

100 South 3rd Street, McCleary, WA 98557 ● 360.495.3667(phone) 360.495.3097(fax) CityofMcCleary.com

CONSERVATION PROGRAM

WEATHERIZATION PROJECT APPLICATION

Personal Information:

Maiiiii Addii A			
	Street	City,State	Zip code
Physical Address (if different):			
(ii dillerent)	Street	City,State	Zip code
Home Phone # :		Work Phone # :	
Email address:			
City of McCleary Account #	<i>‡</i> :		
Weatherization Proje	ct: (please fill in	all that apply, and att	ach bids):
	•		
Attic Insulation (SF) Wall Insu	ulation(SF	F) Floor Insulation (SF)
Windows / Sliding Glass	Doors (Existing	SF) Windows / Sli	ding Glass Doors (NewSF)
Insulated Exterior Door (Qty)		
Please attach documentati			possible. Attach documentation to
support project cost and er	· ·		
support project cost and er		completed for weather	ization projects.
support project cost and er Th By signing below, I/we cerunderstand that the agreem	ne following MUST be retify that the primary tent for work to be pene work, and that the	source of heat in my/or erformed is solely betw City of McCleary is no	ur home is electricity. I/we also een me/us and the contractor(s) I/we it in any way responsible for the work
The support project cost and er support project cost and e	retify that the primary tent for work to be per work, and that the n connection with en	source of heat in my/or erformed is solely betw City of McCleary is no ergy efficiency measur	ur home is electricity. I/we also een me/us and the contractor(s) I/we it in any way responsible for the work

The City of McCleary reserves the right to revise program rules and guidelines, including discontinuing all or part of the available incentives, at any time and without prior notice.

All projects, **once approved**, will be subject to the guidelines in place at the time of approval.

Revision Date: 10-2-13

Pre-Approved		
Pre-Constr. Review		
Constr. Complete		
Project Approval		
CP#	Int.	Date



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REBATE DISCLOSURE STATEMENT

I understand that I am receiving assistance from the City of McCleary for the express purpose of energy efficiency improvements to my property or place of residence. I further understand that the City of McCleary may work in cooperation with other non-profit entities, including Aberdeen Neighborhood Housing Services, Coastal Community Action Program and USDA Rural Development, in order to benefit residents of the communities it serves, and that it is the intention of the City of McCleary and these other entities to obtain the maximum benefit from the limited public funds they administer.

I understand that it is my responsibility to disclose to the City of McCleary (and any other local, state of federal non-profit agency providing assistance) any other assistance I am receiving related to said project. Therefore, I hereby affirm that I am not receiving aid through any other local, state or federal assistance program for the project covered by my rebate except for those listed below:

Agency Name	Agency Name	
other non-profit entities, includin	ty of McCleary to share informationg but not limited to including Aberction Program and USDA Rural D	deen Neighborhood Housing
Signature of Applicant	Printed Name	 Date
Signature of Co-Applicant	Printed Name	 Date

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Revision Date: 3-1-11