



SAVE YOUR MONEY!

EACH YEAR MANY PEOPLE NEEDLESSLY THROW MONEY OUT THE WINDOW IN THE FORM OF WASTED HEAT. COMMUNITY DEVELOPMENT CORPORATION OF LONG ISLAND, IN COOPERATION WITH THE NEW YORK STATE OFFICE OF HOMES & COMMUNITY RENEWAL ENERGY SERVICES BUREAU, CURRENTLY HAVE GRANTS AVAILABLE TO PROVIDE WEATHERIZATION SERVICES FOR YOUR HOME. IT'S A CHANCE TO STOP THE NEEDLESS WASTE OF YOUR MONEY, AND THE SERVICE IS OFFERED TO YOU ABSOLUTELY **FREE!**

POSSIBLE SERVICES INCLUDE:

- COMPLETE HEATING SYSTEM CLEAN AND TUNE, REPAIR WHEN NECESSARY
- WEATHER STRIPPING, CAULKING, AND AIR SEALING TO ELIMINATE DRAFTS
- ATTIC, WALL AND BASEMENT INSULATION WHEN NECESSARY
- BROKEN WINDOW AND PRIMARY DOOR REPAIR / REPLACEMENT WHEN NECESSARY
- HOT WATER HEATER REPLACEMENT

THESE SERVICES WILL BE DONE TO YOUR HOME FREE, PROVIDED THAT YOUR GROSS INCOME IS LOWER THAN THE AMOUNT SHOWN BELOW- (EFFECTIVE OCTOBER 1, 2012)

# IN HOUSEHOLD	MONTHLY INCOME	ANNUAL INCOME
1	\$2,138	\$25,656
2	\$2,796	\$33,552
3	\$3,453	\$41,436
4	\$4,111	\$49,332
5	\$4,769	\$57,228
6	\$5,427	\$65,124
7	\$5,550	\$66,600
8	\$5,673	\$68,076
9	\$5,797	\$69,564
10	\$5,920	\$71,040
11	\$6,346	\$76,152
11+	+495	

FOR MORE INFORMATION CALL (631) 471-1215 x102 OR WEATHERIZATION@CDCLI.ORG.

DIRECT ALL MAIL TO:
 COMMUNITY DEVELOPMENT CORPORATION OF LONG ISLAND, INC.
 2100 MIDDLE COUNTRY ROAD
 CENTEREACH, NY 11720
 ATTENTION: WEATHERIZATION DEPARTMENT



Community Development Corporation of Long Island
2100 Middle Country Road, Suite 300, Centereach, NY 11720
631.471.1215 • www.cdcli.org



Dear Applicant:

Attached is an application for the Weatherization Assistance Program. Any eligible renter or homeowner may apply.

You must complete the application and supply copies of the following items to be eligible:

- Proof of Income:
- Social Security Documentation
 - Recent SSI, PA, Food Stamp Letter and HEAP eligibility letter
 - 3 Consecutive Pay Stubs or Tax Return with W-2's

We need income proof for everyone in the household over the age of 18 (or proof of full time student status).

Proof of Homeownership - bill of sale or paid property tax bill or deed -
If renting, Permission to Enter form must be completed by landlord

A copy of a recent LIPA Bill.

Copy of one year's worth of heating fuel receipts from previous year or printout from your heating fuel company.

Thank you for applying for CDCLI's Weatherization Program. If you have any Questions, please contact us at 631-471-1215 ext. 102 or 155.

Please mail completed application and documents back to:

Community Development Corporation of Long Island, Inc.
2100 Middle Country Road
Centereach, NY 11720
Attn: Weatherization Dept.

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
DHCR #4**

WEATHERIZATION APPLICATION

{Use 'Tab' to navigate to next fillable field}

APPLICANT NAME		Social Security #	- -	TELEPHONE NUMBER		
		JOB #		() -	ext.	
APPLICANT ADDRESS:	Number	Street	City	County	Zip Code	Apt # or Floor
DIRECTIONS TO THE HOME						
TYPE OF RESIDENCE <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Manufactured Housing <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						
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 ____ | Are Asian or Pacific Islanders ____ |
| Are persons with disabilities ____ | Are Female Head of Household ____ |
| Are Black ____ | Are unemployed ____ |
| Are Hispanic ____ | Are children 17 or younger ____ |
| Are Native American ____ | Are full-time students ____ |

Subgrantee Agency Code, Address & Telephone Number:
Community Development Corporation of Long Island
2100 Middle Country Road, Centereach, NY 11720

(631) 471 - 1215 ext. 102

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 on 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
(Print / type name)

(Print / type 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:

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

PERSONAL PRIVACY PROTECTION LAW PROVISIONS

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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:

The 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:

Community Development Corporation of Long Island
Subgrantee Name/Contact

2100 Middle Country Road
Number and Street

Centereach, NY
City

11720
Zip Code

(631) 471-1215
Telephone Number (with area code)

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
DHCR # 5A
ENERGY INFORMATION – A**

(Use 'Tab' to navigate to next fillable field)

For a 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</p> <p>Secondary Heating fuel (if any) that you sometimes use: <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</p> <p>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)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> National Grid (NGG)</td> <td style="width: 50%;"><input type="checkbox"/> Orange & Rockland (O&R)</td> </tr> <tr> <td><input type="checkbox"/> Long Island Power Auth. (LIPA)</td> <td><input type="checkbox"/> Rochester Gas & Electric (RGE)</td> </tr> <tr> <td><input type="checkbox"/> Consolidated Edison (Con Ed)</td> <td><input type="checkbox"/> NYS Electric & Gas (NYSEG)</td> </tr> <tr> <td><input type="checkbox"/> Central Hudson Gas & Electric (CH)</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>Electric Account Number:</p>	<input type="checkbox"/> National Grid (NGG)	<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 Edison (Con Ed)	<input type="checkbox"/> NYS Electric & Gas (NYSEG)	<input type="checkbox"/> Central Hudson Gas & Electric (CH)	<input type="checkbox"/> Other
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<input type="checkbox"/> Consolidated Edison (Con Ed)	<input type="checkbox"/> NYS Electric & Gas (NYSEG)							
<input type="checkbox"/> Central Hudson Gas & Electric (CH)	<input type="checkbox"/> Other							

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> <p>Name of Weatherization Subgrantee _____</p> <p>Number and Street _____ City _____ Zip Code _____</p> <p>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.</p> <p>_____ Date _____</p> <p>Customer Signature _____</p> <p>Customer Name _____</p> <p>Number and Street _____ City _____ Zip Code _____</p> <p>Note: If there are account numbers in addition to those identified above, please attach a list of the numbers.</p>
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<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> <p>Name of Service Provider _____</p> <p>Number and Street _____ City _____ Zip Code _____</p> <p>Telephone () - _____</p>
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