Homeowner Permission Weatherization Assistance Program

Address:	
By sig	ning below, I confirm that:
1.	I am the owner of the property listed above,
2.	This residence is not currently for sale, nor is it designated for acquisition or foreclosure
	by federal, state or local programs.
3.	I authorize the Local Weatherization Agency to make arrangements for weatherization
	activities, including:
	- The inspection of the interior and exterior of my home;
	- Photographs to document work;
	- The installation of weatherization materials as determined appropriate;
	- Upon completion of work, I give permission for the contractor, sub-contractor staff,
	local, state, and federal officials to inspect said work.
	- I understand the warranty is one year of workmanship with materials being covered
	by manufacturers' warranties only.
4.	My signature authorizes the Local Weatherization Agency to share my information with
	The State of Tennessee, Tennessee Housing Development Agency, Tennessee Valley
	Authority, and the U.S. Department of Energy, or their representative, for the purpose of
	evaluating the program and energy efficiencies obtained as a result of services provided.
	to evaluate the program as well as the program's effectiveness.
5.	I agree to allow the Local Weatherization Agency to share information contained in my
	Weatherization Assistance Program application with agencies and/or programs for which
	I may qualify for additional services.
Homeowner/Applicant:	
Signa	ture Date

Effective: 07/01/2017