

New York Property Insurance Underwriting Association

80 Pine Street, New York, New York 10005 • Telephone: (212) 208-9700 • Outside NYC: (800) 522-3372 • FAX: (212) 208-9861

Electrical Grant Program Application

Applicant Information

Applicant Name(s):				Date:		
Last		First		M.I.		
Mailing Address:						
Street Address			Apartment/Unit #			
City			State	ZIP Code		
Daytime Phone:	()		Evening Phone:	()		E-mail:
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Total Annual Salary before Taxes: \$		
Are you retired?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Social Security: \$	Pension: \$	
Do you have rental income?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Rental Income: \$		
Do you have other sources of income? <i>Disability, Worker's Comp, etc.</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Amount: \$	Source:	

Property Information

Property Location:							
	Street Address			City			
If different from mailing address, explain:							
Number of Apts:	<input type="checkbox"/> 1 Family	<input type="checkbox"/> 2 Family	<input type="checkbox"/> 3 Family	<input type="checkbox"/> 4 Family	<input type="checkbox"/> Other:		
Is the property your primary residence?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are mortgage payments up to date?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the property unoccupied any time during the year?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is property for sale?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are property tax payments up to date?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	How many family members live here?			

Policy Information

Please provide your policy number, if known:			
Are there additional owners not named above or on the policy? Give their names and addresses:			
Name:			Address:
Name:			Address:
Name:			Address:

Sign form and complete reverse side.

I (we) certify to the truth of my (our) statements above. I (we) authorize NYPIUA to verify the information contained in this application and to report its transactions to me (us).

Signature: _____ Signature: _____

Grant Request:

List the electrical repairs or improvements you plan to make with the grant funding. Remember only electrical work will be considered.

Comments:

Mail this application to:

NYPIUA

100 William Street, 11th Floor

New York, New York 10038

Attention: Grant Program