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**KEEP YORK COUNTY WARM!**

***Weatherization Program Registration Form***

Habitat for Humanity York County’s weatherization program, Keep York County Warm! (KYCW!), provides customized low cost, high impact weatherization services and safety measures at **no-cost** to York County homeowners.

**To Participate You Must:**

* Own your home, or live in a home owned by someone in your family
* Live in York County
* Have a yearly income under:

$30,840 (family of 1); $35,220 (family of 2), $39,600 (family of 3); $43,980 (family of 4)

**I meet all of the requirements above:** Yes No

**If no, please explain:**

**If you have been referred to us from another program please fill out the information below:**

Refers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name), hereby give the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (office, job title, organization) in the town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to release my contact information in order to receive weatherization assistance from the Keep York County Warm! program.

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

**Please return to Habitat for Humanity York County via mail or email**

Habitat for Humanity York County

PO Box 267, Kennebunk, ME 04043

program@habitatyorkcounty.org

207-985-4850

For more information please contact Alana at 985-4850 or program@habitatyorkcounty.org

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**Homeowner Registration**

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Annual Income: \_\_\_\_\_\_\_\_\_\_\_ Number of People in the Household \_\_\_\_\_\_\_\_

Ages of People in the Household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you live in a mobile home? **Yes** **No**

Are there any persons with special needs living in your home? **Yes No**

Is anyone in your household a veteran? **Yes No**

Does anyone in your household receive LIHEAP heating assistance?  **Yes No**

Have you received General Assistance with in the past year?  **Yes No**

Does anyone in your household receive any other public assistance benefits? **Yes No**

If yes which benefits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have natural gas heating? **Yes No**

Do you have a Carbon Monoxide Detector? **Yes No**

Do you have a Smoke Detector? **Yes No**

What parts of your home do you think need the most weatherization work?

**Habitat for Humanity Does Not:**

-Provide heating assistance - Replace windows or siding - Work on roofs

- Replace appliances - Electrical or Plumbing work - Work on the underbelly of mobile homes

**HOMEOWNER AGREEMENT**

**CONSENT:**

I/We, the Homeowner(s), have asked to have Habitat and its Volunteers perform work in my/our Home and engage in the activities related to installing weatherization material inside my/our Home.

I/We acknowledge that the work of Habitat and its Volunteers will occur during one or more visits of approximately 1-4 hours duration each.

I/We give permission for Habitat and its Volunteers to enter my/our property in order to assess the weatherization needs of the Home and install materials which may include installing shrink wrap interior storm windows and/or interior shrink wrap sheeting, weather-stripping, door sweeps, metal flashing around chimney in attic, interior caulk, exterior caulk, pipe insulation, foam sealant, poly sheeting, fiberglass and cellulose insulation, electric switch plate and outlet gaskets as well as other insulating and weatherization products.

**ACCEPTANCE, RELEASE AND WAIVER:**

I/We acknowledge that I/we have been advised about the actions the volunteers will take.

I/We understand that Habitat and its Volunteers performing the work do not guarantee any of the materials installed or the work performed.

I/We understand that Habitat and its Volunteers assume no liability for the quality of the material installed, the quality of the work performed, or any damage to my/our property, and I/we shall not hold them liable.

In consideration of the work to be performed free of charge by Habitat and its Volunteers, I/we as owner(s) of the Home and beneficiary of the improvements performed thereon by the volunteers, hereby agree for myself/ourselves, my/our heirs, assigns, executors, and administrators, to accept the work performed in an “as is” condition, and hereby absolve, release and waive any and all liability, actions, claims, lawsuits, or demands against Habitat for Humanity, its officers, directors, employees, agents, and volunteers collectively or individually. Without limiting the generality of the foregoing I/we agree that this waiver and release shall include any rights or causes of action resulting from any personal injury or damage to my/our property sustained in connection with the work performed on the Home.

IN WITNESS WHEREOF, I/we, the Homeowner(s), have executed this Consent, Acceptance, Release and Waiver, as of the day and year first written above.

HOMEOWNER SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOMEOWNER SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_