agency), their officers, agents, employees, successors, and assigns, on account of, or in any way growing out of the weatherization materials provided as well as the installation and use thereof. I acknowledge that **MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP** (Agency) and their contractors are providing and installing eligible measures on an "AS IS" basis and that **MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP** (Agency) and their contractors **DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OR MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION.** I also acknowledge that any energy savings projected by **MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP** (Agency) or their contractors as a result of the installation of eligible measures are only an estimate.

I authorize **MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP** (Agency) to release to its designees information about my account and about eligible measures installed on the property at the address below.

Signed: _____ Date: _____

Address

City

State

Zip

Electric Utility Providing Service: AES Ohio

Account Number: _____

Agency: Miami Valley Community Action Partnership

Landlord Agreement

I authorize AES Ohio and MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP (Agency) to release to its designee information about my account at the address below and about the eligible measures which have been incorporated at the address below through the Residential Low-Income Assistance Program. The following information must be legibly typed or printed, except signature.

Property Owner's Name (Print or type)

Property Owner's: Street Address City State Zip

Property Owner's Telephone (Include Area Code)

Property Owner's Signature Date

Name of Tenant (Print or type)

Rental Property: Street Address City State Zip

Electric Utility Providing Service: AES Ohio

Customer Account Number

Agency: Miami Valley Community Action Partnership

Landlord Agreement
RELEASE OF ALL CLAIMS AND AUTHORIZATION TO USE DATA

I, the owner of the property at the address listed below, understand that the purpose of the Residential Low-Income Assistance Program is to benefit qualifying families through the application of proven energy conservation and weatherization measures. I understand that the initial inspection procedures are designed to reveal the need for further work services, which, when deemed necessary at the discretion of the Residential Low-Income Assistance Program Inspector, will be made available at a 50% shared cost under the Residential Low-Income Assistance Program except and unless I am deemed eligible to receive services at no cost. I understand that my tenant has applied to participate in the Program, and I hereby authorize the property at the address listed below to be served as part of the program.

In consideration of the receipt of an initial inspection, the subsequent receipt and installation of eligible measures, and/or the receipt of work services performed on the property's electric heating system, I, the property owner, do hereby release, acquit, and forever discharge AES OHIO and **MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP** (Agency), their respective officers, agents, employees, successors, and assigns, of 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 have or may have against AES OHIO and the **MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP** (Agency), their respective officers, agents, employees, successors, and assigns, on account of, or in any way arising out of the energy conservation and weatherization services provided as well as the installation and use thereof, under the Residential Low-Income Assistance Program.

I acknowledge that **MIAMI VALLEY COMMUNITY PARTNERSHIP** (Agency) and their contractors **DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OR MERCHANTABILITY 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 energy conservation and the weatherization measures are only estimates.

Signed: _____ Date: _____

Address _____

City _____ State _____ Zip _____

Electric Utility Providing Service: AES Ohio

Customer Account Number _____

Agency: Miami Valley Community Action Partnership

Residential Low-Income Assistance Program / Appendix C: Program Forms
Form: A-7 / May 1, 2025

Landlord Appliance Agreement

Landlord: _____	Tenant: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____	State: _____
Zip: _____	Zip: _____
Phone: _____	Phone: _____

As the Owner of the property listed above, I certify that
(Initial the box that applies)

☐

The tenant owns the appliance(s) identified for replacement and/or removal.

OR

☐

I own the identified appliance(s) and agree to having it/them removed and replaced, and/or removed only as specified. I further agree to keep any replacement appliances in the aforementioned dwelling unit for as long as the tenant remains there, or three years, whichever is longest. I also agree that if I sell the building and/or the unit, I will leave the appliances in the dwelling. Except and unless I am eligible to receive services at no cost, I agree to pay fifty (50) percent of the cost of delivery, set-up, and/or removal of the identified appliance(s) to the following entity before work begins

☐

Bridges Community Action Partnership

☒

Miami Valley Community Action Partnership

☐

Clinton County Community Action

☐

Highland County Community Action Organization

☐

Community Action Commission of Fayette County

☐

Pickaway County Community Action Organization

OR

☐

I own the identified appliance (s) and agree to transfer the ownership of said appliance (s) to the tenant at the above-noted property for the immediate purpose of replacement/removal and disposal/destruction.

Customer Signature _____

Date _____

Landlord Signature _____

Date _____

Agency Signature _____

Date _____

Landlord Cost Share Amount _____