



BRONX SHEPHERDS RESTORATION CORPORATION

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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 De partment Of Energy and US Department of Health and Human Services, and administered by The New York State Division of Homes and Community Renewal's Energy Services Bureau. HCR/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 _____

Owner name _____ Owner address _____ Phone _____

Superintendent _____ Apt # _____ Phone _____

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, 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 1994, the building may be eligible again.

My name is _____ Phone _____ Alt. Phone _____

Email Address _____ Date _____

Mail completed application to address above. All other forms must be attached, including "Rtgrko kpc { 'Ci tggogp." and Fuel authorization form'7.

BRONX SHEPHERDS RESTORATION CORPORATION

*****NEW YORK STATE JOINT AND COMMUNITY RENEWAL
ENERGY SERVICES BUREAU
WEATHERIZATION ASSISTANCE PROGRAM

MULTI-FAMILY BUILDING

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

- 1) OWNER INFORMATION PAGE
- 2) COMPLETE AND SIGN FUEL INFORMATION FORM
- 3) ~~AS~~ SIGN RETURN OF CONTRACT
- 4) PROOF OF OWNERSHIP – must show section/block/lot
- 5) CURRENT RENT ROLL PRINTOUT
- 6) CON EDISON DISCOUNT
- 9) FORM # 4 WILL BE REQUIRED FOR ALL TENANTS BEFORE ANY WORK IS STARTED.
- :) A P Q P T G H M P F C D N G 2 2 C R R N E C V I Q P H G G.
- ;) PROOF OF LEAD FREE CLEARANCE TEST RESULTS

An application along with proof of income will be required for all apartments before any work is started. Building must be at least 88% eligible as low-income by HEAP guidelines. (We will determine).

FOR ASSISTANCE IN COMPLETING THESE FORMS PLEASE CALL BRONX SHEPHERDS WEATHERIZATION DEPARTMENT (917) 23-3753

MAIL COMPLETED PACKAGE TO:

Bronx Shepherds Restoration Corporation
Attn: Weatherization Department
37; 2' Gcu' 394pf 'Ut ggy
Bronx, NY 10494



**NYS HOMES & COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
FORM #5
ENERGY INFORMATION**

(This form must be completed for each occupied unit to receive weatherization services by the person who is responsible for the fuel bills.)

Name: _____

Building Address: _____

Number of units in building: _____ Number or location of this unit: _____

Primary Heating Fuel: Natural Gas Electric Propane Oil Wood Other: _____

Name and address of Primary Heating Fuel supplier: _____

Account number: _____

Do you have a service maintenance agreement with this supplier? Yes No

Any Secondary Heating Fuel that you sometimes use:

Natural Gas Electric Propane Oil Wood Other: _____

Is this interruptible service? Yes No

Name and address of Secondary Heating Fuel supplier: _____

Account number: _____

Do you have a service maintenance agreement with this supplier? Yes No

Electric Utility Provider: _____

Electric Account Number: _____

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

To Fuel and Electric Suppliers listed on this form:

I hereby authorize release of information on my fuel bills, both past and future, to _____ or its designee. I understand that this information is being made available to help 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 signature: _____ Date: _____

Note: If there are other suppliers that provide you with fuel or energy or with which you have a service maintenance contract, please include their information on reverse (names and addresses, the fuel or energy service(s) provided, and your account number(s) with those suppliers), so that the Agency can also contact them for your past and future fuel bills.



**NYS HOMES & COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
FORM #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 Homes and Community Renewal, Energy and Rehabilitation Services

Name of the system of records:

Weatherization Payment and Reporting System

Agency official responsible for the records:

Director, Energy and Rehabilitation Services
NYS Homes and Community Renewal
38-40 State Street
Albany, New York 12207
518-474-5700

Authority for collection and principal purpose for which the information is collected:

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, including the Social Security number of the applicant.

Effects of not providing the requested information:

If information requested on the Weatherization Application (Form #4) is not provided, the applicant's dwelling is not eligible for WAP funds.

Routine uses for the collected information:

This information is used by NYS Homes 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. This information may also be used to perform data matches with other state and federal agencies, to verify your eligibility for WAP services.

Subgrantee Information:

**NYS HOMES & COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
FORM #6
PRELIMINARY AGREEMENT**

This Agreement is made and entered into by and between:

Subgrantee, and

Owner, for

Address of Building to be Weatherized

This Agreement shall begin on the _____ day of _____, _____ (the start date) and shall end on the _____ day of _____, _____ (the end date). The parties agree as follows:

- The building referenced above is being considered for weatherization services under the Weatherization Assistance Program (WAP). WAP is funded by the US Department of Energy (DOE) and administered in New York State by the NYS Division of Housing and Community Renewal (HCR). WAP operates under the rules and regulations of both DOE and HCR, both of which have certain requirements of which you, the building owner, should be aware.
- The Owner has been provided with copies of the WAP Information Sheet and a sample Owner Agreement, as well as other information about the WAP.
- A financial commitment from the building owner is required to weatherize each building containing rental units, except where the owner is an eligible applicant. The required commitment for the building will be determined after a comprehensive energy audit has been conducted and a work scope developed. When the audit is complete, the Subgrantee and the Owner will meet to develop the work scope, the Owner's financial commitment, and other terms of the Owner Agreement.
- The Owner has paid the Subgrantee a Building Assessment and Qualification (BAQ) Fee in the amount of \$_____. When the Owner Agreement is executed, this fee will be credited to the Owner's financial commitment. If for any reason the building is not assisted, copies of the energy audit report and the proposed work scope will be provided to the Owner. The audit fee is not refundable.
- The owner of the building referenced above hereby grants permission for representatives of the Subgrantee to enter this building to conduct an energy audit, perform certain health and safety tests, and collect eligibility documentation from the tenants.

In witness thereof, the parties have executed this Agreement.

Owner Signature

Date

Subgrantee Signature

Date



**NYS HOMES & COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
FORM #9
TENANT SYNOPSIS OF THE OWNER AGREEMENT**

The New York State Weatherization Assistance Program (WAP) is administered by NYS Homes and Community Renewal (HCR) specifically to weatherize the homes of income-eligible households.

On _____, the Owner of your building, _____ (“Owner”), entered into an Agreement with _____ (“Subgrantee”), who has received WAP funds from HCR to have your building weatherized on your behalf. Materials and labor to weatherize the building are being supplied to the Owner because your building was deemed eligible for the WAP. The Owner has agreed to several provisions that benefit you and give you specific rights (you are named as a third-party beneficiary of the Agreement). These provisions and rights are summarized below.

1. The Owner cannot raise your rent, due to the WAP improvements, for at least _____ years after the work is completed (except as in item #2 below), even if you have previously agreed that your present rent could be increased before that date or the rent for your apartment is regulated by the State of New York.
2. If the Owner notifies you of an increase in your rent before the above date, for any reason other than to recover actual increases in property taxes, an authorized utility surcharge, the cost of improving the building (not resulting from this Agreement), or State-approved increases, you have the right to assert a claim against him/her in court. If this happens, and you need assistance in asserting your claim, call your local legal services office.
3. If you move out of your apartment before the above date, the Owner must charge the new tenant the same rent that you were charged.
4. If the Owner sells your building before the above date, the new owner must also comply with all of the provisions of this Agreement, thereby protecting you through this date.
5. You have the right to see the Agreement signed by the Owner and the Subgrantee that will be doing the weatherization work on your building. The Agreement document may also provide you with additional rights and may help to secure the rights listed above. To obtain a copy of the Agreement, you may write to, call, or e-mail the Subgrantee (contact information below). If you are unable to reach the Subgrantee for any reason, you may also contact HCR at 1-866-ASK-DHCR (273-3427).



**NYS HOMES & COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
FORM #29**

WEATHERIZATION ASSISTANCE PROGRAM INFORMATION

The Weatherization Assistance Program (WAP) administered by NYS Homes and Community Renewal (HCR) is committed to reducing energy 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.

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

Application for assistance under the program is made to a local service provider, called a subgrantee, which is under contract to HCR. After approval of the application, the subgrantee will conduct a comprehensive professional building analysis of the applicant's home and, based on that analysis and available funds, will install or have installed weatherization measures in the home which have been determined to be the most cost-effective in reducing energy consumption while increasing comfort and improving health and safety standards.

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

1. Heating efficiency measures: To improve the heating system in the home, which may include a cleaning and tuning of the heating appliance; repairs, modifications, and replacements as needed; and work on the heating distribution system.
2. Infiltration measures: To keep warm air in and cold air out of the home.
3. Conduction measures: Insulation measures to reduce the conduction of heat from the interior to the exterior of the home.
4. Repairs: Any repairs that are needed to preserve or protect the weatherization materials installed.
5. Health and safety: Mitigation of health and safety concerns in the home or, at least, to notify residents of their presence.
6. Base load measures: To reduce electrical consumption.



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*



**NYS HOMES & COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
FORM #4
WEATHERIZATION APPLICATION**

Applicant Name **Social Security #** **Phone # (w/area code)**

Applicant Address (Number + Street, Apt # or Floor, City, Zip Code) **County**

Alternate contact information: _____
List any alternate phone numbers or other contact information for applicant

Name of other contact person (if any) **Relationship to applicant** **Phone # (w/area code)**

Type of Residence Single-family home OR Multi-family building (number of units: _____)
 OR Manufactured/Mobile home OR Group home/shelter

If rental unit, give landlord/owner name and address: _____

Who pays for the heat for this residence? Landlord/ Owner OR Tenant

Did this household receive HEAP benefits in the past twelve (12) months? Yes No

If yes, enter your HEAP case number (optional): _____

Indicate the number of household members who are:

60 years of age or older	_____	Black or African American	_____
Children age 17 or younger	_____	Hispanic or Latino	_____
Persons with disabilities	_____	Native American	_____
Full-time students	_____	Asian or Pacific Islander	_____

In the chart below, list all household members, giving their name, sex, and age. Show income sources and amounts (in whole dollars) received by each household member 16 years or older who is not a full-time student.

Name	Sex (M/F)	Age	Source(s) of Income	Weekly Amount	Monthly Amount	Yearly Amount
				\$	\$	\$
Total of all income for the household:				\$	\$	\$

ENERGY INFORMATION

This section must identify and be signed by the person who is responsible for the energy bills for this residence.

Name: _____

Building Address: _____

Number of units in building: _____ Number or location of this unit: _____

Primary Heating Fuel: Natural Gas Electric Propane Oil Wood Other: _____

Name and address of Primary Heating Fuel supplier: _____

Account number: _____

Do you have a service maintenance agreement with this supplier? Yes No

Any Secondary Heating Fuel that you sometimes use:

Natural Gas Electric Propane Oil Wood Other: _____

Is this interruptible service? Yes No

Name and address of Secondary Heating Fuel supplier: _____

Account number: _____

Do you have a service maintenance agreement with this supplier? Yes No

Electric Utility Provider: _____

Electric Account Number: _____

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

To Fuel and Electric Suppliers listed on this form:

I hereby authorize release of information on my fuel bills, both past and future, to _____ or its designee. I understand that this information is being made available to help 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 signature: _____ Date: _____

Note: If there are other suppliers that provide you with fuel or energy or with which you have a service maintenance contract, please attach another sheet with their information (names and addresses, the fuel or energy service(s) provided, and your account number(s) with those suppliers), so that the Subgrantee can also contact them for your past and future fuel bills.

PERSONAL PRIVACY PROTECTION LAW PROVISIONS

The New York State Personal Privacy Protection Law (Public Officers Law, Article 6-A) requires in section 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 Homes & Community Renewal

Name of the system of records: Weatherization Data Collection and Reporting System

Agency official responsible for the records:

Director, Energy and Rehabilitation Services
NYS Homes & Community Renewal
38-40 State Street
Albany, New York 12207
518-474-5700

Sections 416 and 417 of the Energy Conservation and Production Act (P.L. 94-385) require the State to keep records for the purposes of monitoring and evaluation and for the preparation of reports to the US Department of Energy and to the US Department of Health and Human Services, the NYS WAP funding providers.

Program regulations contained in 10 CFR 440.22 require that eligibility for the program be established, which requires the collection of personal information, including the Social Security number of the applicant. If information requested on this Weatherization Application is not provided, the applicant's dwelling is not eligible for WAP funds. This information may also be used to perform data matches with other state and federal agencies, to verify your eligibility for WAP services.

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 effect upon my Social Security, Public Assistance, or any other income that 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 (above).

Applicant signature: _____ Date: _____

Applicant's Representative signature: _____ Date: _____

Relationship to Applicant _____

If you are the owner of this residence, please complete the following home owner certification:

I certify that I am the owner of the property listed as my address on this form. I further certify that I have given my permission to allow workers at this agency to enter my residence to complete an energy audit, and to do whatever weatherization work is determined necessary as a result of that audit, on the property listed at the top of this form. I understand that no payment will be required for this service and that I will not be held liable for any injuries or damage.

Applicant/Owner signature: _____ Date: _____

OFFICE USE ONLY

JOB # _____

Owner verified through: Examination of Deed
 Confirmation by Commissioner of Deeds
 Confirmation by Tax Assessor's Office
 Other: _____

On the basis of the information provided by the applicant, the household is determined to be:

Income Eligible: Household of _____ members has a total monthly income of \$_____.

Documentation of income is attached.

Categorically Eligible: Check **all** applicable benefits that this household receives:

SSI HEAP Public Assistance NPA Food Stamps

Documentation of benefit(s) attached.

Not Eligible: Household does not meet eligibility criteria.

Intake Worker's signature _____ Date _____