



To qualify, the household must be an Atmos Energy customer and be experiencing a higher than average energy burden and financial hardship that limits their ability to make weatherization improvements to their primary residence.

Date Received \_\_\_\_\_  
(office use only)

**APPLICATION FOR  
RESIDENTIAL ENERGY EFFICIENCY PROGRAM (REEP)  
City of North Richland Hills**

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell or other #

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Social Security Number

Are you handicapped, disabled, 62 years of age or older or a family with dependent children?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

Do you owe past due property taxes or have any liens on property?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

Do you have any unresolved code violation issues or any criminal activity on the property within the last 18 months?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

How many people currently live in your home? \_\_\_\_\_

What year was the home built? \_\_\_\_\_

**Type of energy used to heat household (check one).**

**Natural gas**     **Electricity**     **Other** (*please specify*) \_\_\_\_\_

**Name of Gas Utility Company used:** \_\_\_\_\_

**Type of air conditioning used (check one).**

**None**     **Central Unit**     **Window Unit**     **Evaporative Cooler**

**Name of Electric Utility Company used:** \_\_\_\_\_

Completed notarized applications, and a copy of homeowner's driver's license must be submitted in person, by mail, fax or email. If you choose to bring in the required items, we will notarize the agreement free of charge.

Physical and Mail Address:  
City of North Richland Hills  
Neighborhood Services  
Residential Energy Efficiency Program  
4301 City Point Drive  
North Richland Hills, Texas 76180

Fax:  
817-427-6656

Email:  
[dyork@nrhtx.com](mailto:dyork@nrhtx.com)

You will be notified when the application has been reviewed. If your application is approved, the Residential Energy Efficiency Program department staff or service contractor will contact you in order to set an appointment for your energy audits and installation of energy efficiency measures.

Thank You for your interest in the City of North Richland Hills Residential Energy Efficiency Program. For additional information or inquiries, please contact our office at 817-427-6651.



## Homeowner Waiver of Liability and Disclaimer

### Read Carefully Before Signing

I, \_\_\_\_\_, hereby acknowledge that I am the legal owner of the property located at \_\_\_\_\_ ("Property") and that I have voluntarily agreed to participate in the Residential Energy Efficiency Program ("Program") for certain construction and/or repairs (collectively the "Work") to the residence located on the Property. I further acknowledge that the Work will be performed at no charge to me.

I am at least eighteen (18) years of age and legally competent to sign this Waiver of Liability and Disclaimer ("Waiver"). I understand that the Program, and Work associated with the Program, involves certain risks that are inherent in such activities, specifically including, but not limited to, property loss/damage, personal injury that may require certain first aid and/or medical treatment, and risks that I may not be able to foresee or anticipate.

In consideration of my participation in the Program, I hereby acknowledge that I assume and accept all risks in connection with the Program, and Work associated with the Program, for any harm, injury, or damage that may befall me or my Property as a result of the Program, Work associated with the Program, and/or my participation in the Program, including activities preliminary and subsequent to the Work and the Program, whether foreseen or unforeseen.

I understand and agree and hereby acknowledge that I will not attempt to hold the Program or any of the Released Persons (as defined below) liable in any way for any occurrences arising out of the Program, Work associated with the Program, and/or my participation in the Program that may result in injury, death, or other damages to me or my Property.

I DO HEREBY EXEMPT AND RELEASE THE CITY OF NORTH RICHLAND HILLS RESIDENTIAL ENERGY EFFICIENCY PROGRAM, ITS STAFF MEMBERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS, AFFILIATES, AGENTS, AND ATTORNEYS (COLLECTIVELY, THE "RELEASED PERSONS") FROM ANY AND ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY THE ACTS OR OMISSIONS OF ANY ONE OR MORE OF THE RELEASED PERSONS ARISING OUT OF THE PROGRAM, WORK ASSOCIATED WITH THE PROGRAM, OR MY PARTICIPATION IN THE PROGRAM, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO, ANY SUCH LIABILITY ARISING OUT OF A CONSTRUCTION DEFECT, WHETHER LATENT OR NOT LATENT, CAUSED BY THE NEGLIGENCE, GROSS NEGLIGENCE AND/OR WILLFUL OR INTENTIONAL MISCONDUCT OF ANY ONE OR MORE OF THE RELEASED PERSONS, OR THE BREACH OF ANY WARRANTIES, WHETHER EXPRESS OR IMPLIED, ARISING OUT OF COMMON LAW, CONTRACT, OR STATUTE, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS, REPAIR, HABITABILITY, SUITABILITY, CONSTRUCTION, AND SERVICES PERFORMED IN A GOOD AND WORKMANLIKE MANNER.

I FURTHER HEREBY ACKNOWLEDGE AND AGREE TO DEFEND, INDEMNIFY, SAVE, HOLD HARMLESS, AND COVENANT NOT TO SUE THE RELEASED PERSONS FOR ANY AND ALL CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION AND SUITS IN EQUITY, WHETHER ARISING OUT OF COMMON LAW, EQUITY, ARBITRATION OR STATUTE, NOW OR HEREAFTER ARISING, KNOWN OR UNKNOWN, ASSERTED BY ME AND/OR MY ESTATE, HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS) ARISING OUT OF THE PROGRAM, ASSOCIATED WITH THE PROGRAM, OR MY PARTICIPATION IN THE PROGRAM, WHETHER SUCH CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION AND SUITS ARISE OUT OF A CONSTRUCTION DEFECT, WHETHER LATENT OR NOT LATENT, THE NEGLIGENCE, GROSS NEGLIGENCE AND/OR WILLFUL OR INTENTIONAL MISCONDUCT OF ANY ONE OR MORE OF THE RELEASED PERSONS; OR THE BREACH OF ANY WARRANTIES, WHETHER EXPRESS OR IMPLIED, ARISING OUT OF COMMON LAW, CONTRACT, OR STATUTE, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS,

REPAIR, HABITABILITY, SUITABILITY, CONSTRUCTION, AND SERVICES PERFORMED IN A GOOD AND WORKMANLIKE MANNER.

I also hereby grant and convey unto the Residential Energy Efficiency Program all right, title, and interest in any and all photographic images and video or audio recordings made by Citicable during the Program and/or Work associated with the Program, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I hereby acknowledge and expressly agree that all indemnities, releases and waivers contained in this Waiver are intended to be as broad and inclusive as permitted by the laws of the State of Texas and that, if any portion of the agreements in this Waiver are held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This Waiver contains the entire agreement between me and the Residential Energy Efficiency Program regarding the Program, work associated with the Program, and my participation in the Program. I understand the terms herein are contractual and not merely recitals, and that I have signed this document of my own free will.

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER BY READING IT BEFORE I SIGNED IT.**

SIGNED this the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**STATE OF TEXAS §**  
**COUNTY OF TARRANT §**

BEFORE ME, \_\_\_\_\_, on this day personally appeared known to me or proved to me on the oath of \_\_\_\_\_ or through \_\_\_\_\_ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

(Seal)

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary Public in and for the State of Texas



RESIDENTIAL ENERGY EFFICIENCY PROGRAM

CUSTOMER BILLING/CONSUMPTION RELEASE FORM

Agency: \_\_\_\_\_

Name of Client: \_\_\_\_\_  
Last First MI

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

Telephone: \_\_\_\_\_

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Electric Utility Co: \_\_\_\_\_

Account Number: \_\_\_\_\_

Gas Utility Co: \_\_\_\_\_

Account Number: \_\_\_\_\_

I authorize the City of North Richland Hills, Neighborhood Services Department, to solicit/verify information on my energy billing and consumption histories, both past and future, to the extent the information is used only to determine program eligibility and to provide data.

\_\_\_\_\_  
Signature Date

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For Agency Use Only

\_\_\_\_\_  
Weatherization Completion Date

**Public Utility Commission of Texas  
Self-Certification Form of Income Eligibility  
for Full Incentive Energy Efficiency Services**

This statement is made to verify my household income. The Public Utility Commission of Texas has authorized energy efficiency programs to reduce the utility bills of income eligible households. Contractors participating in the programs receive higher incentive payments when you are income eligible. The purpose of the higher payment is to enable the contractor to provide the improvements at very low cost or at no cost to you.

Name			
Street Address		Apartment Number	
City		TX	Zip Code
Phone Number w/Area Code		Number of Persons in Household	

I currently qualify in one of the following categories.  Check the appropriate category box.

***Category 1***

I receive benefits from one or more of the programs listed below ( check each box that applies):

<input type="checkbox"/> Food Stamps <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Public Housing, Section 8 Housing, or Other Housing Authority Assistance	<input type="checkbox"/> Temporary Assistance to Needy Families <input type="checkbox"/> Children's Health Insurance Program <input type="checkbox"/> Qualified Medicare Beneficiary
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**Participating in this program will not affect your eligibility for other program benefits.** If you checked one or more of the boxes in Category 1, please sign and date the form

***Category 2***

My total household income before taxes is at or below the amount shown in the table below as determined by completing the Income Calculation Worksheet below. **(Do not check this box before completing the worksheet.)**

## INCOME CALCULATION WORKSHEET

**Step 1-** Fill out the Income Calculation Worksheet.

**Instructions:** Do not complete this worksheet if you checked any of the boxes in **Category 1**. To accurately determine your **household income** you must include the income of all persons residing in your home from all sources. To determine the amount of income in each category enter the amount(s) on the check or benefit statement.

**Amount per:**     week    month    year

Wages from full or part-time employment as shown on paystub or W-2 form	
Unemployment or Worker's Compensation	
Social Security	
Retirement Income	
Child Support and/or Alimony	
All other earnings	
<b>TOTAL HOUSEHOLD INCOME</b>	

(Add the amount entered on each line to figure your total household income.)

**Step 2.** Compare your total household income per week, month or year to the amount shown in the table below for the number of persons in your household. If your total household income is equal to or less than the amount shown in the table you are income eligible. Please check the box next to Category Two and sign and date the form.

### 200% of HHS Poverty

Size of Family Unit	Annual Income	Monthly Income	Weekly Income
1	\$ 24,280	\$ 2,023	\$ 467
2	\$ 32,920	\$ 2,743	\$ 633
3	\$ 41,560	\$ 3,463	\$ 799
4	\$ 50,200	\$ 4,183	\$ 965
5	\$ 58,840	\$ 4,903	\$ 1,132
6	\$ 67,480	\$ 5,623	\$ 1,298
7	\$ 76,120	\$ 6,343	\$ 1,464
8	\$ 84,760	\$ 7,063	\$ 1,630
Each Additional Person Add:	\$ 8,640	\$ 720	\$ 166

\* Notice: Income ceilings are for **February 1, 2018 – January 31, 2019**. Annual updates are posted on <http://www.puc.texas.gov/industry/electric/forms/>

**SIGN BELOW:** Under penalty of perjury, I certify that the above declaration is true and correct. I understand that the information is subject to audit and investigation by the Public Utility Commission of TX.

<b>Applicant signature</b>	<b>Date</b>	<b>Contractor signature</b>	<b>Date</b>
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The information provided on this form will be used solely for the purpose of determining whether your household is eligible for this program and will be kept confidential by the contractor and by the Public Utility Commission of Texas. It will not be sold or provided to any other party.

Keep a copy of this form for your records.