



Meals on Wheels, Etc.
Weatherization Assistance Program
2801 S. Financial Ct, Sanford, FL 32773
Telephone (407) 333-8877



TERMS AND CONDITIONS CONSENT TO INSPECT

Access to Residence/Conditions:

- I authorize Meals on Wheels, Etc. staff, inspectors, contractors, and sub-contractors to enter my home as needed to perform energy audits, weatherization work and inspections of weatherization work during business hours and on a reasonable schedule.
- I agree to allow my home to be photographed (inside and outside) for pre and post work documentation.
- I agree and understand that if my home is deemed unsafe or unacceptable for weatherization technicians, contractors, or inspectors to perform their duties due to unsafe or dangerous conditions (structural damage, unrepaired sinkholes, etc.), presence of debris, roof leaks, excessive clutter, mold, insect/rodent infestation, pets, threat of violence, etc., the program will be postponed until these conditions are corrected.
- I understand that if the energy audit recommends replacement of air conditioners, heating units, refrigerators and/or water heaters, the contractor will have to remove the existing unit(s) from the property.
- I agree and understand that weatherization activities that will make the home more energy efficient will be performed and that homeowner refusal or HOA disapproval of certain measures will disqualify the home for any services at that time.
- I understand this is not a home rehabilitation program. There may be other measures needed on your home that cannot be addressed due to funding and/or program limitations. All energy saving measures will be done in accordance with the priority list.
- I am aware that energy saving measures will be performed in an attempt to lower the home's utility usage and will not Meals on Wheels, Etc. liable if these measures do not correct the program.

My signature verifies:

- The residence is not currently for sale, nor is it designated for acquisition, clearance, or foreclosure.
- That the home does not have any open permits or currently being remodeled.
- That I am not aware of any roof leaks.
- That the home has not been previously weatherized (unless work was completed prior to September 30, 1994).
- Upon completion of work, I will give permission for the inspectors, weatherization staff, contractors, sub-contractors, Florida Department of Commerce staff and federal officials to inspect the work.

I certify the information provided in this application is true, correct, and complete to the best of my knowledge. I understand that I may be fined, imprisoned or both under state and federal law if I make false statements on this application in order to get benefits, I am not eligible to receive. The Weatherization Assistance Program is free of charge, but I understand that if my home is serviced due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for the services rendered.

My signature below indicates that I have read, understood, and agree to the conditions of this application.

Homeowner Name (printed): _____

Homeowner Signature: _____ Date: _____

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