



**NEW YORK STATE
DIVISION OF HOUSING AND COMMUNITY RENEWAL**
WEATHERIZATION ASSISTANCE PROGRAM
Web Site: hcr.ny.gov
E-Mail address: weatherization@hcr.ny.gov

Disposition Process:
Referring Agency (RA) - keeps original copy
Wx Subgrantee receives copy of original from RA
Wx Subgrantee Returns copy to RA within 30 days
Wx Subgrantee Returns copy to RA when work is completed

Reference Number: _____

Interagency Referral

SUBGRANTEE NAME		DATE
SUBGRANTEE ADDRESS		
REFERRING AGENCY (Name and Address)		AGENCY REPRESENTATIVE CERTIFYING THIS INFORMATION
(PRINT)		
EMAIL:		
(SIGNATURE)		
The individual named below, or a member of the household: <input type="checkbox"/> Has been informed about the program and understands that the receipt of services will be at no cost to recipient and will not disqualify recipient from any other benefit program. <input type="checkbox"/> Has income at or below HEAP guidelines. <input type="checkbox"/> Has or will receive regular benefit HEAP payment for the most recent heating season. <input type="checkbox"/> Receives public assistance <input type="checkbox"/> Receives SSI <input type="checkbox"/> Is elderly <input type="checkbox"/> Has a disability <input type="checkbox"/> Is eligible for emergency HEAP Benefits		<input type="checkbox"/> Building is eligible for WAP through other Federal Sources of Funding such as: <input type="checkbox"/> Is a HUD Public Housing Authority / Indian Housing Multi-Family Building <input type="checkbox"/> Is a Privately Owned HUD Assisted Multi-Family Building <input type="checkbox"/> Other Federally Subsidized Building Recognized by DOE (ID in Comments) <input type="checkbox"/> Requires emergency priority due to: <input type="checkbox"/> HEAP service priority <input type="checkbox"/> Has agreed to accept weatherization assistance <input type="checkbox"/> High utility arrearages <input type="checkbox"/> High fuel bills <input type="checkbox"/> Has been identified by utility for service
CLIENT NAME	LANDLORD NAME	
CLIENT ADDRESS	LANDLORD ADDRESS	
CLIENT TELEPHONE NO.:	LANDLORD TELEPHONE NO.	
PHONE NUMBER AND NAME OF SOMEONE WHO CAN REACH CLIENT	DSS CLIENT IDENTIFICATION NUMBER (CIN):	HOUSEHOLD INCOME: HOUSEHOLD SIZE:
HOUSING TYPE	<input type="checkbox"/> Group living <input type="checkbox"/> Subsidized <input type="checkbox"/> Manufactured / Mobile home	<input type="checkbox"/> Room – private home <input type="checkbox"/> Room – commercial <input type="checkbox"/> Owner <input type="checkbox"/> Single-family <input type="checkbox"/> Multi-family <input type="checkbox"/> Renter
Interagency Referral Response (Must be returned to Referring Agency named above within 30 working days)		DATE
<input type="checkbox"/> This individual: <input type="checkbox"/> has moved <input type="checkbox"/> is selling the home <input type="checkbox"/> is deceased <input type="checkbox"/> no longer wants weatherization <input type="checkbox"/> is not eligible for weatherization <input type="checkbox"/> is not a priority for the service <input type="checkbox"/> Attempts to contact this household have been unsuccessful	<input type="checkbox"/> This individual has been contacted and: <input type="checkbox"/> energy audit will be conducted on or about: _____ <input type="checkbox"/> will receive weatherization on or about: _____ <input type="checkbox"/> weatherization was completed on: _____ <input type="checkbox"/> landlord will not allow service <input type="checkbox"/> dwelling was previously weatherized on: _____ <input type="checkbox"/> is eligible for cooling services <input type="checkbox"/> is eligible for disaster relief services <input type="checkbox"/> unit has potential health & safety issues (see comments)	Unit: <input type="checkbox"/> will <input type="checkbox"/> will not require additional service <input type="checkbox"/> Client needs the following services: _____ _____ _____ _____
COMMENTS:		