

Home Uplift Renter Application

For assistance completing this application
call 1-888-986-7262

Home Uplift Program

Renter Application



1-888-986-7262 or support@mytva.com

We're excited you are applying for our TVA EnergyRight® Home Uplift program! To participate:

- ☑ You must meet the income guidelines provided below
- ☑ You must occupy a single-family site-built home or manufactured home. A manufactured home must be on permanent foundation and built after 1976
- ☑ You or the landlord must be the primary electric and/or gas (if you have gas) account holder
- ☑ You must participate in a home evaluation to ensure the home meets qualifications
- ☑ The home must not have received upgrades in a similar TVA-funded pilot or project within 20 years

Income eligibility is based on total combined income for all household members over the age of 18 living at the home. For each additional household member over 8 people, \$9,440 will be added to the total combined income.

| 2022 Federal Poverty Income Guidelines | | | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Size of Family Unit | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | \$ 27,180 | \$ 36,620 | \$ 46,060 | \$ 55,500 | \$ 64,940 | \$ 74,380 | \$ 83,820 | \$ 93,260 |

In addition to this application, we MUST also receive the following documents in the renter and/or applicant's name:

| STEP 1 <u>One Proof of Applicant Identification</u> | STEP 2 <u>Provide All That Apply for Household Members 18 and Over</u> | STEP 3 <u>One Proof of Electric/Gas Primary Account Holder</u> | STEP 4 <u>All Rental Documentation</u> |
|--|--|--|--|
| Examples: <ul style="list-style-type: none"> • US Driver's License or Photo ID • Birth Certificate • Military ID • Passport • US Citizenship & Immigration Services Documentation • Legal Change of Name Document or Marriage License | <ul style="list-style-type: none"> • Federal Taxable Wages (Job) • Tips • Self-employment Income • Unemployment Compensation • Social Security • Social Security Disability Income • Retirement or Pension • Alimony (final before January 1) • Capital Gains • Investment Income • Rental and Royalty Income | Example: <ul style="list-style-type: none"> • A Copy of an Electric/ Gas Bill with the Renter/Applicant's Name as the Primary Account Holder (bill must be within the last 12 months). | Example: Rental/Lease Agreement AND Landlord Agreement |
| | | | |

**The program administrator reserves the right to request additional documentation necessary to verify applicant eligibility.

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| STEP 5 Complete the Application | | | | |
|---|--|---|---|--|
| 1. First Name* | | 2. Last Name* | | 3. Phone* |
| 4. Home Address* | | | 5. City | 6. State |
| 7. ZIP | | | | |
| 8. Mailing Address (if different than above) | | | | |
| 9. Email Address* | | | 10. How Did You Hear About the Program? | |
| 11. Home Square Footage (Optional) | | 12. Year Home Was Built (Optional) | | 13. Number of Occupants* |
| 14. Electric/Gas Provider* | | | 15. Electric/Gas Account Number | |
| 16. Primary Heating Source* Electric Gas | | 17. Water Heater Fuel Source* Electric Gas | | 18. Foundation Type* Crawl Space Basement Slab |
| 19. Race* (check as many as apply) American Indian or Alaska Native Black or African American Native or Hawaiian or Other Pacific Islander Asian Other White Unsure | | | 20. Female-Headed Household?* Yes No Do Not Know | |
| | | | 21. Are You Hispanic or Latinx?* Yes No Do Not Know | |
| 22. Secondary Contact (By listing this person, you allow this person to receive information on the status of your application. No personal income information will be shared.) | | | | |
| Name | | | Phone | |

*Required Information

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You MUST provide the following information for you and others living in your home:

| STEP 5 Complete the Application (continued) | | | | | | |
|---|--------------------|---------------------------|-----------------------------|---------------------|---------------------|----------------------|
| 23. Household Member Name* | 24. Annual Income* | 25. Birthdate* (MM/DD/YY) | 26. Marital Status (S or M) | 27. Gender (M or F) | 28. Race (Optional) | 29. Veteran (Y or N) |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

*Required Information

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Has your home participated in a past TVA funded projects? Yes No Are you a veteran? Yes No

Is your electric bill included in your rent? Yes No

This applicant(s) hereby certifies he/she has read, agrees to, and has met all terms and conditions and program qualifications as outlined in the application.

The applicant further certifies all of the information contained in this application and supporting documentation is complete, true and correct, and all household income has been fully disclosed.

Income eligibility approval does not guarantee eligibility for the program. Applicants must meet all program requirements to be eligible for the program.

The program is not responsible for items (e.g., income eligibility applications, supporting documentation) lost or damaged in the mail.

TVA EnergyRight reserves the right to utilize a third-party agency to verify income and homeownership. This inquiry will be listed on your credit report but will not affect your credit score.

In order to better serve you, do we have your approval to share your application and supporting documentation with a local agency that might be able to provide assistance with repairs or energy efficiency improvements?
Yes No

| Renter Signature* | Renter Print Name* | Date* |
|--------------------------|---------------------------|--------------|
| _____ | _____ | _____ |

Your household members can speed up the application process. Signing below gives TVA EnergyRight permission to use a third-party agency to verify their income. This inquiry will be listed on their credit report but will not affect their credit score. TVA's program delivery partner also reserves the right to request additional documents as needed.

| Household Member Signature (If Applicable) | Household Member Print Name | Date |
|---|------------------------------------|-------------|
| _____ | _____ | _____ |

| Household Member Signature (If Applicable) | Household Member Print Name | Date |
|---|------------------------------------|-------------|
| _____ | _____ | _____ |

| Household Member Signature (If Applicable) | Household Member Print Name | Date |
|---|------------------------------------|-------------|
| _____ | _____ | _____ |

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STEP 6 The Landlord MUST Provide a Signature, Date and Mailing Address

Full Name: _____

Address: _____

This Agreement is for the provision of work under the Home Uplift Program for the property located at the address above. The Owner/Authorized Agent agrees to the following conditions:

1. The benefits of the weatherization assistance provided shall accrue primarily to the lessee;
2. The rent for the property shall not be raised for a period of one year from the completion date of the weatherization work, unless the increase is demonstrable related to matters other than the weatherization work performed. This rent freeze remains in place for a period of one year from date of completion of the weatherization work, even if the applicant no longer resides in the property;
3. The lessee will not be evicted without legal cause (non-payment of rent, etc.) for a period of one year from the date of the completion of the weatherization work;
4. If a complaint regarding a rent increase or eviction action is received by the Agency, the Owner/ Authorized Agent agrees to immediately provide the Agency, upon request, written information that the terms of this Agreement have not been violated;
5. No undue or excessive enhancement shall occur to the value of the property identified above;
6. There is no known plan for government acquisition or clearance of the property within 12 months of receiving weatherization work;
7. Permission is granted for the Agency to conduct or to make arrangements for weatherization work to take place, including the inspection of the interior and exterior of the home, the installation of weatherization materials as authorized by the weatherization agency, access to the home for the inspection or completed work;
8. In the event the property is sold, the new owner shall be bound by the terms of this agreement;
9. The terms of this Agreement shall be binding on the parties hereto, their heirs, executors, administrators, representatives, successors and assigns;
10. If this Agreement is not adhered to, the cost of the weatherization improvements shall be reimbursed by the Owner/Authorized Agent to the Home Uplift Program.

Owner/Authorized Agent Signature

Date

Mailing Address

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STEP 7 Application Checklist



**We cannot begin to process your application until all documents are submitted.
Please call 1-888-986-7262 for assistance.**

Did you provide identification requested in STEP 1?

Did you add all other household members requested in STEP 5?

Did you agree to the application by providing a signature and date for you and others living in the household?

Did your landlord provide a signature, date and mailing address in STEP 6?



**Return this application and requested documents
(steps 1-4) to one of the following:**

Mail: Home Uplift c/o CLEAResult, P.O. Box 290189, Nashville, TN 37229

Email: support@mytva.com | Fax: 888-995-7068