

NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL

WEATHERIZATION ASSISTANCE PROGRAM

PPM #4

WEATHERIZATION APPLICATION

JOB # _____

| | | |
|----------------|------------------------|------------------|
| APPLICANT NAME | SOCIAL SECURITY NUMBER | TELEPHONE NUMBER |
|----------------|------------------------|------------------|

| | | | | | | |
|-------------------|--------|----------------|------|----------|--------|--|
| APPLICANT ADDRESS | | | | | | |
| Number | Street | Apt # or Floor | City | Zip Code | County | |

DIRECTIONS TO THE HOME

TYPE OF RESIDENCE

Owner Occupied
 Manufactured Housing
 Single Family Home
 Room
 Rental Unit
 Multiple Dwelling Unit
 Group Home/Shelter

If Rental Unit, Heat Paid By: Owner Tenant

LANDLORD NAME

Landlord Address

OWNER NAME

Owner 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 {M/F} | AGE | SOURCE(S) OF INCOME | AMOUNT IN DOLLARS | | |
|---------------|--------------|-----|---------------------|-------------------|---------|--------|
| | | | | WEEKLY | MONTHLY | YEARLY |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTALS | | | | | | |

Indicate number in household who

Are 60 years of age or older _____

Have handicapping condition(s) _____

Are Black _____

Are Hispanic _____

Are Native American _____

Are Asian or Pacific Islanders _____

Are Female Head of Household _____

Are unemployed _____

Are children 17 or younger _____

Are full-time students _____

Was household a HEAP recipient in the past twelve months? Yes No

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 _____.

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 |
| <i>Check ALL applicable categories</i> | |
| 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: |