

# Energy Services

## 2018-19 Programs

# HOMEOWNER APPLICATION

If you are a renter you must complete the renters application

You must meet the income guidelines below

Size of Household    Annual Household Income

1	\$24,280
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

(add \$8,360 for each additional member)



## FREE SERVICES

FOR ELIGIBLE APPLICANTS MAY INCLUDE

FREE FURNACE  
 FREE INSULATION  
 FREE HOT WATER TANK  
 FREE REFRIGERATOR  
 FREE LIGHT BULBS

## How To Apply:

**\*If you live in a multi-family home you may need to complete an application for all units.**

1. Verify your eligibility (see left)
2. Complete and/or sign all attached documents:
  - Complete application
  - Homeowner/Authorized Agent Certification (EIA-29D)
  - Demographic Form
  - Housewarming Weatherization Terms of Service (Dominion Energy Ohio customers only)

Use the checklist below. All documents must be included for your application to be accepted.

3. Provide **COPIES ONLY** of the following: (No original documents please)

- Proof of Income**  
 All individuals in the household 19 years or older must provide 12 months proof of income. You may provide check stubs or current benefits award letter. Tax documents **WILL NOT** be accepted as proof of income after March 15th. If no income, a notarized letter is required.
- Most Recent Gas Bill**
- Most Recent Electric Bill**
- Most Recent Water & Sewer Bill (Must have both)**
- Proof of Home Ownership**  
 Provide property tax statement or mortgage statement clearly verifying you as the homeowner. It must have the property address on it. (Tax statements can be found at <http://treasurer.cuyahogacounty.us>)

4. **Mail or drop off all documents to:**

CHN Housing Partners  
 Attn: Energy Services Department  
 2999 Payne Avenue  
 Cleveland, OH 44114



## THIS APPLICATION IS FOR HOMEOWNERS ONLY

If you are a renter please complete the  
“Energy Conservation for Renters” application found at CHN offices

## YOU MUST COMPLETE ALL PAGES IN THIS APPLICATION TO APPLY.

If there is more than (1) unit in your building, each tenant must complete an application. Your building may be ineligible if it has more than (4) units.

### What services are you interested in applying for?

(Check all that apply)

- Weatherization** - Furnace, hot water tank, and insulation.
- CEI/CPP** - Refrigerator and/or freezer replacement, light bulbs and electrical box.
- Plumbing/Sewer Repair** - Minor plumbing repairs, water leaks, hot water tank replacement, main water line repair, and clearing of blockage or replacement of main sewer line.

Is your Furnace Working?  Yes  No

Is your Hot Water Tank working?  Yes  No

Is your Refrigerator working?  Yes  No

I agree to allow CHN Housing Partners to place a marketing yard sign in my front lawn for a minimum of 3 weeks.

Upon approval, you will be added to our waitlist and an inspector will contact you to schedule an appointment once you are due for service.

\*Signature \_\_\_\_\_  
All Applicants Must Sign Here

**COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD**  
**Please complete all items and questions and attach required proof.**  
**An incomplete application will delay assistance.**

For Office Use Only

**PERSONAL INFORMATION SECTION**

**Instructions for this section:**

Enter the information completely. **PLEASE USE DARK BLUE OR BLACK INK** (any unreadable applications will not be processed).

**YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE**

Client Number

**PRIMARY APPLICANT/UTILITY ACCOUNT HOLDER (must live in the home)**

Please Print or Type	First Name		M. I.	Last Name		Social Security Number			
	Current Service Address (no. and street, including route)					Apartment/Lot/Unit/Floor			
	City			State	Zip code	Ohio County			
	Daytime Telephone including Area Code ( )		Date of Birth Mo. Day Yr.		Email Address				
	Current Mailing Address (if different from above)					Apartment/Lot/Unit/Floor			
	City			State	Zip code	Ohio County			

- 1) How would your household prefer to be contacted?  Postal Mail  Email
- 2) Are you enrolling or re-verifying for PIPP Plus?  Enrolled  Re-Verifying  Neither
- 3) Check the box that most closely describes the type of building in which you live. (Check only one)  
 Mobile Home  Multi-family High-rise (4 stories or more)  Multi-family Low-rise (3 stories or less)  Single-Family
- 4) ODJFS Case Number

**INCOME SECTION**

**Instructions for this section:**

**PLEASE READ THESE INSTRUCTIONS CAREFULLY.** Enter the information completely. Including yourself, list the names, relationships, Social Security number(s), date(s) of birth, and gross income of everyone living in your household. **Attach proof of income, disability and citizenship/legal resident status (alien status) – see citizenship section.** Use a separate sheet if necessary. **Failure to provide the required income documents for at least the previous 90 days will delay the processing of your application. PLEASE DO NOT SEND ORIGINALS.** Anyone 18 or older with no income must provide an explanation on the next page.

Number in Household

Household Members	Relationship to You (i.e. son, daughter, etc.)	Social Security Number	Date of Birth	Income Source	Current Month	Last 3 Months	Last 12 Months	Disabled?	U.S. Citizen/ Legal Resident?
	<b>Self</b>				\$	\$	\$	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					\$	\$	\$	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					\$	\$	\$	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					\$	\$	\$	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					\$	\$	\$	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					\$	\$	\$	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					\$	\$	\$	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					\$	\$	\$	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					\$	\$	\$	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

## INCOME SECTION (continued)

### Instructions for this section:

Use this section to total your gross household income, source of income, and check if you receive public assistance. Use this space to list other income related information you believe may be important to your application.

5) What was your total gross household income for the last 12 months?

6) INCOME SOURCE (Check the income source(s) for your household) **DOCUMENTATION MUST BE PROVIDED!**

- |  |   |                                  |   |  |
|--|---|----------------------------------|---|--|
| <input type="checkbox"/> Active Military Pay   | <input type="checkbox"/> Pension  | <input type="checkbox"/> SSDI    | <input type="checkbox"/> Unemployment       | <input type="checkbox"/> VA Pension    |
| <input type="checkbox"/> Child Support         | <input type="checkbox"/> Self Employment  | <input type="checkbox"/> SSI     | <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Wages         |
| <input type="checkbox"/> Employment Disability | <input type="checkbox"/> Social Security  | <input type="checkbox"/> TANF/DA | <input type="checkbox"/> VA Disability      | <input type="checkbox"/> Workers' Comp |
| <input type="checkbox"/> Interest              | <input type="checkbox"/> Other or No Income (List other income sources separately or explain how you pay your bills in the space below. If necessary, use an additional, signed sheet. Also, specify if the amounts received are gifts or loans.) An IRS transcript will be required (see front page "Eligibility" section for instructions.) |                                  |   |  |

## ZERO INCOME SELF-DECLARATION SECTION

### Instructions for this section:

For individuals 18 or older listed above with zero income who are being supported by another household member, use this section to tell us who is providing support.

Please Print or Type	First Name	M. I.	Last Name	Supported By
	First Name	M. I.	Last Name	Supported By
	First Name	M. I.	Last Name	Supported By
	First Name	M. I.	Last Name	Supported By
	First Name	M. I.	Last Name	Supported By

If you are receiving help paying your bills from a non-household member, list the name(s) and phone number(s) and include a signed letter from that person. The letter should state how much and how often the money is given, and if the money is given to you or paid to your creditors directly. Tell us the amount of each item and tell us how the bill is paid. You must tell us if the money provided is given as a loan or a gift.

First Name	Last Name	Daytime Telephone including Area Code (     )
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Explain how you are paying the following monthly expenses:

Bill	Monthly Amount	If paid by someone else, it is:	Bill	Monthly Amount	If paid by someone else, it is:
Rent/Mortgage	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Car Payment/Insurance	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Food	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Cable/Internet	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Gas	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Personal Expenses	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Electric	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Phone/Cell	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Other Expenses	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan

## UTILITY ACCOUNT INFORMATION

### Instructions for this section:

Fill out this section completely, answering every question. Tell us your utility information including the name of your utility company and your utility account number. Include a copy of your most recent utility bill.

7) What is your **MAIN** source of heat? (Check only one)

- Bottle Gas or Propane (L.P. Gas)
  Coal, Wood or Pellets
  Electric (Includes Baseboard)
  Fuel oil or Kerosene
  Natural Gas (Includes Steam Heat)
  Other \_\_\_\_\_

### Percentage of Income Payment Plan Plus (PIPP Plus) enrollment and re-verification (Please see front page for PIPP Plus description)

Complete this section for your **main heating source**, including all electric homes. Give your heating company name and account number below. **A copy of your most recent fuel or heating bill from your current address must be included and should be in the name of the primary applicant.**

Complete the section below with your **electric company** name and account number. **A copy of your most recent electric bill from your current address must be included and should be in the name of the primary applicant.**

**If you are currently enrolled for PIPP Plus, we will automatically reverify you with this application**

8)  yes  no If you are not on PIPP Plus would you like to enroll?

9)  yes  no If you are currently enrolled in PIPP Plus, would you like to be removed? (If you drop, you will be responsible for any remaining balance.)

Company/Vendor

Account #

10)  yes  no Are your heating costs included in your rent?

11)  yes  no Is the name on your heating bill different from the Applicant's name? If yes, what name.

First:  Last:

12)  yes  no Do you share a main heating source meter with another household?

**If you are currently enrolled for PIPP Plus, we will automatically reverify you with this application**

13)  yes  no If you are not on PIPP Plus would you like to enroll?

14)  yes  no If you are currently enrolled in PIPP Plus, would you like to be removed? (If you drop, you will be responsible for any remaining balance.)

Company/Vendor

Account #

15)  yes  no Is your electricity included in your rent?

16)  yes  no Is the name on your electric bill different from the Applicant's name? If yes, what name.

First:  Last:

17)  yes  no Do you share an electric meter with another household?

## INFORMATION ABOUT YOUR HOME

### Instructions for this section:

Provide us with information about your home. Fill in every box completely.

18) Do you rent or own your home?  Rent  Own (Buying) skip to next question.

19) Landlord's Name

Company Name:	Phone Number:
First and Last Name:	
Address:	
City, State and Zip Code:	

20)  yes  no Do you rent a room in someone else's home? If yes, please list all household member information in INCOME SECTION.

21)  yes  no Do you receive **rental** assistance from the government (i.e. Section 8, HUD, Metropolitan Housing)?

22)  Number of American Indians in the household (as defined by the U.S. Bureau of Indian Affairs).

**NEXT PAGE – You must read the terms of agreement and sign your application. ►**

# PERCENTAGE OF INCOME PAYMENT PLAN PLUS (PIPP Plus)

## Terms of Agreement

- I agree** To pay my Percentage of Income Payment Plan amount for my electric and/or natural gas service every month.
- To go to my local community action agency or fill out a HEAP application at least once a year to provide updated household information, and income documentation. If I am using the minimum payment waiver for my electric bill, I agree to update my household income information at my local community action agency before the end of the waiver (no more than 180 days)
- To contact my local HEAP provider or the Ohio Development Services Agency (ODSA) to report any changes to my total household income or number of household members.
- To accept any energy efficiency programs offered by ODSA or its designated providers, if eligible.
- To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to ODSA and agencies that perform weatherization services and/or provide other energy related services.
- To allow ODSA to release my name, address, telephone number, household member information, and current status to the utility companies, HEAP, and other energy assistance providers. And to allow ODSA to share my usage and demographic data with organizations contracted by ODSA that evaluate the programs administered by ODSA.

- I understand** That I will not be re-verified if I owe any PIPP Plus payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
- That if I do not re-verify my income at least once every 12 months. I will be dropped from PIPP Plus.
- That I must give proof of my total household income and membership to the HEAP provider or ODSA as required. That as long as I pay the PIPP Plus amount that is shown on my utility bills, my service will not be shut off.
- That if I make my PIPP Plus payments in full and on-time every month, I will receive a credit for 1/24th of my total past due amount, and I will not need to pay the difference between my PIPP Payment and my actual billing amount.
- If I reapply for PIPP Plus and I am not eligible, or if I choose to be removed from PIPP Plus, I can enroll in Graduate PIPP Plus for up to 12 months after the date I am removed and still receive credits toward my past due amounts owed on my utility accounts.
- That if I move out of the service area for my electric company I can enroll in the Post PIPP Plus program to make payments on my closed account and receive credits toward the past due amounts.
- That I am legally responsible for all past due amounts on my gas and/or electric accounts and if I stop PIPP Plus the past due amounts will become due. If these past due amounts are not paid in full, the utility companies may use any standard means of collection for the past due amounts on my accounts.

## GENERAL AUTHORIZATION

A PIPP Plus applicant or customer who conceals income or household composition information risks: being dropped from PIPP Plus; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Development Services Agency or any designated employee of the Director, to disclose to the Director of the Ohio Development Services Agency or any designated employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. **The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which would otherwise prohibit disclosure and agrees to hold both the Ohio Department of Taxation and the Ohio Development Services Agency and its agents and employees harmless with respect to the limited disclosure herein.** This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation and/or the Director of the Ohio Development Services Agency. This authorization shall be irrevocable for a period of three years from the date that the application is signed, and is binding on any and all heirs, beneficiaries, survivors, assigns, executors, administrators, successors, receivers, trustees or other beneficiaries.

I understand that by signing this application, I grant the Ohio Development Services Agency or its authorized providers access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. By signing this application, I give the Ohio Development Services Agency, its designees and authorized providers, and the U.S. Department of Energy and its designees and authorized providers, the right to inspect my home and any work performed on my home. I understand that filling out this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal within 60 days of a written determination of services or assistance. I also understand that I have the right to request a state hearing within 90 days of a written determination. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements. If I am or become a PIPP Plus customer I understand that I may be included in a group for which electric service is purchased in common. The disclosure of social security numbers is mandatory to receive energy assistance benefits [45CFR 96.84(c); 42 U.S.C. 405(c)(2)(C)(i)].

**X Sign Here** \_\_\_\_\_ **Application Date** \_\_\_\_\_

## PLEASE SIGN AND MAIL APPLICATION TO:

CHN Housing Partners, Weatherization Program  
2999 Payne Ave., Third Floor, Cleveland, Ohio 44114

Home Weatherization Assistance Program  
Homeowner/Authorized Agent Certification  
(EIA-29D)

Agency: CHN Housing Partners

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

Agency Phone (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_ (Name of Homeowner/Authorized Agent) Certify that I am the owner/authorized agent for the property located at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further certify that I have given my permission to allow work on the property listed above which may include the following:

- |  |                              |
|--|------------------------------|
| 1. Drill Sidewall and replace exterior covering  | YES _____ NO _____ N/A _____ |
| 2. Drill and plug interior walls   | YES _____ NO _____ N/A _____ |
| 3. Install S-Type Fuses  | YES _____ NO _____ N/A _____ |
| 4. Lower the thermostat on the water heater  | YES _____ NO _____ N/A _____ |
| 5. _____   |                              |
| 6. _____   |                              |
| 7. _____   |                              |
| 8. _____   |                              |
| 9. _____   |                              |
| 10. _____  |                              |
| 11. _____  |                              |
| 12. Other work that must be done in accordance with the Ohio Weatherization Program Standards. |                              |

I further certify that I understand that all work must be done in accordance with the rules and regulations governing the Home Weatherization Assistance Program.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Owner/Authorized Agent)

**Demographic Form**

**Client Information Form**

Please complete the following information:

Please list all persons who live in your home, including yourself.

Check box if disabled ↓

Name	Date of Birth	Relationship	Disabled
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
6.			<input type="checkbox"/>
7.			<input type="checkbox"/>
8.			<input type="checkbox"/>

1. Is your home part of a multi-family dwelling? Yes No

a. What is the number of units? \_\_\_\_\_

2. Are utilities included in your rent? Yes No

Minority Group Information is obtained for statistical purposes only

**HEAD OF HOUSEHOLD:** Yes No / Male Female

**Ethnicity:**

Hispanic/Latino Yes No

**Race:** (please select one or more)

White

Black or African American

Asian/Other Pacific Islander

American Indian or Alaska Native

Other \_\_\_\_\_

# Housewarming WEATHERIZATION PROGRAM

## TERMS OF SERVICES

Dear Customer,

Dominion Energy Ohio (DEO) has implemented a Weatherization Program with the assistance of the CHN Housing Partners, Inc. (CHN). This program is designed to provide residential assistance to increase the energy efficiency of dwellings owned or occupied by DEO income-eligible customers, reduce participant's household energy expenditures and improve health and safety to eligible residences. All weatherization services will be provided by contractors of CHN. DEO will not be responsible for providing these services.

Before weatherization services can be provided, a trained and program-certified inspector under contract with CHN will visit your home to determine what weatherization services are needed. The inspection process may take several hours and the inspector must have clear access to the attic, living spaces, crawl spaces and basement.

PLEASE TAKE NOTICE THAT IF THE INSPECTION REVEALS AN UNSAFE CONDITION, GAS SERVICE MAY BE DISCONTINUED UNTIL THE UNSAFE CONDITION IS CORRECTED. Weatherization cannot be completed until all unsafe conditions are corrected.

After the inspection, the inspector will explain to you the work that needs to be done, will complete paperwork, and will contact the contractor(s) that will be doing the work on your home. The contractor(s) will then contact you to schedule an appointment to complete your weatherization work. Upon completion, the inspector will come back to your home and make sure that the work was done correctly. Your Dominion Energy Ohio gas usage and billing history, 12 months before and after weatherization, will be released to CHN Housing Partners to evaluate the Housewarming Program.

By my signature below, I have read and ACCEPTED the above terms and services provided by the Weatherization Program. In consideration of the receipt of an initial inspection, and the receipt and installation of weatherization materials, I hereby release, acquit and forever discharge Dominion Energy Ohio and its officers, agents, affiliates, employees, successors and assigns, of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now or may hereafter have, or that my heirs, executors or their administrators can or may have against Dominion Energy Ohio or their officers, agents, affiliates, employees, successors and assigns, on account of, or in any way relating to, the initial inspection and the weatherization materials provided, as well as the installation and use thereof. If the home is not an owner occupied residence and a furnace installation is required, the landlord may be required to pay the cost of the installation, less \$500 or 50% of the cost, whichever is less. By signing below, landlord agrees not to raise the tenant's rent as a result of weatherization improvements to the home.

I understand and acknowledge that the CHN and its contractors are providing and installing all weatherization materials, and that no weatherization services or materials will be provided by DEO. I further understand that all weatherization materials will be provided on an "AS IS" basis, and that Dominion Energy Ohio DISCLAIMS ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION. I also acknowledge that any energy savings projected as a result of the installation of weatherization materials are only an estimate.

I authorize Dominion Energy Ohio to release to its designees information about the gas account at this home and about weatherization materials installed on the property at the address below.

**Check one box**

- Owner occupied residence       Renter, landlord not applying       Renter, landlord applying

Printed Name of Owner \_\_\_\_\_

Printed Name of Tenant \_\_\_\_\_

Signature of Owner \_\_\_\_\_

Signature of Tenant \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

*Complete above ONLY if gas customer is renting*

Date \_\_\_\_\_

*Complete above, with landlord signature if gas customer is renting*

Water & Sewer Conservation

**\*\*PLEASE NOTE\*\***

**IN THE EVENT THAT YOUR WATER SERVICE NEEDS TO BE SHUT-OFF BY THE CLEVELAND DIVISION OF WATER TO MAKE ANY NECESSARY REPAIRS, YOU WILL BE CHARGED A \$40 FEE (ADDED TO YOUR WATER BILL) BY THE CLEVELAND DIVISION OF WATER.**

**\*\*APPROVAL CONTINGENT ON AVAILABLE FUNDING\*\***

**YOU MUST CHECK ALL PLUMBING REPAIRS NEEDED BELOW**

**BATHROOM**

Toilet

Runs  Shifts  Clogged  Problems Flushing  1st Floor  2nd Floor

Sink

Low Water Pressure  Faucet Leaking/Broken  Pipe Leaking/Broken  Slow/Clogged Drain  
 1st floor  2nd floor

Bathtub

Low Water Pressure  Faucet Leaking/Broken  Pipe Leaking/Broken  Slow/Clogged Drain  
 Shower Head Leaking  1st Floor  2nd Floor

**KITCHEN**

Sink

Low Water Pressure  Faucet Leaking/Broken  Pipe Leaking/Broken  Slow/Clogged Drain

**BASEMENT**

Hot Water Tank

Not Working at All  Leaking  No Hot Water  Pipe Leaking/Broken  Slow/Clogged Drain  
 Flooded

**\*\*ATTENTION\*\***

If CHN Housing Partners approves your plumbing/sewer work, please be advised that in order to continue with needed work we will require your understanding and approval that areas or sections of walls/ceilings/floors may need to be cut or removed. Painting, trim and/or finishing work will not be the responsibility of CHN Housing Partners or the contactors performing work. With this understanding, if you agree to these circumstances and will still approve of the work to be completed, please sign and date the bottom of this letter.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_