

City Council Beverly H. Burks, Mayor Debra Johnson, Vice-Mayor Yterenickia Bell Jamie Carroll Susan Hood Laura Hopkins Awet Eyasu

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* 2023 HOMEOWNER WEATHERIZATION/ENERGY EFFICIENCY ASSISTANCE PROGRAM HOMEOWNER CONSENT FORM*

(Clarkston, GA)— The Clarkston City Council has allocated up to **\$100,000.00 from its share of the Federal AMERICAN RESCUE PLAN ACT (ARPA) to provide for a WEATHERZATION/ENERGY EFFICIENCY ASSISTANCE program to Clarkston homeowners** impacted by the COVID-19 economic crisis. Due to the virus' continued impact resulting in economic & financial hardships the city will assist residents affected by COVID-19 and/or 60 years and older, disabled and/or caring for multiple school age children with weatherization/energy efficiency projects. The city will allow each applicant to receive up to the maximum sum of \$5000 per residence (address). As a part of the weatherization program, *major measure* skipping is not allowed.

A **Major Measure** is defined as a high priority measure, which if skipped, would result in partial weatherization of a home. Major measures are as follows: **air sealing, duct sealing of ducts outside the thermal boundary, attic insulation, wall insulation and floor or belly insulation.**

The contractor as part of applicant/client education, has informed the applicant/client of planned measures and material use for the weatherization/energy efficiency assistance program project. By signing below, the applicant/client agrees to the installation of the work scoped in the home's energy audit. The project must be inspected by the building inspector for compliance as it relates to the weatherization/energy efficiency assistance program.

This must be clearly explained and documented in writing in the applicant/client file with signatures from the applicant(s)/client(s) and agency(ies)/contractor(s).

All funds received are for the sole purpose of the HOMEOWNER WEATHERIZATON/ENERGY EFFICIENCY ASSISTNACE PROGRAM, as outlined on the application.

NAME:				
	FIRST		MIDDLE	LAST
SIGNATURE:				_
	FIRST		MIDDLE	LAST
SIGNATURE:				_
HOME ADDRESS:				
	STREET NUMBER	SUITE/UNIT #		STREET NAME
PHONE:		EMAIL:		
ADDRESS:				
e 1	QUESTION	s: 404.296.64	89 Ext. 410 or	ddefnall@cityofclarkston.com

LOCAL BUSINESS LICENSE ATTACHED YesNoSTATE BUSINESS LICENSE ATTACHED YesNo