

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 State Colorado 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.

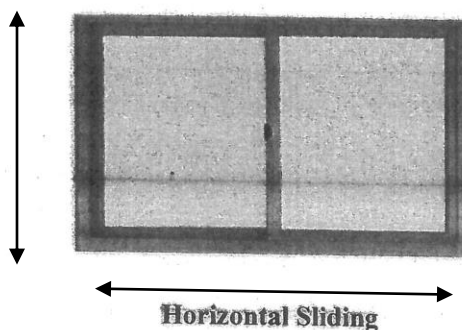
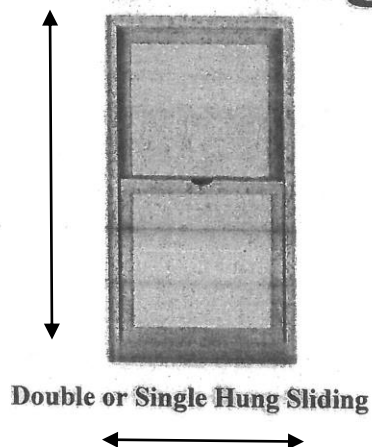
Applicant Signature

Phone

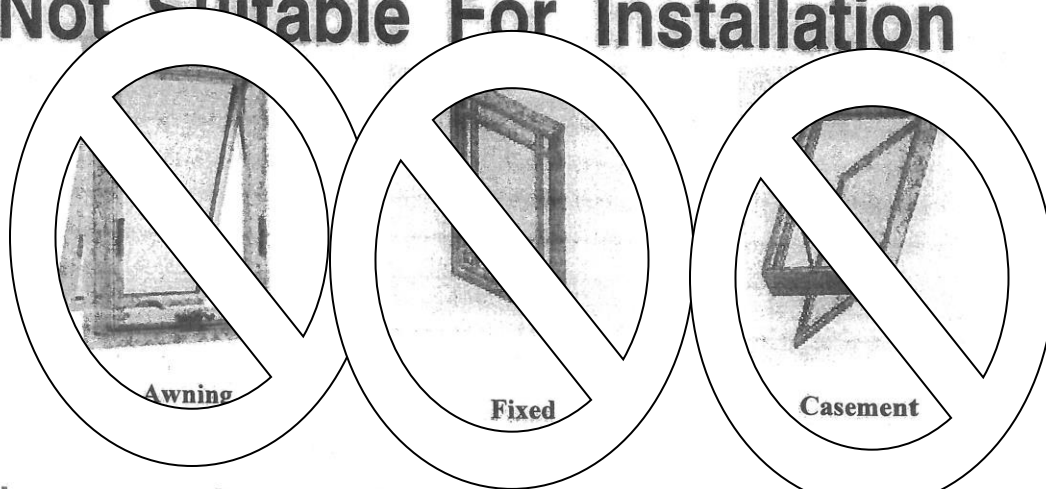
Date

**Must have windows suitable
for a window mount
evaporative cooler to qualify**

**Suitable Style Windows
Minimum Opening Size
16" High x 22" Wide**



Not Suitable For Installation



**Window must be on the ground floor 6' Maximum from
the ground to the bottom of the window
and accessible with clearances for the cooler.**

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

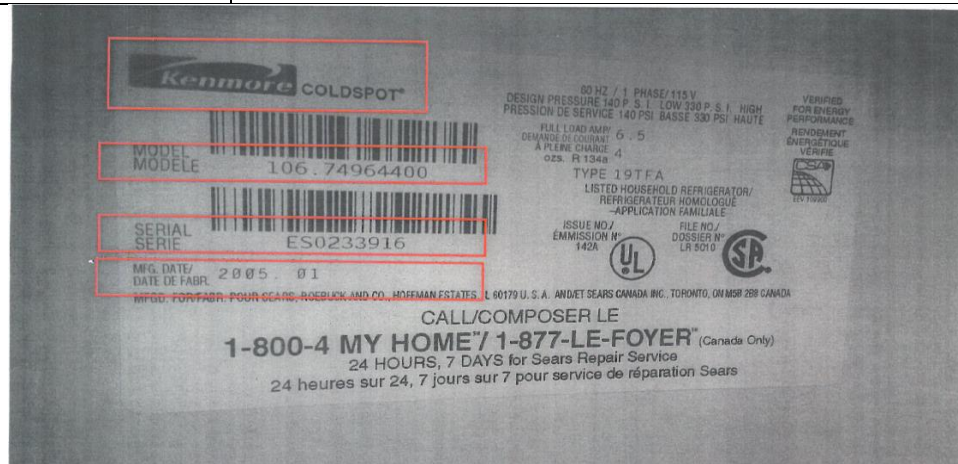
State

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**

BLACK HILLS ENERGY – PHASE 8

NeighborWorks of Pueblo, 1241 E. Routt Ave., Pueblo, CO 81004

Phone (719)544-8078 Fax (719)544-0271

Property Management Addendum

- Applicant is the Tenant
- Complete this application with NO blanks
- Participation is limited to one application per household!

BLACK HILLS ENERGY INFORMATION

Black Hills Energy Account Number:

Service Address listed on the Black Hills Electric Account Statement City State Zip

TENANT INFORMATION

Last Name (please print) _____ () ()
First Name (please print), MI Home Phone Cell Phone

Street Address (please print) City State Zip

Email Address: _____

PROPERTY MANAGER INFORMATION

Last Name (please print) _____ () ()
First Name (please print), MI Home Phone Cell Phone

Street Address (please print) City State Zip

Email Address: _____

PROPERTY OWNER INFORMATION

Last Name (please print) _____ () ()
First Name (please print), MI Home Phone Cell Phone

Street Address (please print) City State Zip

Email Address: _____

I certify that Tenant listed above will be the recipient of the Energy Efficient Program Service and the Property Manager has authority to sign and give permission for NeighborWorks of Pueblo to go onto the property and install the items awarded to Tenant under the Energy Efficient Program by Black Hills Energy.

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

Property Manager OR Property Owner Signature

Phone

Date