

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM**

**WYOMING COUNTY COMMUNITY ACTION, INC.
6470 ROUTE 20A, SUITE 1
PERRY, NY 14530-9799
(585) 237-2600**

WEATHERIZATION APPLICATION

JOB NO.

APPLICANT NAME					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"/> Mobile Home <input type="checkbox"/> Single Family Home <input type="checkbox"/> Room <input type="checkbox"/> Rental Unit <input type="checkbox"/> Multiple Dwelling Unit <input type="checkbox"/> Group Home/Shelter If Rental Unit, Heat Paid By: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant							
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, ages and social security numbers for all members of the household.					
Name and Social Security Number	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 _____ |

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 _____
Relationship _____

Date _____

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 _____

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ESB # 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" on each occupied unit _____

Heating fuel:

Natural Gas Electric Propane Oil Wood Other _____

Secondary Heating fuel (if any) that you sometimes use:

Name and address of Heating fuel supplier

Account number (if gas):

Electric Utility: (check the one that provides your electric service)

Niagara Mohawk (NMPC) Orange & Rockland (O&R)
 Long Island Power Auth. (LIPA) Rochester Gas & Electric (RGE)
 Consolidated Edison (Con Ed) NYS Electric & Gas (NYSEG)
 Central Hudson Gas & Electric (CH) Other _____

Electric Account number:

Customer Authorization for Release of Fuel/Energy Bills (past 2 years and next two years):

To: Fuel & Electric Energy 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
Wyoming County Community Action, Inc.	6470 Route 20A, Suite 1	Perry	14530-9799

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.

Service Agreement for Heating System:

Do you currently have a service maintenance agreement for your heating system?..... Yes No

* If yes, please give the name, address and telephone number of the service maintenance provider.

Name	Number and Street	()
_____	_____	_____
City	Zip Code	Telephone

WEATHERIZATION Program Eligibility Release Form

Organization requesting release of information:
Wyoming County Community Action, Inc.
6470 Route 20A, Suite 1
Perry, New York 14530-9799
(585) 237-2600

Date: _____

Purpose: Your signature on this Weatherization Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

Weatherization Assistance Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a Weatherization Program and the amount of assistance necessary using Weatherization funds. This information will be used to establish level of benefit on the Weatherization Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a Weatherization Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Information Covered: Inquiries may be made about items initiated by applicant/tenant.

	Verification Required	Initials
Income (all sources)	-----	-----
Assets (all sources)	-----	-----
Child Care Expense	-----	-----
Handicap Assistance Expense (if applicable)	-----	-----
Medical Expense (if applicable)	-----	-----
Other (list)	-----	-----
_____	-----	-----
_____	-----	-----
Dependent Deduction		
<input type="checkbox"/> Full-Time Student	-----	-----
<input type="checkbox"/> Handicap/Disabled	-----	-----
<input type="checkbox"/> Family Member	-----	-----
<input type="checkbox"/> Minor Children	-----	-----

Authorization: I authorize the above-named Weatherization Participating Jurisdiction and DHCR to obtain information about me and my household that is pertinent to eligibility for participation in the Weatherization Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household - Signature, Printed Name, and Date: Family Member HEAD	Other Adult Member of the Household - Signature, Printed name, and Date: Family Member #2
Other Adult Member of the Household - Signature, Printed name, and Date: Family Member #3	Other Adult Member of the Household - Signature, Printed name, and Date: Family Member #4

Confirmation of Receipt of Lead Pamphlet- Wyoming County Community Action, Inc.

Occupant Confirmation

Pamphlet Receipt

- I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Owner-occupant Opt-out Acknowledgment

- (A) I confirm that I own and live in this property, that no child under the age of 6 resides here, that no pregnant woman resides here, and that this property is not a child-occupied facility.

Note: A child resides in the primary residence of his or her custodial parents, legal guardians, foster parents, or informal caretaker if the child lives and sleeps most of the time at the caretaker's residence.

Note: A child-occupied facility is a pre-1978 building visited regularly by the same child, under 6 years of age, on at least two different days within any week, for at least 3 hours each day, provided that the visits total at least 60 hours annually.

If Box A is checked, check either Box B or Box C, but not both.

- (B) I request that the renovation firm use the lead-safe work practices required by EPA's Renovation, Repair, and Painting Rule; or
- (C) I understand that the firm performing the renovation will not be required to use the lead-safe work practices required by EPA's Renovation, Repair and Painting Rule.

Printed name of Owner-occupant

Signature of recipient

Date

Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

- Declined** — I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- Unavailable for signature** — I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left). _____

Printed Name of Person Certifying Delivery

Attempted Delivery Date

Signature of Person Certifying Lead Pamphlet Delivery

Unit Address

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead pamphlet to the owner and/or tenant. Pamphlet must be mailed at least 7 days before renovation (Document with a certificate of mailing from the post office).

NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
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ESB # 3

PERSONAL PRIVACY PROTECTION LAW PROVISIONS

The New York State Personal Privacy Protection Law (Public Officers Law, Article 6-A) requires in §94(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.