

# New York Property Insurance Underwriting Association

155 Myers Corners Road, Wappingers Falls, New York 12590 \* Telephone (212) 208-9700 \* Outside NYC: (800) 522-3372 \*  
 Fax (212) 208-9861

## Electrical Grant Program Application

### Applicant Information

Policy number:				
Applicant Name(s):	Last	First	M.I.	Date
Mailing Address:	Street Address			Apartment/Unit#
	City	State		
Daytime Phone:	Evening Phone:		Email:	
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Annual Household Salary Before Taxes: \$	
Are you retired?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Annual Household Social Security: \$	
			3. Annual Household Pension: \$	
Do you have rental income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Annual Rental Income: \$	
Do you have other sources of income? <i>Disability, Worker's Comp, etc.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Other Annual Household Income : \$	
			Source:	
			<b>Total Annual Income (Sum of 1-5): \$</b>	

### Property Information

Property Location:	Street Address	City	State <b>NY</b>	Zip Code
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
	Other:			
Is the property your 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 vacant at any time during the year, e.g., seasonal?	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 there?	

### Policy Information

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: \_\_\_\_\_

