

**ENERGY SERVICE AGREEMENT FOR OCCUPIED/UNOCCUPIED SINGLE OR MULTI-UNIT RENTAL  
UNITS**

Dwelling Information					
Single-Family	<input type="checkbox"/>	Multi-Family	<input type="checkbox"/>	No. of Multi-Family Units	# of Vacant Units
Tenant and Owner Authorization					
Tenant (Print or type name)				Address	
Apt./Unit No.	City		ZIP Code	Tenant telephone number	
Owner (Print or type name)				Address	
Apt./Unit No.	City		ZIP Code	Owner telephone number	
<i>If the Owner uses an agent for the above-referenced property, complete both Owner and Agent information.</i>					
Agent (Print or type name)			Address		
Apt./Unit No.	City		ZIP Code	Agent telephone number	
By signing this form, the owner or owner's agent and the tenant grant the contractor permission to enter the dwelling unit to perform an assessment and install feasible weatherization measures in accordance with CSD weatherization program policies and standards to the above-described unit and agree to the following:					
<div>1. The owner or owner's agent shall not raise the rent of the unit for a period of two years or evict the unit's resident because of the increased value of the unit due solely to weatherization measures provided by the Contractor</div> <div>2. The owner or owner's agent and the tenant shall retain all applied measures in the residence where installed.</div> <div>3. The owner or owner's agent shall ensure that gas or electric service, or both, that is provided by a master-meter to tenants shall charge utilities costs in accordance with California Public Utilities Commission Code Section 739.5.</div> <div>4. The tenant authorizes the contractor access to utility company records to obtain only energy usage data for a period of one year before and one year after rehabilitation, minor home repair, and/or weatherization measures are installed.</div> <div>5. Failure of the Contractor to enforce this Agreement upon breach by the Owner shall not be construed as a waiver of the Contractor's right to enforce this Agreement.</div>					
Tenant's Signature				Date	
Owner's (or Owner's Agent's) Signature				Date	
Owner Certification ONLY if Unoccupied Multi-Unit Dwellings					
<div>1. I certify that I am the Owner/Authorized Agent (Owner/Agent) for the property located at: <div></div></div> <div>2. I certify I will rent to low-income tenants that meet the income qualifications for the Department of Energy Weatherization Assistance Program or Low-Income Home Energy Assistance Program within 180 days of work completion.</div>					

3. Should any of the agreements contained in this document not be met or are found to be out of compliance with the above stated program, the above named Owner or Agent shall be financially responsible for the entire amount of weatherization work performed on the non-compliant units at the above address and will remit this amount to the above named Contractor immediately.
4. I shall submit to the Contractor a schedule of rents prior to commencement of work.
7. I agree that "rent" is defined as the tenant's monthly payment to the Owner (non-subsidized housing) or the contract rent (subsidized housing).
5. I certify that rents shown on this schedule shall not increase for a period of two years beginning the day an eligible tenant moves in unless the rent increase is based on factors other than the increased value of the unit due to the work performed by the Contractor (allowable factors include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor, or actual increases in expenses of maintaining and operating this property).
6. I certify that I shall provide a copy of this Agreement and a synopsis explaining its terms to all tenants and subsequent tenants residing in the unit within the two year period. This synopsis shall include the complaint procedure and current telephone number of the Contractor should the provisions of this Agreement not be met.
7. I authorize Great Northern Services (Contractor) to make the following minor home repair and/or weatherization measures and improvements at the above-referenced property, depending upon feasibility, cost effectiveness, and/or other factors.


8. I hereby release and pledge to hold harmless the above-named Contractor, and its staff, from any liability in connection with the work listed above.

Owner's (or Owner's Agent's) Signature

Date

#### Contractor Assurance

Contractor (Print or type name)

Address

Room No.

City

ZIP Code

Contractor telephone number

*The contractor agrees to the following:*

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the
2. Shall ensure that the Contractor is insured and shall be responsible for damage to unit premises, furnishing, and/or resident(s) that is caused by weatherization activities.
3. Shall schedule weatherization services at the convenience of all parties.
4. Shall provide weatherization services only to eligible rental units or to unoccupied multi-unit buildings that will become eligible within 180 days under program requirements.
5. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.
6. Shall provide in writing all weatherization measures installed in the unit.
7. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Program Manager's Signature

Date

CALIFORNIA  
PACIFIC POWER

Audit Date: \_\_\_\_\_

LOW INCOME WEATHERIZATION PROGRAM  
HOMEOWNER AGREEMENT AND INVOICE

Occupant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Account No: \_\_\_\_\_

Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

I grant permission for Pacific Power to pay **Great Northern Services** (Agency) for the installation of approved energy efficiency measures in the dwelling I own, which is described above. I grant Pacific Power permission to provide Agency usage and billing data on my account, and for a Pacific Power representative to inspect the installed weatherization measures at the above dwelling, if requested.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pacific Power Customer Signature (if different than owner): \_\_\_\_\_ Date: \_\_\_\_\_

Occupant Type: \_\_ (O)wner; (T)enant; (V)acant Space Heat Type: \_\_ (B)aseboard; (C)eiling; Forced (A)ir; Heat (P)ump; (N)on Electric Electric Water Heater: \_\_Y or \_\_N  
Year Home Built: \_\_ (6/31/91 or before) Dwelling Code: \_\_ (S)ingle; (M)obile; (A)partment; (D)uplex 1st or 2nd time home served: \_\_1st \_\_2nd

Vendor Number: _____	Measure Code	Measure Exists/NA	Estimated Annual KHW Saved	Total Installed Cost	Pacific Power Contribution by Measure at 50%__100%_X_	Date Installed MM/DD/YY
Ceiling Insulation/Ventilation	9 10					
Floor insulation	11					
Pipe Insulation	12					
Ground Cover	046					
Wall Insulation	8					
Duct insulation <input type="checkbox"/> Duct Sealing <input type="checkbox"/>	15 581					
Class 40 Replacement Windows	32					
Caulk & Weathertrip Windows	3					
Weathertrip Doors	7					
Infiltration	18					
Thermal Doors	31					
Dehumidifier <input type="checkbox"/> Thermostat <input type="checkbox"/>	17 555					
Aerators	501					
CFL # Inst <input type="checkbox"/> CFL Fix. #Inst <input type="checkbox"/>	21 600					
H2O Heater Repair <input type="checkbox"/> Replacement <input type="checkbox"/>	240 273					
Showerhead	19					
Furnace/AC filters <input type="checkbox"/> Cooler Cover <input type="checkbox"/>	514 47					
Furnace Repair <input type="checkbox"/> Replacement <input type="checkbox"/>	271 272					
Switch and Outlet Gaskets	88					
Refrigerator Replacement	901					
Microwave Oven	34					
Totals						

1. Total Pacific Power Contribution

2. Administrative Reimbursement, Line 1 x 15% (Minimum \$50), and Maximums when billing 50% is included below)

Dwelling Units	Maximum	Dwelling Units	Maximum
1 to 4	\$ 350	16 to 20	\$ 1,400
5 to 10	\$ 800	21 to 25	\$ 1,600
11 to 15	\$ 1,200	26 to 30	\$ 1,800
		31 +	\$ 2,100

3. Energy Related Repairs (list) \_\_\_\_\_ (Maximum \$750)

4. Total Reimbursement to Agency

Great Northern Services

310 Boles Street, Weed, CA 96094

Agency Name

Address

530-938-4115 X117

Agency Representative Signature

Date

Phone