

DEPARTMENT OF BUSINESS AND INDUSTRY – HOUSING DIVISION  
 WEATHERIZATION ASSISTANCE PROGRAM  
**WEATHERIZATION SERVICE AGREEMENT FORM**

\_\_\_\_\_ wishes to provide weatherization services to your tenant’s home(s) located at the address(es) listed below:

LAST NAME	FIRST NAME	ADDRESS	CITY	ZIP

**In order to provide weatherization assistance, we need you to agree to the following conditions:**

- a. Give our staff permission to enter and provide services to the address(es) listed above. We will schedule the work at the tenant’s convenience.
- b. For one year, you will not raise the rent of the subject unit(s) because our repairs have increased the value of your property. This agreement does not interfere with your right to raise the rent for normal rent adjustments.
- c. You will not evict tenant(s) to void your agreement to (b). This agreement does not interfere with your right to evict tenant(s) for normal reasons.
- d. The above mentioned property is neither for sale, nor anticipated to be sold in order to void your agreement to (b) and (c) above.
- e. The above mentioned property has not been designated for acquisition or clearance by a federal, state or local program within 12 months from the date the weatherization work is scheduled to be completed.
- f. In the event you fail to comply with items (b), (c), and (d) above, you will be financially responsible for reimbursing the Agency for the materials and labor invested at the above address(es).
- g. This form must be signed and returned to the above Agency within two weeks from the date of mailing.

**NOTE:** Per NRS 118A.290, “The landlord shall at all times during the tenancy maintain the dwelling unit in a habitable condition.” The tenant is responsible for notifying the landlord(s) if the assessment discloses the need to replace the water heater, primary heating and/or cooling system. If WAP funds are not sufficient, unavailable and/or restrict the above-mentioned replacements, the work shall be corrected by the landlord(s) prior to weatherization otherwise only non-infiltration measures shall be performed.

By signing below, you agree to comply with all of the conditions stated above.

Signature of Landlord/Owner/Agent: \_\_\_\_\_ / /

Signature of Agency Representative: \_\_\_\_\_ / /