

# CLEAR-WIN Program Application **All information required for applying.**

The CLEAR-WIN application is for **program screening purposes**. Submission of a CLEAR-WIN application **does not guarantee enrollment** in the CLEAR-WIN program. After completing this form, your application will be considered based on the number of eligibility criteria met (see program flyer) as well as a visual assessment of the building and windows in need of replacement. Based on this information, participants in the program will be selected and informed of acceptance within 4 to 6 weeks of application submission. All applicants will be notified of their status following application review.

## 1. Applicant Information

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Property Address (if different than mailing address) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

( ) \_\_\_\_\_

Primary Phone Number

( ) \_\_\_\_\_

Alternate Phone Number

\_\_\_\_\_

Email

## 2. Owner Household Income Verification (Choose 1)

Please provide a copy of proof of your annual household income with the submission of this application. Check the box to indicate the acceptable form of income verification document you are providing:

- Copy of 2010 or 2011 federal income tax return
- 2 recent pay stubs showing year-to-date earnings
- IRS form 1099 for social security or pension benefits
- Public assistance award letter

## 3. Proof of Ownership Verification (Choose 1)

Please provide a copy of proof of ownership with the submission of this application. Check the box to indicate the form of ownership verification document you are providing:

- Deed
- Mortgage document
- Mortgage coupon
- Homeowner insurance policy

## 4. Household Information

Do you have 5 or more wood framed windows?  Yes  No

Please fill in the information below for the apartments that you are requesting windows for. If your building is a single family home, please write either "Single Family" or "N/A" under the Unit Number column.

Unit Number	Number of Bedrooms	Number of Occupants	Number of Children Age 6 or Under	Number of Children Age 7 to 17	Monthly Rent*

\* For each tenant-occupied rental unit, please provide proof of rent – a copy of a lease or rental agreement showing the rent amount.

# CLEAR-WIN Program Application Grant Application Form for CLEAR-WIN program, page 2.

## Utility Information

### Peoples Gas

Name on Peoples Gas account: \_\_\_\_\_

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### ComEd Electricity

Name on ComEd account: \_\_\_\_\_

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Meter #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If this application is for a multifamily building, who pays for which utilities?

	Living unit space	Hot water	Electricity	Cooking gas
Owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Utility bill information may be requested for residents of each CLEAR-WIN unit.

## Additional Information

How did you hear about the CLEAR-WIN Program?:

- Community organization     Word of mouth     Internet     Other building owner  
 Flyer     Alderman     Energy Action Network/CEDA Site  
 Other: \_\_\_\_\_

## Program Restrictions

Upon notification of acceptance into the CLEAR-WIN program, the property owner must certify that he or she has received the Lead Safe Housing Maintenance Standards (which will be provided to owner by CNT Energy) and intends to comply with them; has provided a copy of the Standards to all tenants in the building; will continue to rent to the same tenant or other low-income tenant for a period of not less than 5 years following completion of the work; and will continue to maintain the property as lead-safe. Failure to comply with the grant conditions may result in repayment of grant funds.

## Authorization: Building Owner Only

By signing below, I certify that I, the Applicant, am also the Owner of the building identified in this application by address and that all the information provided in this application is true and complete as of the date set forth at my signature below. I certify that I have read the CLEAR-WIN program restrictions set forth in this document and agree that they shall be binding on Owner.

By signing below, I also hereby authorize CNT Energy, Inc. ("CNT Energy") to perform a visual assessment of each unit and (if applicable) an energy audit on the building located at the address listed in this application, as part of the application process for the CLEAR-WIN program. As a Customer of the utilities referenced above, I also authorize the referenced utilities to release my natural gas and electric utility bill history to CNT Energy, including all information on usage and prices, for a period of three years prior to the date below and continuing for a period of three years after the date below. I understand that this information will be used to monitor the building's energy performance before and after the installation of energy efficiency measures. This information will not be shared with others, unless all identifying information (name, address, account, and meter numbers) is first removed.

\_\_\_\_\_  
Owner's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please return this form along and attach building ownership and income verification documents:**

Mailing address: CNT Energy, 1741 N Western Ave, Chicago, IL 60647

Phone: (773) 269-4037

E-mail: [info@cntenergy.org](mailto:info@cntenergy.org)

Fax: (773) 698-6869