

APARTMENT BUILDING OWNER'S APPLICATION
 3E THERMAL • VERMONT WEATHERIZATION ASSISTANCE PROGRAM



APARTMENT BUILDING OWNER INFORMATION

Date of Application	
Person preparing Application	
<u>Legal Owner</u> of this Property <i>name, address, phone, email</i>	
<u>Managing Partner</u> for this Property <i>If partnership name, address, phone, email</i>	
<u>Other Partners</u> in this Property <i>If partnership (not including silent investors)</i>	
<u>Project Contact Person</u> <i>name, address, phone, email</i> (please show preferred method for communication)	

PROPERTY INFORMATION

Property Name or Project Description <i>Number of Buildings / Occupancy / etc</i>	
If rent-restricted Project, please indicate program: e.g.: LowIncHsgTaxCredit, Section 8, RD 515, HUD 202, HOME, etc.	

List each building in this Project:

Building Physical Address (#, Street, Town)	# units	Year built	Year acquired	Yr last rehab	# floors	approx sq. ft.	Htg Fuel type	who pays heat? *	vacancy % typical

"# units" = # apartments or dwelling units. "Yr last rehab" = year of last major rehab work. "Htg Fuel type" = Heating fuel; we will request fuel records as part of the energy assessment. "Vacancy % typical": What was the typical vacancy rate for this building during last 2 years?

Describe any repairs or upgrades recently done	
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Repairs/maintenance planned or needed soon	
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