



P.O. Box 101020
 Anchorage, AK 99510-1020
 907-338-6100
 1-800-478-AHFC

Weatherization Assistance Program

Through this program, eligible low-income Alaskans can lower the cost of heating their homes. AHFC provides funds to non-profit organizations and municipalities. To apply for the program, Alaskans should contact the program provider for their area.

Individuals who meet income guidelines may apply for the Weatherization Program through the weatherization service provider in their area. Homeowners and renters may apply.

The weatherization provider will provide program services at no cost to qualified applicants.

For someone living in a home owned by a state-designated regional housing authority, contact the housing authority directly.

Individuals may not participate in both the Weatherization Program and the Home Energy Rebate Program, and certify that no household member has received an AHFC Home Energy Rebate after May 1, 2008.

The WX application is available at www.thrha.org website to download.

To participate in the Weatherization Assistance Program contact the following THRHA office.

- THRHA Juneau Office. phone: (907) 780-6868

Check: **Income Guidelines**

Contact: **Weatherization Service Provider or Regional Housing Authority**



ACDC
 1517 S Industrial Way STE 8
 Palmer, AK 99645-6791
 907-746-5680
 800-478-8080 (Toll Free)
 907-746-5681/800-478-1530 Fax
 Web site: www.alaskacdc.org



RURAL CAP
 PO Box 200908
 Anchorage, AK 99520-0908
 907-279-2511
 907-278-2309 Fax
 800-478-7227
 800-478-6343 Fax



Tlingit-Haida Regional Housing Authority

THRHA
 P.O. Box 32237
 Juneau, Alaska 99803
 907-780-6868 Phone
 907-780-6895 Fax
 Website: www.thrha.org

Weatherization Application Instructions

All of this information must be provided before your application can be processed

Page 1

Applicant Name:

Name, phone numbers

Site Address:

Street name and number and/or lot, block and subdivision

Mailing Address:

Where you receive your mail

Directions to Home:

If no street address, tell us how to find your house.

Type of Residence: (Mark boxes that apply)

Owner Occupied—if you own the house.

Rental Unit—if the house, trailer, apartment belongs to someone else

Single family—dwelling (house or mobile home) for one family

Multiple family—duplex, triplex, apartment house

Rental Unit:

If you are not the owner of the house provide the owner's name, phone number and complete address street or box, city, state, zip

Total Number in Household:

Write the number of people actually living in the house

Name and Social Security Number

List all the people that permanently live in the house. Fill in or circle the information for Social Security number, Sex, Date of Birth (DOB) and Sources of Income. Leave the calculation and annual total blank, this will be completed by THRHA weatherization staff when income is verified

Page 2

Applicant's Signature:

Read, affirm and sign the application.

Homeowner Certification:

If you own the house fill in your name and the property address (description) then sign as the Owner. If you are renting or someone else owns the house and does not live there, leave this section blank.

Page 3

Authorization for Release of Information

All adults (18 years and older) permanently living in the house need to print their name, social security number, then sign the form. Without signatures by all adults in the household, the application can not be evaluated.

Page 4

Request to Release Confidential Records/Information

- Each adult in the households needs to fill out the name and social security number spaces, then sign near the bottom. This form is required by the Department of Labor to verify employment and income information.

Page 5

Fuel Information Release Form:

- Attach copies of fuel & electrical consumption records (that show quantities used) to this form.
- Check the appropriate boxes to describe the fuel you use for heat and hot water.
- Provide the name, phone, fax, address, account number for fuel and electric suppliers.
- Provide your name, address.
- Sign the release.

Weatherization Assistance Application

Number in household who are:	55 years of age or older	Native American	Disabled
<p>Applicant Affirmation</p> <p>I subscribe and affirm, under the penalties of law, that the statements made in this application for weatherization assistance (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Prior to any weatherization work, I agree to notify the agency of any changes in the information in this application. I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given.</p> <p>I certify that no household member has received an AHFC Home Energy Rebate after May 1, 2008.</p> <p>I certify that no household member holds a Temporary Resident Status granted under the Immigration and Nationality Act as amended under the Immigration and Control Act of 1986 (Public Law 99-603).</p> <p>This assistance has no affect upon my social security, public assistance or any other income I have. The weatherization work done will not obligate me financially and no lien</p>		<p>or mortgage will be held on the property, unless false or inaccurate information has been provided to make me eligible for this assistance. I will not be held liable for any injury or damage occurring on my property which is not a result of my negligence or malfeasance. I certify that I have given my permission to allow work and monitoring of work on the property listed in this application. I understand that it is the dwelling occupant and/or owner's responsibility to discover and correct unsafe or out-of-compliance conditions which exist apart from the weatherization work.</p> <p>I understand that this application for weatherization assistance does not guarantee that assistance will be granted but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the number of applications received, the funds available and the priorities to be met by the program.</p> <p>I have read and understand the provisions of the Federal Privacy Information Act.</p>	
<p>Applicant's Signature X _____</p> <p>Applicant's Representative X _____</p> <p style="text-align: center;">Relationship</p>		<p>Date: _____</p> <p>Date: _____</p>	

Homeowner Certification

(If applicant is renter, agency must use Permission To Enter Premises form and may require Landlord-Tenant Agreement)	
I / We, _____, certify that I / we am / are the owner(s) of the property at _____ (print address)	
Owner's Signature _____	Date: _____
Office use only	
Ownership verified by: Examination of deed Tax Assessment Other: _____	List income documentation verified: _____
Agency Signature _____	Date _____

Return application to:

The nearest THRHA Weatherization Office in your community or mail this application to
 Tlingit-Haida Regional Housing Authority c/o Weatherization Processing
 P.O. Box 32237 Juneau, Alaska 99803-2237

**FEDERAL PRIVACY ACT INFORMATION FOR APPLICANTS
WEATHERIZATION ASSISTANCE PROGRAM**

TLINGIT-HAIDA REGIONAL HOUSING AUTHORITY

ALASKA HOUSING FINANCE CORPORATION

Privacy Act Provisions

Under section 3(e)(3) of the Privacy Act 1974, (5 USC 552a(e)(3)), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested on the application for weatherization. You may retain this statement for your records.

Program Authority

The specific authority for the maintenance of weatherization client information is sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94-385. These sections direct the U.S. Department of Energy (DOE), which is a sponsor of this program, to monitor the effectiveness of this program and to require a weatherization agency implementing this program to keep records for DOE monitoring.

Alaska Housing Finance Corporation is the recipient of weatherization funds from both DOE and the State of Alaska Department of Health and Social Services, and is required by 10 CFR 440 to document the eligibility of every dwelling unit weatherized and to maintain records for program monitoring and evaluation.

Voluntary disclosure

Your responses to the request for information on the Weatherization Assistance Application, Authorization for Release of Information form, and Fuel Information form are entirely voluntary.

Principal purpose of information

The information will be used by the local weatherization agency to implement the weatherization program. It will be used by the DOE and Alaska Housing Finance Corporation to monitor the effectiveness of this program.

Routine uses

The information which you provide may be used in monitoring, evaluating, and planning housing programs. In addition, the information may be used in investigative, enforcement or prosecutorial proceedings. Your application information is kept confidential.

Effects of not providing information

Should you decline to provide the information requested on the Application and forms, your dwelling cannot be considered for weatherization assistance.

WEATHERIZATION ASSISTANCE PROGRAM

TLINGIT-HAIDA REGIONAL HOUSING AUTHORITY

Client No. _____
ALASKA HOUSING FINANCE CORPORATION

**AUTHORIZATION
for Release of Information**

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to THRHA any information needed to complete and verify my application for assistance under the Low-Income Weatherization Assistance Program (WAP). I understand and agree that this authorization or the information obtained with its use may be given to and used by the Alaska Housing Finance Corporation (AHFC) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that previous and current information regarding me and my family unit may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- Employment and Income
- Public Assistance payments

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include but are not limited to:

- Banks and other Financial Institutions
- Medical and Child Care Providers
- Past and Present Employers
- Retirement Systems
- Social Security Administration
- State Unemployment Agencies
- Support and Alimony Providers
- Veterans Administration
- Welfare Agencies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that AHFC or THRHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. AHFC or the Weatherization agency may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, State welfare and food stamp agencies, and the Social Security Administration.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with THRHA. I understand I have a right to review my file and correct any information that is incorrect.

SIGNATURES (All adult residents must sign. Please request another copy if necessary.)

X _____
Applicant Signature Date

Applicant Printed Name SSN#

X _____
Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

X _____
Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

X _____
Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

X _____
Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

X _____
Adult Household Member Signature Date

Adult Household Member Printed Name SSN#

Reason(s) for missing signatures: _____

Effective
December
1, 2011

FY 2012 100 % OF MEDIAN INCOME LIMITS FOR ALASKA

See notes on page 3 for serving Families with incomes between Low and Median Incomes.

Community Name	INCOME LIMIT - 1 PERSON	INCOME LIMIT - 2 PERSONS	INCOME LIMIT - 3 PERSONS	INCOME LIMIT - 4 PERSONS	INCOME LIMIT - 5 PERSONS	INCOME LIMIT - 6 PERSONS	INCOME LIMIT - 7 PERSONS	INCOME LIMIT - 8 PERSONS	EA ADDED FAMILY MEMBER
Aleutians East Borough Low Income Limit	49,800	56,900	64,000	71,100	76,800	82,500	88,200	93,900	5,688
Aleutians West Census Low Income Limit	60,900	69,600	78,300	87,000	94,000	101,000	107,900	114,900	6,960
Bethel Census Area Low Income Limit	55,300	63,200	71,100	79,000	85,400	91,700	98,000	104,300	6,320
Bristol Bay Borough Low Income Limit	55,600	63,500	71,400	79,300	85,700	92,000	98,400	104,700	6,344
Denali Borough Low Income Limit	68,500	78,300	88,100	97,800	105,700	113,500	121,300	129,100	7,824
Fairbanks North Star Borough Low Income Limit	59,300	67,700	76,200	84,600	91,400	98,200	105,000	111,700	6,768
Haines Borough Low Income Limit	49,800	56,900	64,000	71,100	76,800	82,500	88,200	93,900	5,688
Hoonah-Angoon Census Area Low Income Limit	49,800	56,900	64,000	71,100	76,800	82,500	88,200	93,900	5,688
Juneau Borough Low Income Limit	66,000	75,400	84,800	94,200	101,800	109,300	116,900	124,400	7,536
Kenai Peninsula Borough Low Income Limit	52,100	59,600	67,000	74,400	80,400	86,400	92,300	98,300	5,952
Ketchikan Gateway Borough Low Income Limit	54,600	62,400	70,200	78,000	84,300	90,500	96,800	103,000	6,240
Kodiak Island Borough Low Income Limit	49,800	56,900	64,000	71,100	76,800	82,500	88,200	93,900	5,688
Nome Census Area Low Income Limit	50,100	57,200	64,400	71,500	77,300	83,000	88,700	94,400	5,720
North Slope Borough Low Income Limit	53,700	61,400	69,100	76,700	82,900	89,000	95,200	101,300	6,136
Northwest Arctic Borough Low Income Limit	49,800	56,900	64,000	71,100	76,800	82,500	88,200	93,900	5,688
Petersburg Census Area Low Income Limit	55,400	63,300	71,200	79,100	85,500	91,800	98,100	104,500	6,328
Prince of Wales-Hyder Census Low Income Limit	49,800	56,900	64,000	71,100	76,800	82,500	88,200	93,900	5,688
Sitka City & Borough Low Income Limit	53,000	60,600	68,200	75,700	81,800	87,900	93,900	100,000	6,056
Skagway Municipality Low Income Limit	55,400	63,300	71,200	79,100	85,500	91,800	98,100	104,500	6,328
Southeast Fairbanks Census Area Low Income Limit	49,800	56,900	64,000	71,100	76,800	82,500	88,200	93,900	5,688
Valdez-Cordova Census Low Income Limit	51,800	59,200	66,600	73,900	79,900	85,800	91,700	97,600	5,912
Wade Hampton Census Area Low Income Limit	49,800	56,900	64,000	71,100	76,800	82,500	88,200	93,900	5,688
Wrangell City and Borough Census Area Low Income Limit	49,800	56,900	64,000	71,100	76,800	82,500	88,200	93,900	5,688
Yakutat City & Borough Low Income Limit	55,400	63,300	71,200	79,100	85,500	91,800	98,100	104,500	6,328
2012 DOE Poverty Income Levels	25,080	33,860	42,640	51,420	60,200	68,980	77,760	86,540	8,780

LANDLORD - TENANT AGREEMENT

PERMISSION TO ENTER PREMISES / RENTAL AGREEMENT

- **Landlord, complete** this page and the Landlord Certification on the back. Also, **provide** proof of ownership.
- **Tenant, complete** the Renter Certification on the back.

I, _____, certify that I am the owner/authorized agent, herein
Name (Please print.)

referred to as "Owner" for the property located at:

Street Address or Legal Description	City	State
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The property is presently rented to the following:

Primary tenant _____ for \$ _____ rent per _____ month _____ year.

Number of rental dwelling units in this structure: _____.

Owner/Agent authorizes _____ as provider of Weatherization services to conduct energy related building inspections and assessments, repairs, and improvements. Any materials installed under this agreement shall remain as part of the premises.

The amount of materials and labor provided by the Weatherization provider will not exceed \$4,000 per unit for buildings with four or fewer units (\$3,000 per unit for buildings with five or more units) unless the Owner is willing to contribute.

Owner will be asked to contribute 50% of the cost of Weatherization services above the not-to-exceed limit. The Weatherization Provider will match dollar-for-dollar an Owner contribution up to an amount estimated by the Weatherization assessor, not to exceed \$4,000 of Weatherization funds per unit for buildings with four or fewer units (\$3,000 per unit for buildings with five or more units). The cost of building permits shall be borne by the Owner of the building.

An addendum defining the scope of work to be accomplished on this building will be attached to this agreement following the Weatherization assessment, should the Owner choose to participate financially or with in-kind services.

Owner will be asked to contribute toward Weatherization improvements. Please indicate the option you think best suits your needs. [Note: Option "c." is available only to individual landlords (not businesses or consortiums) who own four or fewer rental units either in single or multi-family structures combined.]

- a. ____ Cash contribution toward Weatherization services. (In addition to (d.) below, Weatherization Provider will match Owner contributions dollar-for-dollar, to an amount to be determined by the Weatherization assessor. At the discretion of the Weatherization provider, this contribution may be paid directly to a contractor or vendor designated by the Weatherization provider.)
- b. ____ In-kind contribution (to be completed prior to Weatherization improvements wherever possible). Legitimate expenses can qualify for the match defined in (a.) above.
- c. ____ Waiver of Owner contribution based on verification by the Weatherization provider that *the Owner's gross household income* does not exceed Weatherization income guidelines.
- d. ____ No Owner contribution toward Weatherization improvements. Weatherization provider will provide up to \$4,000 per unit for buildings with four or fewer units (\$3,000 per unit for buildings with five or more units).

Only eligible Weatherization measures as defined by the Alaska Weatherization Assistance Program shall be applied to any building, if the funds used to perform those measures are funds provided by Alaska Housing Finance Corporation (AHFC), and/or the U.S. Department of Energy (DOE). No undue enhancement shall occur to the value of the dwelling units as a result of Weatherization work performed. Undue enhancement is defined as any enhancement to a building that increases the value of the property and does not provide energy conservation or health and safety benefits to the tenant.

Commencing on the date the Owner and/or tenant signs that work is complete and continuing for a period of eighteen (18) months, Owner agrees not to increase rents on units weatherized. If a lease in effect expires prior to the end of the eighteen-month period, a new lease may be signed, but rents will remain at the previous level until the expiration of the eighteen-month period, unless demonstrably related to matters other than Weatherization work. (10CFR 440.22(b)(3)(ii)) Demonstrably related to matters other than Weatherization work performed is defined as an increase in excess of 25% per year in (1) Fair Market Value of rental units, (2) an increase in property taxes, or (3) an increase in the rate of utilities paid by Owner. Any increases should be split equally between all units in the building.

Owner also agrees not to terminate or evict any covered tenants or any subsequent tenants, commencing on the date the Owner and/or tenant signs that work is complete and continuing for a period of eighteen (18) months. This provision is in effect provided the tenant complies with all obligations owed to the Owner in accordance with any leases or rental agreements between the Owner and tenants.

This agreement applies to present tenants and any subsequent tenants for the eighteen-month period.

If a tenant believes rents have increased contrary to the provisions of this agreement or has received an eviction notice without cause, the tenant may contact Alaska Legal Services.

This agreement shall run with the land and/or weatherized unit in the case of sale or transfer to other Owner(s)/agents. The Owner is responsible to give official notice of this agreement to any subsequent Owner(s).

Either party to this agreement may bring an action for specific performance of its terms. Tenants residing in dwelling units covered by this agreement are intended third-party beneficiaries of any of the provisions of the agreement related to rental increases, evictions, and terminations of tenancies.

TENANT Certification

I, _____, certify that I am currently renting a dwelling unit located at:
Name (Please print.)

Street Address or Legal Description City State

I have read and understand the terms of this agreement.

Signature Date

LANDLORD (Owner or Authorized Agent) Certification

I have read and agree to the terms of this agreement.

Signature of Owner or Authorized Agent * Date

Mailing Address City State Zip

Phone No.: _____ Fax No.: _____ Msg. No: _____

*** AGENT: INCLUDE A COPY OF YOUR AGENT AGREEMENT WITH THE OWNER.**

WEATHERIZATION SERVICE PROVIDER Certification

I have read and agree to the terms of this agreement.

Signature of Weatherization Service Provider Authorized Agent Date

Tlingit-Haida Regional Housing Authority
P.O. Box 32237 Juneau, AK 99803
(907) 780-6868(p) (907) 780-6253(f)



Tlingit-Haida Regional Housing Authority

Tlingit-Haida Regional Housing Authority
P.O. Box 32237 Juneau, Ak 99803
(907) 780-6868(p) (907) 780-6253(f)

Dear Landlord:

Attached is an Addendum to the *Landlord-Tenant Agreement Permission to Enter Premises/Rental Agreement* (LTA) that you signed to allow the Weatherization of your rental unit for the tenant named on that document. The Addendum must be signed and returned to our office before we can proceed with the Weatherization of the dwelling.

Landlords are required to contribute one half of the cost of Weatherization materials and labor in excess of \$4,000 per dwelling unit; or for multi-family buildings of five or more units, one half of the cost of Weatherization materials and labor in excess of \$3,000 per unit. The dollar-for-dollar match may not exceed \$4,000 for buildings of one to four units; \$3,000 for multi-family buildings of five or more units. In other words, the maximum amount of Weatherization funds allowed per eligible unit in a building of one to four units is \$8,000; the maximum per unit limit for an eligible unit in a multi-family building of five or more units is \$6,000.

Attached you will find a description of proposed Weatherization improvements.

If you cannot make the required payment, the job may still proceed without all of the items being completed. If you choose to contribute, please make your check or money order payable to **Tlingit-Haida Regional Housing Authority**. If a contribution is required, it must be received by **10 days of a signed agreement** before we will order materials and/or proceed with the work.

In order to complete our work in a timely manner, **please respond to this request within fifteen days of the mailing date**. Failure to respond within the allotted time frame may result in the cancellation of the project.

Thank you for your interest in this program. If you have any questions about this matter, please feel free to contact me at _____.

Sincerely,

THRHA Representative



Alaska Weatherization Assistance Program

**Landlord-Tenant Agreement
Permission to Enter Premises/Rental Agreement
Addendum**

Client # _____

Date:	_____	Contractor:	_____
			name/telephone
Landlord:	_____	Tenant:	_____
Mailing	_____	Residence	_____
Address:	_____	Location:	_____
Telephone:	_____	Telephone:	_____

Total Project Cost: \$ _____ **Total Landlord Contribution:** \$ _____

This is an Addendum to the *Landlord-Tenant Agreement Permission to Enter Premises/Rental Agreement (LTA)* signed by the above-named Landlord and Tenant, and the Weatherization service provider known as THRHA. It becomes effective when the Weatherization service provider receives this Addendum, signed by the Landlord; any applicable Landlord contribution; and any other documentation required as specified in this Addendum or the scope of work.

Attached is a scope of work, which describes the Weatherization measures and materials proposed for the dwelling unit. The cost of any building permits shall be borne by the Owner of the building.

In addition to the provisions of the LTA, the following provisions shall apply:

- The Landlord may elect to pay the additional cost of the proposed Weatherization measures or may elect to have the job reduced to those measures that total less than the allowed limit.
- All materials installed in the dwelling shall become the property of the Landlord upon installation and remain with the building.
- The Landlord agrees not to increase rents commencing on the date the Landlord signs this Addendum and continuing eighteen (18) months after the date the Landlord and/or the Tenant sign(s) that the work is complete. If a lease in effect expires prior to eighteen (18) months after the date the work is completed, a new lease may be signed, but rents will remain at the previous level until the expiration of the eighteen month period, unless demonstrably related to matters other than Weatherization work.

“Demonstrably related to matters other than Weatherization work” is defined as increases in excess of 25% per year in (1) Fair Market Value of rental units, (2) an increase in property taxes, or (3) an increase in the rate of utilities paid by the owner. Any increases should be split equally between all units in the building.

- The Landlord also agrees not to terminate or evict any covered tenants or subsequent tenants, commencing on the date of signing this agreement, and continuing for a period of eighteen months after the Landlord and/or the Tenant sign(s) that the work is complete. This provision is in effect provided that the Tenant complies with all obligations owed to the Landlord in accordance with any leases or rental agreements between the Landlord and the Tenant.
- This agreement applies to present tenants and any subsequent tenants for the eighteen-month period, and the Owner agrees to provide subsequent tenants with a copy of this agreement.

In addition to the provisions outlined above, all provisions of the Alaska Uniform Landlord and Tenant Act (AS 34.03.010-380) apply to the Landlord and Tenant(s) who are parties to this agreement.

Either party to this agreement may bring an action for specific performance of its terms. Tenants residing in dwelling units covered by this agreement are intended third-party beneficiaries of any provisions of the agreement related to rental increases, evictions, and termination of tenancies.

Landlord

I have read and agree to the terms of this Addendum and do hereby authorize the Weatherization service provider to proceed with the proposed improvements. I elect to make

- () a cash contribution toward improvements in the amount noted above.
- () an in-kind contribution toward improvements in the amount noted above. [Note: Prior approval must be given for all in-kind contributions. Call this office *before* completing this Addendum to verify that your in-kind contribution qualifies. Once it has been approved, sign and date this Addendum and return it to this office *with copies of the invoices for your purchases if you have not already provided them.*]
- () no cash contribution toward improvements because the costs do not exceed the per unit limit, or I wish to keep the cost of improvements to less than the per unit limit.

If you do not elect to contribute the total owner contribution, please contact _____ at _____.

Signature of Landlord

Date

\$ _____
Amount of Check

Bank Name on Check or Money Order

Check Number

Weatherization Service Provider

I have read and agree to the terms of this agreement.

Signature of Authorized Agent for Weatherization Service Provider

Date

Please respond to this request within thirty days of the date of this Addendum.

In order to complete our work in a timely manner, this request requires your prompt attention. Failure to respond within the allotted time frame will result in the cancellation of the project.

<p>For Office Use Only:</p> <p>Signed, completed copy sent to landlord and tenant:</p> <p style="text-align: center;">____/____/____</p>
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