

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL  
WEATHERIZATION ASSISTANCE PROGRAM  
DHCR #4**

**WEATHERIZATION APPLICATION**

APPLICANT NAME		JOB #	TELEPHONE NUMBER (    )			
APPLICANT ADDRESS	Street	City	County	Zip Code	Apt # or Floor	
DIRECTIONS TO THE HOME						
TYPE OF RESIDENCE	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental Unit	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Multiple Dwelling Unit	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Group Home/Shelter	<input type="checkbox"/> Room		
If Rental Unit, Heat Paid By: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant						
LANDLORD'S NAME Landlord's Address						
OWNER'S NAME Owner's Address						
Total Number of Household Members:	TOTAL INCOME: Complete the following table, listing income received by each household member 16 or older who is not a full-time student; and the names, and ages for all members of the household.					
Name	SEX	AGE	SOURCE(S) OF INCOME	AMOUNT IN DOLLARS		
				WEEKLY	MONTHLY	YEARLY
TOTALS						

Indicate number in household who

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| Are 60 years of age or older _____   | Are Asian or Pacific Islanders _____ |
| Have handicapping condition(s) _____ | Are Female Head of Household _____   |
| Are Black _____                      | Are unemployed _____                 |
| Are Hispanic _____                   | Are children 17 or younger _____     |
| Are Native American _____            | Are full-time students _____         |

Subgrantee Name, Address and Telephone Number: \_\_\_\_\_

APPLICANT AFFIRMATION

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. I also state that no person named in this application is subject to disqualification for weatherization services under the Immigration Reform and Control Act of 1986 (Public Law 99-603). I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given.

I realize that there is to be no lien or mortgage held on the property involved and that this has no affect upon my social security, public assistance, or any other income I may have. Also, the weatherization work done will not obligate me financially, and I will not be held liable for any injuries or damages occurring on my property which are not a result of my negligence or malfeasance.

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 remaining funds available and the priorities to be met by the program.

I have read and understand the provisions of the Personal Privacy Protection Law.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Representative \_\_\_\_\_

Date \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_

IF APPLICANT IS THE HOMEOWNER, PLEASE COMPLETE THE FOLLOWING **HOMEOWNER CERTIFICATION:**

I, \_\_\_\_\_, certify that I am the owner of the property at \_\_\_\_\_, (type in address).

I further certify that I have given my permission to allow work on the property listed above. I understand that no payment will be required for this service and that I will not be held liable for any injuries or damage.

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY

OWNER VERIFIED THROUGH:	<input type="checkbox"/> EXAMINATION OF DEED
	<input type="checkbox"/> CONFIRMATION BY COMMISSIONER OF DEEDS
	<input type="checkbox"/> CONFIRMATION BY TAX ASSESSOR'S OFFICE
INCOME GUIDELINES FOR A HOUSEHOLD OF _____ MEMBERS \$ _____ <input type="checkbox"/> DOCUMENTATION ATTACHED	
CATEGORICAL ELIGIBILITY: <input type="checkbox"/> SSI Recipient <input type="checkbox"/> HEAP Recipient <input type="checkbox"/> Public Assistance Recipient <input type="checkbox"/> NPA Food Stamp Recipient	
ON THE BASIS OF THE ABOVE INFORMATION, HOUSEHOLD <input type="checkbox"/> IS <input type="checkbox"/> IS NOT ELIGIBLE	
Intake Worker's Signature:	Date: