

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL  
WEATHERIZATION ASSISTANCE PROGRAM  
DHCR # 6**

**PERMISSION TO ENTER BUILDING**

TO THE BUILDING OWNER:

Your building is being considered for weatherization services under the Weatherization Assistance Program (WAP). WAP is funded by the United States Department of Energy (DOE) and administered in New York State by the New York State Division of Housing and Community Renewal (DHCR).

WAP operates under the rules and regulations of both DOE and DHCR which have certain requirements, of which you, as a building owner, should be aware. At the bottom of this page is a form granting your permission for the local subgrantee to enter your building to perform an energy audit and collect eligibility documentation from your tenants.

Before the work begins on your building, you will receive a copy of the Weatherization Assistance Program Information Sheet and will be required to sign a Building Owner's Agreement, a copy of which is attached so that you may review it before the final signing.

A financial commitment from the building owner is required to weatherize each building containing rental units, except where the owner is an eligible applicant. This commitment can take several forms and is dependent on the results of the energy audit. When the audit is complete, the local weatherization subgrantee will meet with you again to discuss this commitment and sign the Agreement with you.

Before your building is audited, a good faith commitment of \$ \_\_\_\_\_ to cover the cost of the audit is required. When your building is weatherized, the audit fee will be credited to your financial commitment. If for any reason your building is not weatherized, a copy of the energy audit and the proposed workscope will be given to you.

PERMISSION TO ENTER Building

I, as owner/authorized agent for the building located at \_\_\_\_\_, have read and understand the above and hereby grant permission for representatives of \_\_\_\_\_ to enter this building for the purposes of conducting an energy audit and collecting eligibility documentation from the residents. I also include the required audit fee, under the conditions above.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Subgrantee Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

PLEASE COMPLETE:

This Building is owned or managed on behalf of US HUD or NYS DHCR. YES \_\_\_\_ NO \_\_\_\_  
If yes, Please indicate the following:

Project Manager: \_\_\_\_\_ Telephone Number: \_\_\_\_\_