

REACH Application

Return application to:

REACH Program
c/o Longs Peak Energy Conservation/Boulder County
1288 Alaska Ave.
Longmont, CO 80306

For more information:

Phone: (800) 200-9006
www.fcgov.com/utilities/reach.php

Please attach proof of the last three months total household income.

All application information is confidential and used to determine eligibility.

Last name: _____ First name: _____

Street: _____ City, state and zip: _____

Home phone: _____ Work phone: _____

Fort Collins Utilities account number: _____

Has your home ever been weatherized: No Yes, by whom: _____

Do you own your home: No Yes

If you rent, the owner's signature is required on the rental permission form on back.

Describe the areas of your home that need weatherization: _____

Will you allow wall insulation: No Yes

How old is your home: _____ (years)

Check those that apply to your household:

Elderly Disabled Single-Family

Number of children/ages: _____

Total number of persons in your household: _____

Annual gross income: \$ _____

How did you learn about REACH: _____

Please read this section carefully.

This is a free service for City of Fort Collins residents. My signature below indicates that I have read, understand and agree to the statements on this application. I agree to let Longs Peak Energy Conservation (LPEC) staff and crew enter my home as needed to perform weatherization and furnace services. I also agree, on behalf and for all who stand in my stead, that Fort Collins Utilities, the County of Boulder, the Boulder County Board of County Commissioners, the Boulder County Housing Authority, and the staff and crew of LPEC will not be held liable for any injury or expense incurred by me while participating in this program. Upon completion of work, I permit the contractor, subcontractor, staff, local, state, and federal officials to inspect said work. I understand there is a warranty of not more than one year of workmanship from the date of my first appointment and that materials are covered by manufacturers' warranties. If I have any changes in my income or household size or if I move from the address listed on this application, I will let Fort Collins Utilities know within 30 days or before receiving weatherization work, whichever is sooner. If my home is served as a result of incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received. My signature below verifies that this residence is not currently for sale, nor is it designated for acquisition or clearance (foreclosure) by a federal, state, or local program within 12 months from the date weatherization is completed. I agree that Fort Collins Utilities, LPEC or its designee, has my permission to inspect the heating, fuel usage and utility billing records for five years before and five years after the weatherization work is completed. I believe to the best of my knowledge that the information I've given to determine my eligibility is correct and complete.

Signature of Applicant: _____ Date: _____

For office use

Ad ok: _____ Income: \$ _____ Applicant Qualified: _____ Date: _____

REACH Rental Property Permission Form

Owner/manager, please complete this form giving crews permission to enter the dwelling to perform and inspect weatherization work. Crews will perform an initial audit to determine what weatherization services would be most cost effective. Services may include insulation, which is blown through holes drilled in the exterior or interior of the home then plugged and patched.

Services are provided at no cost to you or the tenant. All information is confidential. If you have any questions, please call (970) 221-6700.

Entry and sidewall insulation permission:

I agree to allow crews and their designees to enter the address below as needed to perform and inspect weatherization work, as well as to access utility billing records as needed. My signature verifies that this residence is not currently for sale, nor is it designated for acquisition or clearance (foreclosure) by a federal, state or local program within 12 months from the date weatherization of the dwelling unit would be completed. I acknowledge that rents shall not be raised due to the increased value of the dwelling due solely to weatherization.

Yes, I'll allow wall insulation. No, I won't allow wall insulation.

Rental property information

Tenant name:

Property address:

Owner/manager information

Name:

Mailing address: Phone:

Signature of owner/manager: Date:

Para informacion en Español, por favor llame (800) 200-9006.

The City of Fort Collins will make reasonable accommodations for access to City services, programs and activities and will make special communication arrangements for persons with disabilities. Please call (970) 221-6700 or TDD (970) 224-6003 for assistance.

9/08

