

# BLACK HILLS ENERGY – PHASE 8 (2017)

## LOW-INCOME ASSISTANCE PROGRAM

## TENANT/LANDLORD APPLICATION

### Applicant is a Tenant with Landlord Approval

**Tenant and Landlord Completes this application (ALL 4 PAGES with no blanks) and 4 items below, then return to NeighborWorks.**

- ☐ **1.Landlord's Information Section completely filled out and Property Management Addendum if necessary**
- ☐ **2.Your most recent Black Hills Energy bill that has the address of the service location**
- ☐ **3.Copy of the Property Lease or Rental Agreement**
- ☐ **3.Proof of all household income for 1 month or Proof of LEAP**
- ☐ **4.Driver's License or Gov Issued ID**

**\*\*\*\*\*WITHOUT COMPLETE APPLICATION & ALL 4 DOCUMENTS, NWP WILL NOT ACCEPT ANY OF YOUR ITEMS\*\*\*\*\***

**Participation is limited to one application per household!**

### TENANT CONTACT INFORMATION

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_ How did you learn about this program?: \_\_\_\_\_

\_\_\_\_\_  
Last Name (please print) First Name (please print), MI ( ) ( ) Cell Phone Alternate Phone

\_\_\_\_\_  
Street Address (please print) City Colorado State Zip

Email Address: \_\_\_\_\_

### ALL HOUSEHOLD OCCUPANTS (Including Applicant)

Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_

Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_

Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_

add Additional Names on the Back of this Application →

### LANDLORD INFORMATION

\_\_\_\_\_  
Landlord Last Name (please print) Landlord First Name (please print) ( ) ( ) Cell Phone Alternate Phone

\_\_\_\_\_  
Land lord Street Address (please print) City State Zip

Email Address: \_\_\_\_\_

**By signing this document, I the homeowner/landlord give permission to above applicant to have an evaporative cooler and/or refrigerator and/or LED Light Bulbs installed and to relinquish old (10 years or older) inefficient refrigerators. I also am allowing delivering/installing company access to the property.**

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date Signed

## QUALIFYING INFORMATION

Black Hills Energy Account Number:

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☐ Townhouse/Condo ☐ Mobile Home (if Mobile Home a Copy of Title must be provided) ☐ House

Is there a Senior Citizen (age 55 or older) living in this house? Yes \_\_\_\_ or No \_\_\_\_

## SERVICE ITEMS REQUESTED INFORMATION

Mark all that you request: ☐ LED Light Bulbs ☐ Evaporative Cooler ☐ Refrigerator

### For LED Light Bulbs:

\_\_ You will be notified by phone when application is approved or declined, at that point we will schedule the delivery and install of your Light Bulbs, and/or Evaporative Coolers, and/or Refrigerator.

### For Evaporative Coolers:

\_\_ See page 3: Do you have a window suitable for a window mount evaporative cooler? Yes \_\_\_\_ or No \_\_\_\_?

\_\_ Do you have a water hose bib/spicket within 50 feet of window location? Yes \_\_\_\_ or No \_\_\_\_?

\_\_ Do you have a 110 electrical outlet within 10 feet of the window? Yes \_\_\_\_ or No \_\_\_\_?

### For Refrigerators:

\_\_ Customer and Landlord must agree to relinquish old (10 years or older) inefficient refrigerator

\_\_ See page 4: Applicant must fill out the attached INSPECTION FORM TO INSTALL REFRIGERATOR

## HOUSEHOLD INCOME INFORMATION

Are you currently approved for LEAP? \_\_\_\_ If YES, Documentation of LEAP Benefit must be attached.

All Pages of Documentation of Each Source of Income must be attached to this application

(Do not need income documentation if LEAP documentation is attached)

SOURCE	APPLICANT	SPOUSE	OTHER 18 +	TOTAL
Monthly Income from Work				
Employer's Name Address Phone				
Monthly Social Security				
Monthly Pension, Retirement				
Monthly Unemployment Benefits				
Workers Compensation				
Alimony/Child Support				
Monthly TANF				
Other Income				
			TOTAL MONTHLY INCOME	\$
Number of People in			TOTAL YEARLY INCOME	\$

By signing this Application, I certify that the above information is true and correct to the best of my ability.

Applicant Signature

Phone

Date

# WINDOW QUALIFICATIONS

FOR EVAPORATIVE COOLERS  
PROVIDED BY:  
NEIGHBORWORKS OF PUEBLO & PARTNERS

## THE FOLLOWING WINDOWS **DO** QUALIFY:



- At least 22" (inches) high x 22" (inches) wide

← • Double or Single Hung-Sliding

- Horizontal Sliding →

- Must be on ground floor 6' (feet) maximum from ground to bottom of window and be accessible for installation
- Must have a water faucet within 50 ft
- Must have a 110 electrical outlet within 10 ft.



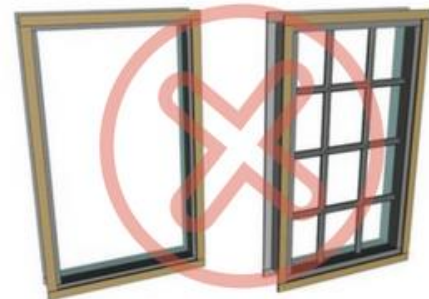
## NOT SUITABLE FOR INSTALLATION:

The following three types of windows **DO NOT** qualify for installation:

**AWNING**



**FIXED**



**CASEMENT**



# INSPECTION FORM TO INSTALL REFRIGERATOR



## APPLICANT CONTACT INFORMATION

DATE: \_\_\_\_\_

\_\_\_\_\_  
Last Name (please print)

\_\_\_\_\_  
First Name (please print), MI

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Street Address (please print)

\_\_\_\_\_  
City

Colorado

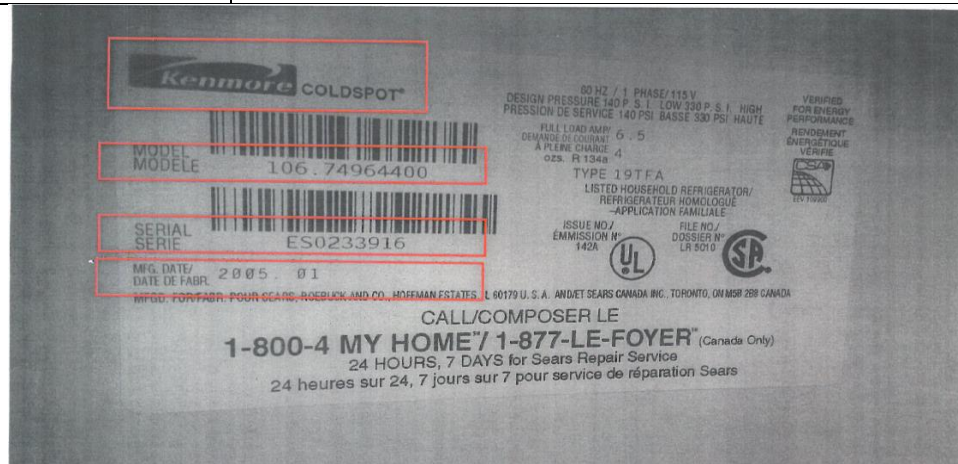
\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## INFORMATION ON EXISTING REFRIGERATOR UNIT

(Applicant provides this information)

Is there an existing unit?	Yes _____ or No _____
Is this the primary unit?	Yes _____ or No _____
Is this unit working?	Yes _____ or No _____
Manufacturer Name:	_____
Model #:	_____
Serial #:	_____
Manufacture Date	_____



(NeighborWorks provides this information)

With this information, it does appear that the refrigerator meets the guidelines: YES \_\_\_\_\_ NO \_\_\_\_\_

(Attach this form to the forms sent to Lowes for Lowes to complete during installation)

## LOWES' REVIEW OF REFRIGERATOR PICKED UP

(Lowes provides this information)

Is the Refrigerator that Lowes picked up the same as the information above? \_\_\_\_\_

Is the Refrigerator in the home the Primary unit? \_\_\_\_\_

If answers are Yes, OK to Deliver

If answers are NO, **DO NOT DELIVER**