



**Weatherization Assistance Program  
Landlord/Authorized Agent Agreement and Certification Form**

Check One: \_\_\_\_\_ Single-Family Unit  
\_\_\_\_\_ Multi-Family (2 – 4 Units per Building) \_\_\_\_\_ # of Units  
\_\_\_\_\_ Multi-Family Complex (Five or More Units per Building) \_\_\_\_\_ # of Units

I, \_\_\_\_\_ certify that I am the owner or authorized agent for the property located at:  
(address) \_\_\_\_\_

and occupied by (tenant) \_\_\_\_\_

I authorize the (agency) \_\_\_\_\_ to weatherize the unit located above in  
accord with the following provisions:

- 1. I agree not to raise the rent on the unit(s) weatherized for a period of two years after weatherization is complete without just cause. Normal just cause for rent increases (i.e. increased costs, other building improvements, etc.) are allowable.
- 2. The tenant will not be evicted (during the two-year period after weatherization) due only to weatherization work completed. Eviction for lease violations is allowable.
- 3. To the best of my knowledge, the unit listed above has not been weatherized by the Missouri Weatherization Assistance Program.
- 4. I agree that tenant(s) with utility inclusive rent will receive reductions in rent when utilities are reduced as a result of weatherization.
- 5. Owner shall not sell premises unless the buyer agrees to assume all obligations contained in this agreement.
- 6. If the property is a multi-family complex (more than 5 units per building), I agree to provide a minimum of a twenty percent (20%) cash contribution of estimated labor and material project costs before weatherization work can begin on the unit(s). However, there will not be a contribution required on properties wholly owned by not-for-profit organizations, or federal, state, or local government entities.

I am contributing \$ \_\_\_\_\_ towards the labor and material costs incurred toward this  
Weatherization project.

Are the energy utilities included in the rent? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please enter the total number of people for all vacant / ineligible units not applying individually:

\_\_\_\_\_ # of Units  
\_\_\_\_\_ # of Elderly (60 and older) \_\_\_\_\_ # of Disabled  
\_\_\_\_\_ # of Children (19 and younger) \_\_\_\_\_ # of Other

Owner/Agent's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner or Authorized Agent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency Representative