



Edwin Mendez Santiago, LCSW
Commissioner

2 Lafayette Street
New York, NY 10007

Dear Prospective Air Conditioner Applicant:

With another hot summer upon us, the New York City Department for the Aging (DFTA) is happy to announce the 2008 Cooling Assistance Program that provides *free* air conditioners to certain qualifying seniors.

The number of available air conditioners is extremely limited and will only be fulfilled as long as supplies last. To be eligible for a unit, you should not have received an air conditioner through a government-funded initiative in the last 10 years. You must also meet the following qualifications:

- Be 60 years of age or older;
- Have at least one member of your household with an acute medical condition that is made worse by extreme heat. (Medical documentation must be in the form of written correspondence or prescription format clearly indicating the need for air conditioning from a physician, and must be dated within the previous six months);
- Live in a private home or apartment;
- Presently not have a working air conditioner; and
- Have an income which qualifies under Home Energy Assistance Program (HEAP) guidelines.

The air conditioner unit and installation will be free to those approved.

Please note that if you are a tenant in a rent-controlled or stabilized apartment and your electricity costs are included in your rent, your landlord may increase your rent by up to \$28.24 monthly (\$338.93 annually). Please also check your lease to determine if there are any rules concerning an air conditioner installation. Some leases may provide that installation of an air conditioner without landlord permission may constitute grounds to void the lease or evict a tenant.

(OVER)



Requests from eligible applicants will be filled on a first-come, first-serve basis. If you are interested in receiving an air conditioner and meet the eligibility requirements above, we encourage you to apply no later than 3 weeks after you receive this letter and the attached application. In order to apply, fill out the application and return it to the NYC Department for the Aging with **your doctor's note to:**

**WRAP – 2008 CAP
NYC Department for the Aging
2 Lafayette Street, 16th Floor
New York, NY 10007**



For information on New York City government, and non-emergency services.

2008 COOLING ASSISTANCE PROGRAM APPLICATION

The following is an application for the Department for the Aging's 2008 Cooling Assistance Program, through which medically needy, low income elderly individuals that **do not have air conditioning** may be able to receive delivery and installation of a free energy efficient air conditioner. (Please note that only a limited number of air conditioning units will be available; eligible requests will be met until the supply is exhausted.)

Please **PRINT** your answers clearly below in **blue or black ink**. **All questions must be complete.** You **must sign the Applicant Affirmation** on page 2 for your request to be considered. Please mail this completed application **with a doctor's note** to:

2008-CAP
New York City Department for the Aging
2 Lafayette Street, 16th Floor
New York, New York 10007

SECTION A: Housing Tenure & Eligibility

1. Do you currently have a working air conditioner? **YES** **NO**
(Please circle one)
2. Have you received a free air conditioner through a government funded initiative in the past 10 years? **YES** **NO**
(Please circle one)
3. (Check one) I am a: **Homeowner** [] **Tenant/ Renter** []
4. (Check one) I live in: **Private Home** [] **Apartment Building** []

SECTION B: Applicant Information

First Name: _____ **Last Name:** _____

Address: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip:** _____ **Home Phone:** (____) _____

Date of Birth: ____/____/____ **Language Spoken:** _____

SECTION C. Monthly Income: (Complete only if not a 2008 Home Energy Assistance Program (HEAP) Recipient)

Source	Amount
a. Social Security	\$ _____
b. Supplemental Security Income	\$ _____
c. Pension	\$ _____
d. Rent (Rent received, not paid)	\$ _____
e. Other (Specify type): _____	\$ _____
f. Other (Specify): _____	\$ _____
Total Monthly Income (Add lines a-f):	\$ _____

Monthly Income for all people in the household must be included.

SECTION D. Benefit Information (Answers to below questions do not impact eligibility)

Do you presently have a visiting nurse come to your home? **YES** **NO**
(Please circle one)

Do you presently receive homecare services? **YES** **NO**
(Please circle one)

Do you presently receive any of the below services? (Circle all that apply)

Meals on Wheels	Food Stamps	SSD	Medicaid	HEAP	SSI	SCRIE
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Section E. Household Information: (Indicate number next to all that apply)

Total people in Household (Including self): # _____ 60 years of age or older: # _____

Disabled/Handicapped #: _____ Children under 17 years of age: # _____

SECTION F. Alternate Contact Information

If you do not speak English, or if you want us to contact a friend or family member, please provide contact information for that person:

Contact Name: _____

Contact Address: _____ APT: _____

CITY: _____ ZIP: _____ Contact Phone: () _____

APPLICANT AFFIRMATION

I affirm that the information provided in this application (including statements made in any accompanying papers) is, to the best of my knowledge, true and correct. 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 the services available through this program, including the delivery, testing, and installation of an air conditioning unit, will be provided to me free of cost, and I will not hold others liable for any injuries or damage occurring on my property, unless such damage is the direct result of willful misconduct. I additionally realize that once the air conditioner is installed, the Department for the Aging & the City of New York have no responsibility to maintain the air conditioner, including the responsibility to remove, cover, store, and or reinstall the unit or the installation sleeve, once the warranty period has expired. **I am also aware that if electricity costs are included in my current rent, once I receive an air conditioning unit, my landlord can increase my rent.**

If I am a participant in the SCRIE program, I further understand that the City of New York will not increase my SCRIE benefits to cover rent increases that may occur due to the installation of the air conditioner. I will be responsible for paying any rent increases resulting from the installation of the air conditioner, not the City of New York or the SCRIE program.

I understand that this application will be used in determining eligibility for the program, but does not guarantee that an air conditioner will be provided. Whether I receive an air conditioner will depend in part upon the number of available air conditioners and the number of applications received, and whether my apartment has a window that is compatible with the available air conditioners. I also understand that, if my application is approved, the electrical circuits in my home will be tested prior to installation of the air conditioner, and I will only receive an air conditioner if the electrical circuits in my home have the capacity to safely operate the unit.

I have read and understand the above information.

SIGNATURE: _____ **DATE:** _____

I have included a doctor's note with this application
(Please check box to complete application)

Tenants/ Renters Only: I have notified my landlord that I may be eligible to receive the installation of a free air conditioner.(Please check box to complete application)

FOR AGENCY USE ONLY

DFTA Liaison: _____ []-Application Complete []-Eligible []-Confirmed HEAP []-Doctors Note attached []-Attempted to contact: ____/____/____ []-Client Contacted: ____/____/____ []-Not eligible: _____ []-DENIAL Notice mailed: ____/____/____	NOTES: 	DATE DFTA RCVD:
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