



Commonwealth of the Northern Mariana Islands

ENERGY DIVISION

Weatherization Assistance Program

P.O. Box 500340, Saipan, MP 96950

Tel: (670) 664-4480/1 Fax: (670) 664-4483

website: www.cnmienenergy.com Email: energy@pticom.com



Job #: _____

Applicant File Checklist (Must attach copies of documentation)

Applicant Name: _____ Address: _____

Contact No: _____ Date: _____

- ____ Application for Services
- ____ Recent photo valid identification (ID)
- ____ Photo ID of household receiving income

Income:

- ____ Applicant Income (three (3) most recent check stubs)
- ____ Other Household income (three (3) most recent check stubs)
- ____ Retirement
- ____ Social Security
- ____ Household Members Income (three (3) most recent)
- ____ Others (other income information)
- ____ Copy of most recent 1040 tax return

Utility Power Bill:

- ____ Submit One (1) year most recent CUC billing – not payment receipt(s)

Sketch map to applicant's residence/home

- ____ map location

Home Ownership (must provide a copy; can be one (1) of the following):

- ____ property deed
- ____ current homeowner's insurance policy
- ____ mortgage agreement
- ____ other documentation (affidavit of consent if applicant does not own the premises)

NOTE: RENTAL/LEASE UNITS NOT PERMITTED





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Application Form

Date: _____

Job #: _____

Name: _____ Date of Birth _____ Social Security #: _____

Physical Address: _____

Mailing Address: _____ Zip Code _____

Home Phone: _____ Alternate Phone: _____

Dwelling Characteristics: _____ Own or _____ Rental _____ Single-Family _____ Multi-Family Dwelling

Total number living in household _____

Income Information: Applicant total household income: Month \$ _____ Annual \$ _____

(Applicant pay check stubs (three (3) consecutive pay periods or other income, etc.)

Employment \$ _____ Welfare \$ _____

Social Security \$ _____ Social Security Income (SSI) \$ _____

Retirement Pension \$ _____ Others (if any) \$ _____

Total: \$ _____

Other persons living in Household (excluding applicant past six (6) months to present)

Name	Birth Date	Relationship	Monthly Income	Annual Income	Person w/ Disability yes or no

Use additional paper if needed.

Applicant Certification I hereby certify that the above information is correct to the best of my knowledge. Any false information provided shall forfeit all WAP services.

Applicant: _____
(print name and sign)

Date: _____

WAP Program Manager: _____
(print name and sign)

Date: _____

Upon review of this application, I recommend weatherization assistance be provided to the household named above.

Energy Director Approval: _____
(print name and sign)

Date: _____

Formula





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Consent to Participate and Authorization/Waiver Agreement

For good and valuable consideration, the receipt and sufficiency of which is, hereby, acknowledged I, _____, owner (hereinafter individually and collectively referred to as "Consumer") of the property and improvements there on (the "Premises") located at (please state physical residence location):

Hereby, voluntarily and agree to participate in the CNMI Weatherization Program. The objective of the Program is to achieve energy conservation through property weatherization measures. It is understood and agreed that such voluntary participation in the Program will be at no cost or expense to me.

I further give permission to each of the CNMI WAP staff/representatives and/or contractors working on my premise to undertake and complete the work performed pursuant to the Program (the "Work") to acceptable standards set forth by the funding source CNMI Energy Division through the U.S. Department of Energy Weatherization Assistance Program

Furthermore, in consideration of the work, and any benefits to be obtained by me as the result of such work, I, hereby, authorize the Commonwealth Utility Corporation (CUC), for the purpose of the Program, to:

(a.) release, review, analyze, utilize and disclose my electricity usage and billing data for the Premises, to the Energy Division Weatherization Assistance Program staff or authorized representative. This authorization covers my electricity usage data for up to six (6) months prior to WAP services to the date of this Consent as well as six (6) months into the future.

I, further hereby relinquish CUC employees and agency, from any and all claims and causes of action by me or anyone else, arising out of or in connection with the disclosure and use of electricity usage and billing information.

I, further, in consideration of the work and any benefits to be obtained by me as a result of such work, I, hereby, release and hold harmless, CUC, its employees and designated weatherization agency, the CNMI Government, working on the program from any and all claims or cause of action by me, or anyone else, arising out of or in connection with the work.

It is further understood and agreed: (1) that CUC, the CNMI WAP Agency and WAP contractor do not warrant, guarantee or otherwise have responsibility for the attaining of any energy savings or other cost savings to me; (2) that consumer shall not have right or power to authorize any of the WAP staff/representative and its contractors to perform any work other than that expressly authorized pursuant to the program, or to provide any additional materials or services; and (3) that, upon completion of any work performed hereunder, I will use best efforts to employ any improvements made as a result of the work in an effective manner in furtherance of the energy conservation objectives of the program.

I voluntarily consent to be a participant in the WAP Program, on the terms described above, on this _____ day of _____, 20_____.

Client: Name: _____
(please print name and sign)

Date: _____

Witness of Signature: _____
(WAP Staff or Representative)

Date: _____





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Client Declaration, Confidentiality and Interview Statement

- I hereby declare that I have not received weatherization services at my current address.
- I understand that these services are at no cost to me.
- It is further understood that my home can be rejected to receive weatherization services, if all of the required program measures cannot be completed within cost limits or if the conditions of my home has deteriorated beyond repair or if circumstances exist that threaten the health and safety of weatherization workers.
- I certify that the information contained in this application is true correct. Any false information provided shall forfeit all WAP Services.

Client Confidentiality:

- I understand that all information contained on this application is confidential and will not be revealed without my written consent.

I have acknowledged and agreed to the following:

- I have met with a representative from the CNMI Weatherization Assistance Program representative(s) who has explained to me the processing procedures to have energy conservation measures done on my home.
- I have been informed that I may be eligible for the Weatherization Program.
- I understand that I do not pay the contractor(s) for performing any part of the work done in my home through the Weatherization Assistance Program.
- I have been informed if I am determined eligible for Weatherization Services based on eligibility criteria, I shall not remove, destroy or transfer any and all weatherization after services have been performed from dwelling.
- I authorize the Weatherization Assistance Program to inspect the work done by the contractor(s) during and upon completion of weatherization.
- I consent/authorize the WAP staff to perform pre-weatherization energy data compilation prior to service for the purpose of energy monitoring and monthly average consumption determination by obtaining a copy of my utility bill from the CNMI's Utility Corporation covering the past Six (6) period.
- I consent/authorize the CNMI Weatherization Program Staff to perform post weatherization energy data compilation by providing a copy of my utility billing for a period of Six (6) months after services.
- I have ____ or have not ____ (please check) received assistance in paying my utility bills through the CNMI LIHEAP

By my signature(s), I acknowledge and agree to the terms. (please print and sign below)

Applicant: _____

Date: _____

Agency Representative: _____

Date: _____





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Consent to Release Form

As a client of the CNMI Department of Public Works (DPW), Energy Division Weatherization Assistance Program (WAP), and in consideration of the WAP services that I will be receiving, I _____ hereby authorize your agency to release information that is being requested by DPW Energy WAP representative(s).

I understand that this information will be used only to assist me in the WAP program. I further understand that no information shall be released without my (this) signed 'Consent to Release Form'. All information shall be kept confidential by the receiving named agency representative(s).

(To be marked only by client):

____ Attorneys (if applicable and must indicate)

____ Banks (must indicate)

____ Commonwealth Health Center

____ Commonwealth Utilities Corp. (note: past six (6) months utility billing and future six (6) months) for data collection purposes)

____ Dept. of Community & Cultural Affairs Office-(LIHEAP) ____ (REACH) ____ (Aging Program) ____

____ Food and Nutrition Assistance Program

____ Marianas Public Lands Authority

____ Northern Marianas Housing Corporation

____ Social Security Administration

Other(s): Please write in: _____

Applicant Signature or its duly authorized representative: _____ Date: _____

Witness by: _____ Date: _____

Energy Division WAP or Authorized Representative





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Job #: _____

Homeowner/Authorized Agent Certification, Agreement and Hold Harmless Agreement

I, _____ certify that I am the owner/authorized for the property at:

Applicant address City State Zip

I further certify that I have given my permission to allow work on the property listed above. Services may include replacement and installation of weatherization services as determined necessary: (1) energy audit; (2) air sealing to reduce energy leakage of air space outside of the condition space; (3) replacement and installation of an energy efficient air condition unit(s); (4) replacement and installation Energy Star ® compact fluorescent light bulbs (CFL); or (5) replacement and installation of the inefficient refrigerator with an energy efficiency refrigerator. Other services may include the installation of low showerheads/aerators.

I further understand that the aforementioned energy saving devices that have been replaced and installed will not be serviced by the CNMI Energy Division Weatherization Assistance Program (WAP) office, its contractor and the CNMI Government thereafter services have been completed and accepted by me.

All future repairs and/or necessary replacements shall be my responsibility. All devices under this program will remain at the property and I also agree to be responsible for maintaining these devices to ensure that they are in good working condition.

Upon receipt of air condition or refrigerator replacement(s), I agree that I am sole responsible and will provide maintenance and replacement of all parts relating to such appliance after installation at my own expense. Furthermore, the CNMI Government, Energy Division Weatherization Assistance Program (WAP) and its contractor is not responsible for any weatherization maintenance, services or parts replacement.

Furthermore, I Agree in consideration, participation and at no cost to me, in the weatherization program that I received, the CNMI Energy Division Weatherization Assistance Program (WAP) and/or its contractor shall remove from my dwelling all in-efficient light bulbs, refrigerator, air-condition units(s), and showerhead for its proper disposition.

I hereby agree to indemnify and hold harmless from all loss, damages, or expenses the CNMI Energy Division, its staff, CNMI Government, its contractor from any liabilities as a result of the installations of the aforementioned energy saving devices at my property.

Signed: _____
Owner/Authorized Agent

Physical Address

City

State

Zip

WAP Authorized Agency Representative

Date





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Job #: _____

**ZERO INCOME FOR CLIENT and/or
OTHER HOUSEHOLD INDIVIDUALS FORM**

To be filled out if applicant and/or household member(s) has 'No Income or Insufficient Income' to meet living expenses:

Name: _____ for the Month of _____ and Year: _____.

Check one of the following:

_____ This statement is to verify that I (nor any member of my household) have not received, earned income from any source during the month or year as noted above. I also certify that I/we do not receive income from family or friends on a consistent basis.

Reason for loss or no-income:

_____ This statement is also to verify how my household was able to meet expenses even though our income was less than our living expenses.

How expenses were met: In order to meet expenses for the monthly utility billing: Explain

- _____ borrowed money
- _____ used savings
- _____ didn't pay any bills
- _____ other (please explain)

I am aware that providing false information to the Weatherization Program is grounds for denial of my application or may require that I repay in full any payment made on behalf of my household from the Weatherization Program. By signing below, I hereby acknowledge and understand the information provided in this statement is true to the best of my knowledge.

Signature

Date





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PROXY

APPLICATION BY PROXY

This Proxy must be completed and signed by the applicant and the proxy before the intake interview. Note that the applicant and proxy signatures must be witnessed by a Notary. The proxy must submit a proof of the applicant's identity and residence.

The applicant's proxy is authorized to participate and act on behalf of the applicant for the CNMI Energy Weatherization Assistance Program (WAP). The proxy is authorized to provide all necessary information in the intake process and submission of all required documentation for the applicant.

Notary Public:

Before me, the undersigned authority, on this day personally appeared _____ {name}, known to me to be the person whose name is subscribed to the foregoing instrument, and upon acknowledged to me that he {she} executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS ____ day of _____, 20__ in the island of _____.

(SEAL) _____
NOTARY PUBLIC IN AND FOR

(Proxy Printed and Signed Name)

for _____
(Applicant Name)

Date: _____

Date: _____





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Job #: _____

MAP SKETCH
Sketch map to home

Applicant's Signature: _____

Date: _____

