

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL  
WEATHERIZATION ASSISTANCE PROGRAM  
DHCR # 5B**

**MULTI-FAMILY BUILDING  
ENERGY INFORMATION – B**

(Must be Completed for Each Occupied Unit to be Weatherized)

<p><b>Heating fuel:</b> <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: _____</p> <p>Name and address of Heating fuel supplier:</p>  <p>Account number, if applicable (not required if heat is supplied by a central system):</p>								
<p><b>Electric Utility:</b> (check the one that provides your electric service)</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Niagara Mohawk (NMPC)</td><td><input type="checkbox"/> Orange &amp; Rockland (O&amp;R)</td></tr><tr><td><input type="checkbox"/> Long Island Power Auth. (LIPA)</td><td><input type="checkbox"/> Rochester Gas &amp; Electric (RGE)</td></tr><tr><td><input type="checkbox"/> Consolidated Edison (Con Ed)</td><td><input type="checkbox"/> NYS Electric &amp; Gas (NYSEG)</td></tr><tr><td><input type="checkbox"/> Central Hudson Gas &amp; Electric (CH)</td><td><input type="checkbox"/> Other _____</td></tr></table> <p>Electric Account number:</p>	<input type="checkbox"/> Niagara Mohawk (NMPC)	<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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**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>			
Name of Weatherization Subgrantee	Number and Street	City	Zip Code
<p>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.</p>			
Customer Name	Customer Signature	Date	
Number and Street	City	Zip Code	
<p><b>Note: If there are account numbers in addition to those identified above, please attach a list of the numbers.</b></p>			