Weatherization Assistance Program Owner/Landlord Agreement
Owner/Authorized Agent Certification

Check One: _____ Single-Family Unit
_____ Multi-Family (2 – 4 Units per Building) _____# of Units
_____ Multi-Family Complex (Five or More Units per Building) _____# of Units

I, _____ certify that I am the owner or authorized agent for the

property located at (address) _____

and occupied by (tenant) _____

I authorize the (agency) _____ to weatherize the unit located above in

accord with the following provisions:

1. I agree not to raise the rent on the unit(s) weatherized for a period of two years after weatherization is complete without just cause. Normal just cause for rent increases (i.e. increased costs, other building improvements, etc) are allowable.

2. The tenant will not be evicted (during the two-year period after weatherization) due only to weatherization work completed. Eviction for lease violations is allowable.

3. To the best of my knowledge, the unit listed above has not been weatherized by the Missouri Weatherization Assistance Program.

4. I agree that tenant(s) with utility inclusive rent will receive reductions in rent when utilities are reduced as a result of weatherization.

5. Owner shall not sell premises unless the Buyer agrees to assume all obligations contained in this agreement.

6. If the property is a Multi-Family Complex (more than 5 units per building), I agree to provide a minimum of a twenty-five percent (25%) cash contribution of estimated labor and material project costs <u>before</u> weatherization work can begin on the unit(s)

I am contributing $_____ towards the labor and material costs incurred toward this Weatherization project.

Are the energy utilities included in the rent? ___YES ___NO

Please enter the totals for all vacant / ineligible units not applying individually:

____# of Units
____# of Elderly (60 and older) ____# of Disabled
____# of Children (19 and younger) ____# of Other

Owner/Agent's Name:_____**Telephone:**_____

Address: _____

Signature:_____**Date:**_____
Owner or Authorized Agent

Signature:_____ **Date:**_____
Agency Representative