



BRONX SHEPHERDS RESTORATION CORPORATION
 1932 Washington Avenue, Bronx, NY 10457
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WEATHERIZATION ASSISTANCE PROGRAM APPLICATION COVER PAGE

Bronx Shepherds Restoration Corporation can provide this building and its tenants, FREE Energy saving measures through **The Weatherization Assistance Program**, which is funded by The US Department Of Energy and US Department of Health and Human Services, and administered by The New York State Division of Housing and Community Renewal's Energy Services Bureau. DHCR/ESB (**Buildings must first qualify as Low-income, using current HEAP guidelines for each individual apartments**)

Funds are limited and applicants will be served on a first come first served basis. Energy saving measures may include but is not limited to repair or replacement of boilers, Exterior doors, water saving devices, pipe insulation, attic and wall insulation, windows, florescent lighting, refrigerators etc. (based on a computerized energy evaluation).

I am an Owner Tenant of the address listed below and I am interested in the **FREE** Weatherization services offered.

Building #	Street/Avenue	Zip Code	Cross Street
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Owner name	Owner address	Phone
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Superintendent	Apt #	Phone
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of Apartments in Building _____ Number of Floors _____

Con Edison Account number. (or copy of Con-Ed bill) _____

Copy of Proof Of Ownership enclosed. Yes No

Proof of ownership must include the building Block and Lot; (property tax bill, water bill, deed etc)

Has any of the following been replaced in the last 5 years?

Boiler Yes No Don't Know

New Roof Yes No Don't Know

Windows Yes No Don't Know

Other major work done within the last year. _____

Has this Building Ever Received Weatherization Yes No Don't Know

If yes, give approximate date. - _____

Buildings are prohibited from receiving re-weatherization without prior State approval.

If Weatherization was done prior to September 1993, the building may be eligible again.

My building is in need of the following **energy conservation** services:

My name is _____ Phone _____ Date _____

Mail completed application to address above. All other forms must be attached, including Permission to enter premises, and Fuel authorization forms.

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
DHCR #3**

PERSONAL PRIVACY PROTECTION LAW PROVISIONS

The New York State Personal Privacy Protection Law (Public Officers Law, Article 6-A) requires in § 87(1) (d) that each subgrantee that maintains a system of records provide each subject from whom it requests information with certain notifications as provided below:

Name of the agency requesting the information:

NYS Division of Housing and Community Renewal, Energy Services Bureau

Name of the system of records:

Weatherization Database

Agency official responsible for the records:

Energy Services Bureau Director
Division of Housing and Community Renewal
38-40 State Street
Albany, New York 12207
518-474-5700

Authority for collection for information:

The Energy Conservation and Production Act (P.L. 94-385) § 416 and § 417. These sections require the state to keep records for the purposes of monitoring and evaluation and for the preparation of reports. Program regulations contained in 10 CFR 440.22 require that eligibility for the program be established, which requires the collection of personal information.

Effects of not providing the requested information:

If information requested on the Application for Weatherization Assistance is not provided, the applicant's dwelling cannot be weatherized.

Principal purpose for which the information is being collected:

Implementation of the Weatherization Assistance Program.

Routine uses for the collected information:

Use by Division of Housing and Community Renewal and local subgrantee employees for administration of the Weatherization Assistance Program including the preparation of reports to the United States Department of Energy.

Subgrantee Information:

Bronx Shepherds Restoration Corp.	1932 Washington Avenue
Subgrantee Name/Contact	Number and Street
Bronx, NY	10457
City, State	Zip Code
	(718)299-0500
	Telephone Number (with area code)

**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: _____</p> <p>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 _____</p> <p>Electric Account Number: _____</p>

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

<p>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.</p>			
Bronx Shepherds Restoration Corp.	1932 Washington Avenue	Bronx	10457
Name of Weatherization Subgrantee	Number and Street	City	Zip Code
<p>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.</p>			
_____	_____	_____	_____
Customer Name	Customer Signature	Date	
_____	_____	_____	_____
Number and Street	City	Zip Code	
<p>Note: If there are account numbers in addition to those identified above, please attach a list of the numbers.</p>			

<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

**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 Bronx Shepherds Restoration Corp 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: Barry Seebachan

Date: _____

Title: Weatherization Director

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: _____

REV. EDWARD TINSLEY
President

TED JEFFERSON
Executive Director



Bronx Shepherds Restoration Corporation

MEDIA RELEASE FORM

By signing below I, Mr./Mrs./Ms. _____ (*client name*) authorize the agency identified above to photograph the interior and exterior of my home, myself, my family and work performed by the Weatherization Assistance Program.

I understand, the photos will be used throughout the country by other local, state and federal agencies for informational and instructional purposes only and will not be sold or used by the agency or any of the above to generate a profit. I have not been compensated nor will I seek compensation for the photos and release the agency from responsibility should a third party violate the terms of this release.

Client Signature

Date

**Witness
(Bronx Shepherds Restoration Corp)**

Date



*Weatherization
Works*

BRONX SHEPHERDS RESTORATION CORPORATION

NEW YORK STATE DIVISION OF HOUSING AND COMMUNITY RENEWAL
ENERGY SERVICES BUREAU
WEATHERIZATION ASSISTANCE PROGRAM

1-4 FAMILY HOME

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED ALONG WITH YOUR APPLICATION FOR WEATHERIZATION;

The following forms must be completed and returned:

- 1) WEATHERIZATION COVER PAGE
- 2) ENERGY INFORMATION
- 3) WEATHERIZATION APPLICATION
- 4) PERMISSION TO ENTER PREMISES

Include all of the following with your completed application;

- 1) PROOF OF OWNERSHIP One of the following (Copy of Deed, Water bill, Tax assessment etc.)
- 2) PROOF OF INCOME IF YOU ARE THE OWNER AND RESIDE IN THE BUILDING. (copy of 4-consecutive pay-stubs, Public Assistance budget sheet, SSI award letter, Job letter on company letterhead, etc.)
- 3) CON EDISON ACCOUNT NUMBER and copy of bill

* An application along with proof of income is required for each apartment.

FOR ASSISTANCE IN COMPLETING THESE FORMS PLEASE CALL BRONX SHEPHERDS WEATHERIZATION DEPARTMENT (718) 299-0500 EXT. 135

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
DHCR # 29**

WEATHERIZATION PROGRAM INFORMATION

The Weatherization Assistance Program administered by the New York State Division of Housing and Community Renewal is committed to reducing heating costs for low-income families, particularly the elderly, people with disabilities, and children by improving the energy efficiency of their homes and ensuring their health and safety.

The program is funded annually by the U.S. Department of Energy. In addition, the program also receives funds from the Low Income Home Energy Assistance Program funded by the U.S. Department of Health and Human Services.

Application for assistance under the program is made to a local service provider which is under contract to the Division of Housing and Community Renewal.

After approval of the application the local service provider will conduct a comprehensive professional building analysis of the applicant's home, and based on that analysis and the funds available, will install or cause to have installed, weatherization measures in the applicant's home which have been determined to be the most cost-effective in reducing the applicant's energy consumption and increasing comfort.

The measures which may be indicated by the building analysis fall into five major categories:

- I. Heating efficiency measures: These measures are designed to improve the operation of the system which delivers heat to the dwelling unit and may include a cleaning and tuning of the furnace or boiler, repairs, modifications and replacements, as needed. Also included in this category is work on the distribution system which brings heat to the unit.
- II. Infiltration measures: These are measures designed to keep warm air in and cold air out.
- III. Conduction measures: These are insulation measures designed to reduce the conduction of heat from the interior to the exterior of the unit.
- IV. Repairs: This category includes any repairs that may be needed to preserve or protect the weatherization materials installed.
- V. Health and Safety: These are measures designed to reduce health and safety hazards or to notify residents of their presence.

**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 If Rental Unit, Heat Paid By:	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Multiple Dwelling Unit <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Group Home/Shelter	<input type="checkbox"/> Room		
LANDLORDS NAME Landlord Address						
OWNER'S NAME Owners 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: