



Weatherization Assistance Program

**500 Franklin**

**Waco, TX 76701**

**254-753-0331 / Fax: 254-753-1730**

**THIS IS NOT AN ENTITLEMENT PROGRAM.** Enclosed is an application for the Weatherization Assistance Program. Applications will NOT be processed unless **All information is provided by client.** Please use the checklist below to ensure that you have provided all of the required documents if they are applicable to your household.

- ☐ **Income for the last 30 days for everyone 18 years and older. All Income must be dated within the last 30 (thirty) days from the day application is signed (including income for that date). Award letters must show 2019 Benefits. Acceptable proof of income is as follows:**

<input type="checkbox"/> Employment Check Stubs	<input type="checkbox"/> Social Security Award Letter	<input type="checkbox"/> Workers Comp. Letter
<input type="checkbox"/> Disability Award Letter	<input type="checkbox"/> TANF/Food Stamp Award Letter	<input type="checkbox"/> Pension Letter
<input type="checkbox"/> Retirement Letter	<input type="checkbox"/> Unemployment Printout	<input type="checkbox"/> Teachers Retirement Letter
<input type="checkbox"/> Notarized Declaration of Income	<input type="checkbox"/> Self Employment Form	<input type="checkbox"/> Housing Utility Assistance Check Stub
<input type="checkbox"/> Veterans Award Letter	<input type="checkbox"/> Child Support Printout	<input type="checkbox"/> All Other Household Income
<input type="checkbox"/> Student Financial Aid Printout		

- ☐ ☐ Social Security Number and date of Birth for Everyone in the Household (include on application)

- ☐ **Utility Bills (Need copies of bills indicated below)**

☐ Current Electric Bill ☐ Current Gas bill ☐ Current Propane bill

- ☐ **Need documentation to provide US citizenship for all in household. (Must have one of the following documents)**

☐ Valid Drivers License ☐ Valid State ID ☐ Military ID

**Must also have one of the following documents (In addition to ID/Driver's License):**

☐ Certified Birth Certificate ☐ Current Texas Voter ID ☐ US Citizen ID Card(I-197 or I-179)

☐ US Military record showing US Place of Birth

**Children 18 and under must also provide documents to verify US citizenship. (Both Documents required.)**

**If child is 16-18 and has a valid ID, the ID can be accepted in place of one the following)**

☐ Certified Birth Certificate ☐ Clinic, doctor, hospital, or school record

If parent is listed on the birth certificate and the parent has provided both documents, then the child will only need the birth certificate. If the parent is not on the birth certificate, then we will require two documents for the child.

**\*\*There may be other alternative acceptable documents, please call for further information.**

- ☐ Landlord Agreement with signatures and date if residence is rented  
☐ Completed Application packet  
☐ All attached forms complete with signature and date

All financial assistance is made based upon Federal Guidelines and Regulations of Poverty and documentation need. All assistance is subject to the Availability of Funds.

**We are unable to accept Pay-As-You-Go Utilities due to the inability to obtain a 12 month Usage history.**

**ECONOMIC OPPORTUNITIES ADVANCEMENT CORPORATION**

**OF PLANNING REGION XI**

**500 Franklin Ave**

**Waco, Texas 76701-2111**

**(254) 753-0331**

**Weatherization Assistance Program**

***WEATHERIZATION ASSISTANCE IS NOT A REHABILITATION PROGRAM AND DOES NOT ADDRESS THE APPEARANCE OF YOUR HOUSE.***

The Weatherization Assistance Program performs minor repairs to your home to prevent air from escaping or entering the house. Weatherization measures strive to assist you to maintain a more comfortable temperature level in your home and save you energy dollars. Homes that need weatherization will typically have cracks, holes, and other places where air leaks in and out. Here is a list of the types of work that the weatherization program may address:

- ☐ Repair or replace low energy efficient heaters
- ☐ Repair or replace low energy efficient air conditioners
- ☐ Install attic and/or wall insulation
- ☐ Repair doors
- ☐ Repair windows
- ☐ Replace broken glass and glaze around loose panes in windows
- ☐ Weather strip around doors and attic hatches
- ☐ Patch holes in the walls where air is coming in or out of the house
- ☐ Patch holes in floors and ceilings
- ☐ Caulk around window and door frames
- ☐ Wrap exposed water pipes

The weatherization program does not provide funds for painting your house, installing new carpet or vinyl flooring, or storm doors.

**\*How much assistance does the program provide?**

EOAC is required to explain all the possible services provided by the Weatherization Assistance Program as part of its client education. EOAC has a limited amount of money that can be spent on any particular home. Therefore, the work done on each home will be different based on the homes condition, amount of energy used to heat and cool the residence and program guideline set by Texas Department of Housing and Community Affairs. The initial assessment of your home **DOES NOT** guarantee that you will be eligible for weatherization services.

**WEATHERIZATION ASSISTANCE PROGRAM – APPLICATION FOR WEATHERIZATION SERVICE**  
**PROGRAMA DE CLIMATIZACION DEL HOGAR SOLICITUD PARA SERVICES**

<b>SECTION A</b>			
Name of Applicant or Head of Household Nombre del Solicitante O Responsable de la Case		Home Telephone Telefono de la Casa	Work Telephone Telefono del trabajo
Mailing Address Direccion Postal	Street/P.O. Box, City, Zip Calle o Apdo/Postal, Ciudad, Zip	County Condado	Cell Phone Number Telefono celular
Residence Address – If Different from Mailing Address Dirección de la Case, si es diferente de dirección de correo		Street, City, Zip Calle, Ciudad, Código postal	County Condado
Has this residence ever received services from the Weatherization Program? Ha esta residencia recibido servicios desde el programa de climatización		<input type="checkbox"/> Yes/Si <input type="checkbox"/> No	
If “Yes”, When?/ Si "Sí", ¿ cuando?			

**SECTION B.**

Give the following information about each household member, including yourself.

Proporcionar la siguiente información sobre cada miembro de la familia, incluido usted.

Name Nombre	Date of Birth Fecha de Nacimiento	Sex Sexo	Race* Raza*	U.S. Citizen Ciudadano De U.S.	Disabled OR Handicapped Incapacitado	Social Security Number** Numero do Seguro Social**

List additional members on back or separate page

Lista de miembros adicional en la página de espalda o por separado en la página de espalda o por separado

\*This information is voluntary and is requested to ensure benefits are provided without regard to race, color or national origin. It will not affect your eligibility or benefit level.

\* Esta información es voluntaria y se solicita para garantizar beneficios se proporcionan sin respecto a raza, color u origen nacional. Esto no afectará su nivel de elegibilidad o beneficio.

\*\*Although law does not require this information, it is necessary for correct computer processing.

\*\*Aunque la ley no requiere esta información, es necesario para el procesamiento de equipo correcto

**SECTION C**

GIVE THE FOLLOWING INFORMATION ABOUT HOUSEHOLD MEMBERS WHO WORK:

PROPORCIONAN LA SIGUIENTE INFORMACIÓN SOBRE LOS MIEMBROS DE LA FAMILIA QUE TRABAJAN:

C.	Name of Person Working Nombre del trabajo de la persona	Employer's Name, Address, and Telephone Number Nombre, dirección y número de teléfono del empleador	Total Monthly Income Total de ingresos mensual

**SECTION D**

If any household members receive any of the following types of unearned income or benefits, check the type of benefit received. Where the space is provided, enter the case or account number and the amount received.

Si los miembros del hogar reciben cualquiera de los siguientes tipos de beneficios o ingresos no devengados, comprobar el tipo de beneficio recibido. Donde se proporciona el espacio, escriba el caso o número de cuenta y el importe recibido.

DO NOT INCLUDE FOOD STAMPS AS INCOME / NO INCLUYEN LOS INGRESOS COMO CUPONES DE ALIMENTOS

Type of Assistance/Tipo de asistencia	Monthly Amount Cantidad Mensual
AFDC/Asistencia AFDC	
SSI/Ingreso de Seguridad Suplimental	
Social Security/Seguro Social	
Veteran's Benefits/Beneficios de Retiro	
Retirement Benefits/Beneficios de Retiro	
Military Allotments/Reparto de Sueldo Militar	
HUD Utility Supplement/Suplemento par alas Utilidades de HUD	
Child Support/Sostenimiento para Ninos	
Unemployment Compensation/Compensacion de Desempleo	
Workman's Compensation/Compensacion de Trabajadores	
Contributions/Regalos	
Other (specify)/Otro (especifique)	
<input type="checkbox"/> Please check here if you are employed as a migrant or seasonal farm worker Por favor marque aquí si usted es empleados como un trabajador migrante o trabajador agrícola estacional	

## SECTION E

What year was your home built?/ ¿Qué año construyó su casa? _____					
Do you own (buying) or rent your home ¿Tienes (compra) o alquilar su casa		<input type="checkbox"/> Own Dueño	<input type="checkbox"/> Rent Renta		
Type of house you own/buying Tipos de casas propias/compra  <input type="checkbox"/> Site Built Sitio Creado  <input type="checkbox"/> Mobile Home Casa Movil	Types of housing rented: Tipos de casas rentadas:  <div style="text-align: center;"> <b>OWNER MUST COMPLETE PAGE 1 THROUGH 4 OF LANDLORD              AGGREGMENT</b>   <b>PROPIETARIO DEBE COMPLETAR PÁGINAS DE 1 A 4 DE LO cubrió EL PROPIETARIO</b> </div> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Site Built            Sitio Creado   <input type="checkbox"/> Mobile Home            Casa Movil   <input type="checkbox"/> Low Rent Federally Subsidized Housing            Bajo alquiler viviendas subvencionadas            por el Gobierno Federal         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Apartment            Apartamento   <input type="checkbox"/> Rented Room            Cuarto Rentado   <input type="checkbox"/> Type (Section 8, etc.)            Tipo (Seccion 8, etc.)         </td> </tr> </table>			<input type="checkbox"/> Site Built Sitio Creado  <input type="checkbox"/> Mobile Home Casa Movil  <input type="checkbox"/> Low Rent Federally Subsidized Housing Bajo alquiler viviendas subvencionadas por el Gobierno Federal	<input type="checkbox"/> Apartment Apartamento  <input type="checkbox"/> Rented Room Cuarto Rentado  <input type="checkbox"/> Type (Section 8, etc.) Tipo (Seccion 8, etc.)
<input type="checkbox"/> Site Built Sitio Creado  <input type="checkbox"/> Mobile Home Casa Movil  <input type="checkbox"/> Low Rent Federally Subsidized Housing Bajo alquiler viviendas subvencionadas por el Gobierno Federal	<input type="checkbox"/> Apartment Apartamento  <input type="checkbox"/> Rented Room Cuarto Rentado  <input type="checkbox"/> Type (Section 8, etc.) Tipo (Seccion 8, etc.)				
Type of energy used to heat household (check one): Tipo de energía utilizada en los hogares de calor (Marque uno):					
<input type="checkbox"/> Natural Gas (Central heater, space heaters) heater) Gas Natural (calefacción central, calefactores)		<input type="checkbox"/> Electricity (Central heater, little space Electricidad			
<input type="checkbox"/> Bottled Gas (Central heater, space heaters) Gas embotellado (calefacción central, calefactores)		<input type="checkbox"/> Other (specify): Otra (especifique):			
Type of air conditioning used (check one): Tipo de aire acondicionado usa (Marque uno):					
<input type="checkbox"/> None Ninguno	<input type="checkbox"/> Central Unit Unidad central	<input type="checkbox"/> Window Unit Unidad de ventana	<input type="checkbox"/> Evaporative Cooler Enfriador evaporativo		

## **WAP APPLICANT'S AUTHORIZATION, UNDERSTANDING AND AGREEMENT**

My answers to all of the previous questions and to the statements I have made are true and correct to the best of my knowledge. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I also agree to provide the Texas Department of Housing and Community Affairs and its contracting agencies with any information necessary to verify my eligibility.

If I am eligible for weatherization services, I give my permission to allow work on the residence listed on this form. I will cooperate fully with state and federal personnel to obtain information from any source to verify statements I made. I will cooperate fully with state or federal personnel in a quality control review.

I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

### **PENALTIES FOR FRAUD!**

Whoever obtains or attempts to obtain weatherization services for which he is not entitled, by means of willful false statement or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

### **AUTORIZACIÓN DEL SOLICITANTE DE WAP, EL ENTENDIMIENTO Y ACUERDO**

Mis respuestas a todas las preguntas anteriores y a las declaraciones que he hecho son la verdadera y correcta a mi leal saber y entender. Autorizo a la Texas departamento de vivienda y Asuntos de la comunidad y sus organismos contratados ponerse en contacto con cualquier fuente con el fin de solicitar la información necesaria para una determinación de elegibilidad de verificar. También estoy de acuerdo proporcionar el departamento de vivienda de Texas y de Asuntos de la comunidad y de sus organismos contratantes a cualquier necessary de información para verificar mi elegibilidad.

Si soy elegible para servicios de climatización, doy mi permiso para permitir el trabajo en la residencia enumerada en este formulario. Cooperará plenamente con el Estado y el personal federal para obtener información de cualquier fuente para verificar las declaraciones que hice. Cooperará plenamente con estado o federal personal en un examen de control de calidad.

I han sido informados y entender que esta aplicación se considerará sin respecto a raza, color, religión, credo, origen nacional, sexo o creencia política.

### **SANCIONES POR FRAUDE!**

Quien obtiene o intenta obtener servicios de climatización para el que no tiene derecho, por medio de declaración falsa intencional o otros medios fraudulentos, puede considerarse culpable de una ofensa criminal y a la convicción podrán ser multados o encarcelados

### **BEFORE YOU SIGN BE SURE EACH ANSWER IS COMPLETE AND ACCURATE**

### **ANTES DE ESTAR SEGURO DE QUE CADA RESPUESTA ES COMPLETA Y EXACTA DE SIGNO**

\_\_\_\_\_  
Signature – Applicant Date

\_\_\_\_\_  
Signature – Spouse Date

\_\_\_\_\_  
Signature – Individual making application Date  
On applicants behalf or caseworker who Fecha

\_\_\_\_\_  
Signature – Witness (if signed with “x”) Date  
Firma – Del Testigo (Si se firma con “x”) Fecha

**ECONOMIC OPPORTUNITIES ADVANCEMENT CORPORATION**  
**Weatherization Assistance Program**

**INFORMATION RELEASE FORM**

I, \_\_\_\_\_ participated in the Economic Opportunities Advancement Corporation of Planning Region XI's Weatherization Assistance Program.

**EMPLOYMENT:** I authorize my employer to provide and relevant information that may be required for program documentation concerning my employment.

**COMMUNITY AGENCIES:** I authorize release of any relevant information that may be required for program documentation concerning my eligibility for services.

**EDUCATION:** I authorize my educational institution to provide any relevant information that may be required for program documentation concerning my educational status relating to my financial aid status.

**LEGAL:** I authorize release of any relevant information that may be required for program documentation concerning my legal status.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security Number**

**ECONOMIC OPPORTUNITIES ADVANCEMENT CORPORATION**  
**Weatherization Assistance Program**

**Release of Information**

I, \_\_\_\_\_ authorize E.O.A.C. Weatherization Department to release information included in my application for weatherization assistance to the following entities;

- Texas Department of Housing and Community Affairs
- The Department of Energy (DOE)
- The Department of Health and Human Services
- The Texas Association of Community Action Agencies
- Frontier and Associates
- Oncor

I further give EOAC permission to contact any source in order to solicit/verify information necessary for an eligibility determination.

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Signature

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Date



**ECONOMIC OPPORTUNITIES ADVANCEMENT CORPORATION**  
**Weatherization Assistance Program for Low Income Persons**  
**Comprehensive Energy Assistance Program**

**Customer Billing/Consumption Release Form**

Agency: E.O.A.C. Waco (Weatherization)

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_  
Day Evening

\*\*\*\*\*

Electric Utility Co: \_\_\_\_\_

Account Number: \_\_\_\_\_

Gas Utility Co: \_\_\_\_\_

Account Number: \_\_\_\_\_

Propane Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

**INCLUDE A COPY (FRONT & BACK) OF YOUR UTILITY BILLS**

I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumption histories, both past and future, to the extent the information is used only to determine program eligibility and to provide data.

\_\_\_\_\_  
Signature Date



## CLIENT CONSENT AND RELEASE OF INFORMATION

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MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to \_\_\_\_\_ EOAC \_\_\_\_\_ (Agency Name) to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other special-needs people in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view my MAACLink file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- All agencies that use MAACLink will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- If I receive services from Homeless Prevention Rapid Re-Housing Federal Stimulus (HPRP) Funds, my information may be viewed by other participating agencies across Continuums of Care.

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Name  
(Printed)

\_\_\_\_\_  
Agency Representative  
(Signature)

\_\_\_\_\_  
Date

## The seal of the State of Texas is a circular emblem. It features a five-pointed star in the center, surrounded by a wreath of olive and oak branches. The words "THE STATE OF TEXAS" are inscribed around the perimeter of the seal.

The program for which you are applying requires verification that you are a U.S. citizen, a non-citizen national, or a legal resident of the United States. Documentation of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

[illegible]

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.

Date

See Form Instructions for section details

## **Landlord Form**

The following form is to be completed by the Landlord if you are renting the house in which you are requesting weatherization services.

If you own your house, you are not required to complete the following Landlord form.

**LANDLORD PERMISSION TO PERFORM ASSESSMENT  
& INSPECTIONS FOR RENTAL UNITS**

Your single-family building is under consideration to receive services from the Weatherization Assistance Program (WAP). Texas Department of Housing and Community Affairs (TDHCA) administers the WAP Program in Texas. The WAP operates under Federal and State rules which have certain requirements of which you, as a single-family building landlord, should be aware. At the bottom of this page is a PERMISSION TO ENTER PREMISES section granting your permission for: EOAC Waco (agency) to enter your building to perform energy audits, collect eligibility documentation from your tenants, and complete applications.

Before work begins on your building, you will be required to sign a Landlord Agreement, a copy of which is attached for your review. Please be aware that only residential units may be weatherized. Exceptions to this requirement can be made when the owner is an income-eligible applicant or a non-profit entity. The financial commitment may be in the form of monetary contributions (checks or money orders), materials, or labor provided to install eligible measures. All monetary contributions provided by landlords will be used for labor and materials. The estimated cost of each building will be based on an energy audit that is performed on the building. When the energy audits are completed, the local weatherization agency will contact you to discuss the proposed weatherization measures for each building and your financial commitment to the project and the Landlord Agreement. After weatherization services have been provided, the local agency is required to conduct a quality control inspection to ensure that work was completed in accordance with the standards set forth by the WAP. It is your responsibility to assist the local agency staff in gaining entrance to your property.

**PERMISSION TO ENTER PREMISES**

I, \_\_\_\_\_, as landlord/authorized agent for building located at \_\_\_\_\_, have read and understand the above and hereby grant permission for representatives of EOAC Waco to enter these premises for the purposes of conducting energy audits and collecting eligibility documentation from the residents, including applications, and to perform the weatherization work.

\_\_\_\_\_  
Landlord/Agent's Signature

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### LANDLORD FINANCIAL PARTICIPATION FORM

Date of Transaction or Initial Contact:	Instigating local WAP Agency
Responsible Landlord and/or Agent for Owners of property currently under consideration for weatherization services	
Physical address or location of property under consideration:	
Number of multifamily building(s):	Number of eligible dwelling units:

The Texas Weatherization Assistance Program requires the Agency to obtain financial commitment information from the Landlord for the weatherization services that the agency intends to perform on the building. The landlord/agent for this building has indicated that he/she fully understands this policy and has decided to take the following course of action:

(AGENCY SHALL COMPLETE AS REQUIRED. LANDLORD INITIALS APPROPRIATE LINE.)

Landlord/Owner will invest     \$ \_\_\_\_\_ for the cost of the weatherization work.

This amount represents     \_\_\_\_\_ % of the total estimated cost of the work.

☐ Landlord/Owner is unable to make any financial investment.

☐ Landlord/Owner refuses to make an investment.

☐ Owner is a 501(C)(3) non-profit organization

**Signatures:**

Landlord/Agent \_\_\_\_\_ Date \_\_\_\_\_

Agency  
Representative \_\_\_\_\_ Date \_\_\_\_\_

## LANDLORD AGREEMENT

It is agreed by and between EOAC Waco

(WAP Agency/the Agency)

and \_\_\_\_\_

(Landlord/Authorized Agent)

Landlord and /or Authorized Agent of the premises located at:

\_\_\_\_\_

as follows:

1. The Landlord agrees to cooperate with the Agency by assisting the Agency in gathering all records and documents necessary for the Agency to determine if the tenants residing at the premises are eligible according to the US Department of Energy guidelines for weatherization services. The Agency shall gather and keep confidential the names and incomes of tenants living at the premises.
2. If the Agency, at its sole discretion, determines that the premises are eligible for weatherization services, the Agency agrees to weatherize the premises in accordance with applicable codes, laws and regulations. The Agency agrees to forward a summary of the proposed work to the Landlord after the energy audits are completed. In exchange for these services, the Landlord agrees to be bound by the terms and conditions of this Agreement for a period of 24 months commencing on the date the weatherization work is completed.
3. A tenant's lease may be renewed for successive periods during the period of the Agreement. If an eligible tenant's lease ends during the term of the Agreement, the owner is not obligated to renew the lease, as long as the dwelling unit is subsequently rented to an income eligible household for the remaining time period of the Agreement. The Landlord shall not increase the rents during the term of this Agreement unless the increase is demonstrably related to matters other than weatherization work performed. Landlord shall not evict Tenants for the time period of this Agreement, except for just cause and for matters unrelated to the weatherization work performed. A list of units and agreement amounts, and a sample of the lease agreement must be attached to this Agreement.
4. Weatherized units that become vacant during the term of this Agreement must be rented to income eligible households.
5. The Landlord hereby swears or affirms that the premises is not presently being offered for sale and further agrees to give the Agency thirty days (30) notification of the sale or conversion of the premises. At least ten days (10) prior to the sale or conversion, the Landlord agrees to obtain, in writing, the purchaser's consent to assume the Landlord's obligations under this agreement, or if this consent is not obtained, to pay the Agency the full cost of weatherization pro-rated by the number of months left under this agreement. The landlord agrees that this document may be filed as evidence of a lien (§53 of the Texas Property Code) against the property in the municipal land records.
6. The Landlord agrees to maintain the weatherization materials installed under this agreement in accordance with all relevant codes.
7. The Agency agrees to begin installation of weatherization materials on or about (date) \_\_\_\_\_, 20\_\_\_\_. From this date through the completion of the weatherization work, the Landlord agrees to provide during normal business hours, access by Agency personnel, Agency sub -contractors, and State & Federal officials to all dwelling units and common areas weatherized.
8. The Agency and Landlord agree that the tenants, present and future, are meant as the persons to benefit from the weatherization program. The tenants of weatherized units shall receive a copy of this agreement. The Agency agrees to provide a copy of this agreement to the tenant of the weatherized unit. The Landlord agrees to provide a copy of this agreement to all future tenants of weatherized units while this agreement is in effect.
9. In the event the Landlord defaults on, or materially breaches any term of this agreement, the Landlord shall be liable for liquidated damages, immediately due and payable to the Agency, to be computed as follows: the total cost of the project not borne by the Landlord shall be divided into twenty-four equal shares. One share shall be deducted for each full month which elapses between the date of completion of the work and the date of Landlord's default or breach. The remainder shall be paid as liquidated damages.
10. If any portion of this Agreement is held to be invalid by a court or administrative tribunal of competent jurisdiction, the remainder shall remain valid and binding.

Landlord/Authorized  
Agent

\_\_\_\_\_

Date \_\_\_\_\_

Agency Representative Date