

Please complete and return to:

University of Central Florida
Florida Solar Energy Center
Attn: Jeremy Nelson
1679 Clearlake Rd.
Cocoa, FL 32922

Fax: 321-638-1439

Homeowner _____

Address _____

Phone Number _____

Email _____

HOMEOWNER AGREEMENT

Field Testing to Characterize Air Pathways and Operating Pressures in Residences

This agreement is entered into this ____ day of _____, 20__, (hereinafter referred to as "Effective Date") between _____, (hereinafter referred to as "Homeowner"), residing at _____, (hereinafter referred to as "Residence"), and the University of Central Florida, by and on behalf of its Board of Trustees, for the benefit of the Florida Solar Energy Center, (hereinafter referred to as "UCF/FSEC")

UCF/FSEC has been awarded a contract from the United States Department of Energy to study air pathways in multi-story single-family residences. The goal of this study is to evaluate air leakage and pressure differentials related to specific types of construction practices in houses built in the southeastern United States. Under the terms of the contracts, it is necessary for UCF/FSEC to inspect attic construction, and measure air flows, airtightness, air infiltration, and air pressures. Homeowner agrees to participate in the study, and to make its site available for use in the study as described in this agreement.

During a period of approximately, but not limited to five (5) hours, UCF/FSEC will make several inspections and measurements of return air pathways, air flows, house airtightness, other air pathways, and building pressures. Test equipment for the purpose of measuring air pressures, air flows, and airtightness will be used by UCF/FSEC staff at the residence. These testing devices require minimal electric power to operate, which the Homeowner agrees to furnish without cost to UCF/FSEC. No alterations will be made to the house or any component therein as part of this testing.

Homeowner understands that as an integral part of this project, it will be necessary for UCF/FSEC personnel to have access to areas where the second floor spaces are adjacent to attic space, to various rooms in the home, and where air handlers are located. Homeowner agrees to make access to various spaces in the home, as may be necessary, available to qualified personnel for this purpose, and to notify UCF/FSEC of any known hazards or defects within the house or on the property.

UCF/FSEC agrees to pay Homeowner a one time payment of \$50 upon completion of testing and submission of proper invoice and IRS W-9 form for permitting access to the residence.

Homeowner represents and warrants that Homeowner has the authority to enter into this agreement and that Homeowner is the rightful owner of the Residence with full rights, title and interest in the Residence. UCF/FSEC acknowledges that it has relied without independent investigation upon the representations and warranties of the Homeowner set forth in this agreement.

Homeowner knowingly and voluntarily releases and forever discharges the University of Central Florida, including the Florida Solar Energy Center, the University of Central Florida Board of Trustees, the State of Florida, the Florida Board of Governors and their respective officers, directors, agents, employees, servants, and volunteers from any and all liability whatsoever for any and all damages, losses, injuries sustained by Homeowner or by Homeowner's property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys fees, which arise out of, result from, occur during, or are connected in any manner with Homeowner's participation in

the case study.

UCF/FSEC may terminate this Homeowner Agreement at any time, upon thirty days written notice to the Homeowner.

UCF/FSEC assumes any and all risks of personal injury and property damage attributable to the negligent acts or omissions of UCF/FSEC and its officers, employees, servants, and agents thereof while acting within the scope of their agency or employment by UCF/FSEC in connection with the case study described herein. UCF/FSEC warrants and represents that it is self-funded for liability insurance, both public and property, with said protection being applicable to officers, employees, servants, and agents while acting within the scope of their employment by UCF/FSEC. UCF/FSEC and Homeowner further agree that nothing contained herein shall be construed or interpreted as (1) denying to either party any remedy or defense available to such party under the laws of the State of Florida; (2) the consent of the State of Florida or its agents and agencies to be sued; or (3) a waiver of sovereign immunity of the State of Florida beyond the waiver provided in Section 768.28, Florida Statutes.

This agreement embodies the entire agreement and understanding between the Homeowner and UCF/FSEC and supersedes all prior agreements and understandings relating to the subject matter hereof. Except as otherwise expressly provided for herein, this agreement may be changed, waived, discharged or terminated only by an instrument in writing, signed by the party against which enforcement of such change, waiver, discharge or termination is sought.

Homeowner executes this agreement, fully intending to be bound by the same.

Homeowner _____ Date _____.
Homeowner _____ Date _____.

University of Central Florida:

By: _____
Name: Mary B. Stanley
Title: Assistant Director

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Employer identification number

			-							
--	--	--	---	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Invoice

Date _____

Payment Amount: \$50.00

Remit Payment to: _____
(print name)

(address)

For use of home for visual inspection and testing of house air flows, air infiltration, , air pressures, and airtightness on _____ (test date).

Testing occurred at: _____

Owner's signature

P.O. #: _____