

TENANT/LANDLORD Checklist

In order to complete your application for the WAP Grant Program,
please submit the following items:

Section I- Application

- Application
- Proof of Persons
- Proof of Income
- Social Security numbers for household members

Section II- Property Information

- Homeowner's Insurance
- Mortgage Statement
- Deed
- SDAT Information Sheet
- Copy of Tenant Utility Bill

Section III- Project

- Permission to Enter Premises
- Building Owner Agreement
- Rental Property Services Agreement
- Tenant Synopsis of Owner's Agreement

****** Note: without the items listed above your application can not be processed ******



**Baltimore County Department of Planning
WAP Grant Program
105 West Chesapeake Ave
Suite 201
Towson, MD 21204
(410)887-6055**

WAP Baltimore County Application (Landlord)

Property Address: _____ City _____ State _____ Zip _____

Tenant(s) Name: Last _____ First _____ M.I. _____ Date of Birth _____

 Last _____ First _____ M.I. _____ Date of Birth _____

Owner (s) Name: Last _____ First _____ M.I. _____ Date of Birth _____

 Name: Last _____ First _____ M. I. _____ Date of Birth _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Owner Social Security Number: _____ - _____ - _____ Email: _____

Title Information: Name of person(s) on Title to the property if different from above:

 Last _____ First _____ M.I. _____

 Last _____ First _____ M.I. _____

 Relationship to person(s) on Title _____

Property Status: Is the property vacant? ____ yes ____ no

Is this property registered with Baltimore County as a Rental Property? ____ yes ____ no

If yes please provide Certificate # _____ Expiration __/__/____

Is property registered with MDE? ____ yes ____ no

If yes please provide Certificate # _____ Expiration __/__/____

PROPERTY INSURANCE

Company Name: _____

Phone No.: _____ Effective Dates: _____

MORTGAGE INFORMATION

Mortgage Company: _____

Address: _____

To the best of my/our knowledge, the information provided on this application is true and accurate. I/We authorize the Program to obtain credit information for the purpose of evaluating this application and to disclose this information to federal agencies. I/We further acknowledge that misrepresentation of information on this application will be basis for application rejection.

Signature: _____ Date: _____

Signature: _____ Date: _____



KEVIN KAMENETZ
County Executive

ANDREA VAN ARSDALE, DIRECTOR
Department of Planning

Rental Property Services Agreement for Baltimore County Weatherization Assistance Program(WAP)

I, the undersigned, hereby authorize WAP Baltimore County (hereinafter "EmPower"), through its authorized Participating Contractor to install energy conservation measures in the premises located at:

_____.

The above property is owned and/or by: _____, as the landlord(s), and occupied by: _____, as the tenant(s).

The Owner agrees to the following conditions:

- A) Owner agrees to accept all of WAP Baltimore County's Income Eligible Energy Efficiency Program's measures that are applicable according to the program's guidelines.
- B) Owner will make all finalized decisions regarding the scope of work to be performed to their property. The tenant will not have authorization to make any decisions on work to be performed to the unit without the authorization of the homeowner.
- C) Owner will direct questions regarding selection of measures, scheduling of the work, implementation of the work or payments to the Program Implementer, Efficient Home LLC, 301-476-7680.

_____ Date _____

(Owner/Authorized Agent of Owner)

PERMISSION TO ENTER PREMISES
MARYLAND WEATHERIZATION ASSISTANCE PROGRAM

TO THE BUILDING OWNER:

Your building is being considered to receive services under the Weatherization Assistance Program (WAP). The WAP is funded by the United States Department of Energy (DOE) and administered in Maryland by the Department of Housing and Community Development (DHCD). The WAP operates under the rules and regulations of both USDOE and DHCD that have certain requirements of which you, as a building owner, should be aware. At the bottom of this page is a form granting your permission for the local agency to enter your building to perform an audit and collect eligibility documentation from your tenants.

Before the work begins on your building, you will be required to sign a Building Owner Agreement, a copy of which is attached for your review. WAP may require a financial commitment from the building's owner(s) for each building containing rental units. These funds provided by owners are used to supplement the weatherization activity. Exceptions to this requirement can be made when the owner is an eligible applicant or where hardship of the owner can be proven. This investment can take several forms and is dependent on the results of the energy audit. When the audit is complete the local weatherization agency will meet with you to discuss your building's energy conservation potential, your financial commitment to the project and the Owner Agreement.

After weatherization services have been provided, the local agency is required to conduct a quality control inspection to ensure that work was completed in accordance to the standards set forth by the WAP. It is your responsibility to assist the local agency staff in gaining entrance to your property. Refusal to assist the local agency staff in the discharge of their duties regarding quality control inspections is cause for the reimbursement of the costs and related fees for the weatherization services.

PERMISSION TO ENTER PREMISES

I, _____ as owner/authorized agent for the building located at _____
_____ have read and understand the above and hereby grant permission for representatives of _____
to enter these premises for the purposes of conducting an energy audit and collecting eligibility documentation from the residents. I also accept the conditions of the required audit fee, under the conditions above.

Owner's Name: _____ **Date:** _____

Title: _____

Agency Rep: _____ **Date:** _____

Title: _____



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County Executive

ANDREA VAN ARSDALE, DIRECTOR
Department of Planning

Zero Income Affidavit

I, _____, have applied for the WAP Grant through the Baltimore County Department of Planning. Program regulations require verification of all income from participating households.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24 CFR 5.609 (b)(5))
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends

I have stated during this verification process that I have no income at this time. I have not received income since _____. I do not expect to receive any income until _____. I applied for _____ (other financial assistance) on _____ (date).

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Program. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.

I certify that the above information is true and correct.

Signature: _____ Date: _____

Department of Planning Staff: _____ Date: _____



KEVIN KAMENETZ
County Executive

ANDREA VAN ARSDALE, DIRECTOR
Department of Planning

VERIFICATION OF EMPLOYMENT

Date: _____

TO: _____

RE: _____
Name

Address

City, State, Zip Code

Social Security Number

Dear Employer:

The individual named above is an applicant/participant in the WAP Grant Program, a Baltimore County program administered by the Baltimore County Department of Planning, To determine the family's eligibility for the program participation, Federal regulations require Baltimore County to verify the household income, expenses, and other information related to eligibility. The information requested below will be used only for the purpose of determining eligibility for program participation. We are required to complete our verification process in a short period of time, so your prompt response will be appreciated. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Authorization:

I, _____, hereby authorize the release of the
(Applicant/Participant Name)
Information requested below regarding my employment and compensation.

Signature: _____ Date: _____

Head of Household Name: _____ SS#: _____

TO BE COMPLETED and RETURNED BY EMPLOYER:

Date of Employment: _____ Termination Date: (if applicable) _____

Position/Occupation: _____

Does the employee work in Baltimore County? ___ Yes ___ No

Address of work location: _____

Current Earnings: -Base rate of pay \$_____ per _____
-Overtime rate of pay \$_____ per _____
-Average hours worked per week: _____
-Average overtime hours anticipated per week: _____
-Anticipated tips, commissions, and bonuses: _____
-Gross annual earnings you anticipated for this employee for the next 12 months (include tips, bonuses, overtime, commissions, etc.):
\$_____

Gross Earnings for this employee in the last four quarters (include tips, bonuses, overtime, commissions, etc.):

Quarter End Date	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Do you anticipate any change in the employee's rate of pay in the near future: ___ Yes ___ No
If yes, revised date: _____ Effective Date: _____

Does this employee receive paid vacation? ___ Yes ___ No If yes, how many days/weeks? _____

Medical Insurance Deduction: \$_____ per _____
Savings Plan Deduction \$_____ per _____

If employer's work is seasonal or sporadic, indicate lay-off periods: _____
Additional Comments: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Name of Company Official

Title of Company Official

Company

Signature

Address

Date

City, State, Zip Code

Telephone Number

Tax ID # _____