**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL**

**WEATHERIZATION ASSISTANCE PROGRAM**

**PPM #4**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICANT NAME | | | | SOCIAL SECURITY NUMBER | | TELEPHONE NUMBER | | |
| APPLICANT  ADDRESS Number Street Apt # or Floor City Zip Code County | | | | | | | | |
| DIRECTIONS TO THE HOME | | | | | | | | |
| TYPE OF Owner Occupied Manufactured Housing Single Family Home Room RESIDENCE 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 | |  | |  |  |
|  | |  | |  |  |

**WEATHERIZATION APPLICATION JOB # \_\_\_\_\_\_\_\_\_**

Indicate number in household who

Are 60 years of age of 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 \_\_\_\_\_

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.

|  |
| --- |
| **OFFICE USE ONLY**  OWNER VERIFIED THROUGH:            EXAMINATION OF DEED             CONFIRMATION BY COMMISSIONER OF DEEDS             CONFIRMATION BY TAX ASSESSOR'S OFFICE  INCOME GUIDELINES FOR A HOUSEHOLD OF             MEMBERS $                         DOCUMENTATION ATTACHED  ***Check ALL applicable categories***  CATEGORICAL ELIGIBILITY: SSI Recipient HEAP Recipient Public Assistance Recipient NPA Food Stamp Recipient  ON THE BASIS OF THE ABOVE INFORMATION, HOUSEHOLD IS **IS NOT** ELIGIBLE  Intake Worker's Signature: Date: |

Owner's Signature                                                          Date