

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
DHCR # 5A**

ENERGY INFORMATION - A

For 1 to 4 Family House ? Yes No For a Multifamily Building? Yes No
Number of units in building _____ Complete "Energy Information - B" for each occupied unit

<p>Heating fuel: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ Secondary Heating fuel (if any) that you sometimes use: _____ Name and address of Heating fuel supplier: _____ Account Number (if gas): _____</p>
<p>Electric Utility: (check the one that provides your electric service) <input type="checkbox"/> Niagara Mohawk (NMPC) <input type="checkbox"/> Orange & Rockland (O&R) <input type="checkbox"/> Long Island Power Auth. (LIPA) <input type="checkbox"/> Rochester Gas & Electric (RGE) <input type="checkbox"/> Consolidated Edision (Con Ed) <input type="checkbox"/> NYS Electric & Gas (NYSEG) <input type="checkbox"/> Central Hudson Gas & Electric (CH) <input type="checkbox"/> Other _____ Electric Account Number: _____</p>

Customer Authorization for Release of Fuel/Energy Bills (past 2 yrs. and next 2 yrs.)

To: Fuel and Electric Suppliers listed above: I hereby authorize you to release information on my fuel bills, both past and future, to the following subgrantee or its designee.			
Name of Weatherization Subgrantee	Number and Street	City	Zip Code
I understand that this information is being made available to help to evaluate my energy use patterns in order to identify potential and actual energy savings resulting from work performed or services offered through the weatherization assistance program.			
Customer Name	Customer Signature	Date	
Number and Street	City	Zip Code	
Note: If there are account numbers in addition to those identified above, please attach a list of the numbers.			

<p>Service Agreement for Heating System: Do you currently have a service maintenance agreement for your heating system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please supply name, address and phone number of the service maintenance provider.</p>		
Name of Service Provider	Number and Street	
City	Zip Code	Telephone