## **2014 Winter Weatherization Application**

Name:			Address:				
City:	Zip Code:		Cell Phone:		Home Phone:	Best To  Call Email	
Email Address:		Type of Occupant  Renter Owner		If renter: Are utilities included in rent?  Yes  No			
How did you find out about the Winter Weatherization Project?							
Is anyone in your household over age 65?				Is anyone in your household disabled?			
Are you a veteran or military spouse?				How many children currently live in your household?			
How many Individuals are in your household?				What is your annual household income?			
Are you or someone in your home able to assist volunteers with the weatherization of your home?							
Signature of Homeowner:							
(If renter, must have signature of homeowner/Landlord)							

### Please return completed application to:

Emily Uhlenkamp

**Graceland University** 

1 University Place

Lamoni IA 50140

#### For more information:

641-784-5389 or euhlenka@graceland.edu

#### To be completed by homeowner/landlord

# Winter Weatherization Services Participant's Release and Waiver of Liability

have full authority to enter into this agreement.
I agree to participate in this weatherization program and understand the work will be performed at no charge to me by volunteers who are not being compensated for their labor.

I am the legal owner of the property on which the weatherization activity work is to be preformed and

I hereby agree to release and hold harmless any person or organization that participates in any way in planning and/or executing this program, including its advisors, sponsors, and volunteers from any and all liability, costs, claims, and losses or damages arising from, or in any way related to, my participation in this project.

**Email Address** 

Telephone