

City of Allentown Window Opening Control Device (WOCD) Grant Application

Instructions for Property Owners

Please read all instructions before completing and submitting the form

- This form must be filled out in its entirety.

- A property owner or manager is eligible to receive funds for a maximum of 15 windows on the second floor or above across multiple properties at the below rates:
 - The cost, not including tax, up to \$25 per WOCD (see approved device list).
 - Up to \$15 per window toward cost of installation, maximum of 15 windows.

- If requesting funds for windows for multiple properties, a separate application must be completed for each property.

- Properties must be located within the City of Allentown.

- The form must be completed and submitted **in person** to:
 - Allentown Health Bureau
245 N. 6th St
Allentown, PA 18102

- Please bring a form of ID when submitting your form(s).

- Bring a completed W-9 with you.

- Once the form has been processed by the Allentown Health Bureau you will be contacted if your application has been approved based upon remaining funding. ***Materials purchased or work performed before approval notification will not be reimbursed.***

- Once work is completed, return copies of your receipts to the Allentown Health Bureau at the address listed above. City personnel will set up a time to visit the property and check if the devices were installed. ***Failure to be present at the time of the inspection will result in a forfeit of grant funds or a \$75 reinspection fee.***

- When installation has been confirmed by City personnel on the approved WOCD, the City will then issue remittance based upon the receipts provided for the devices and the number of windows the devices were correctly installed on.

Property Owner Name: _____

Phone #: _____

Property Manager Name: _____

(if different than owner)

Phone #: _____

Property Address: _____

of Windows work will be performed: _____

(Windows must be on the second floor or above. No more than 15 windows total may be reimbursed across all properties under a single owner)

Upon completion of work and verification by City of Allentown personnel that the work was completed, funds should be made payable to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

In consideration for the property identified above (hereafter referred to in this paragraph as "the Property") being allowed to participate in this Window Opening Control Device program (hereafter referred to in this paragraph as "the Program"), on behalf of myself as owner of the Property, or as a lawfully authorized agent of the owner acting with full authority from the owner on the owner's behalf, on behalf of the owner's heirs, personal representatives, or assigns, and any or all others acting on owner's behalf, I do hereby knowingly and voluntarily release from all liability, and waive, discharge, and covenant not to sue, and shall hold blameless, the City of Allentown, it's elected and appointed officials, administrators, directors, officers, employees, and agents and their respective heirs, personal representatives, successors and assigns (hereafter collectively referred to in this paragraph as "COA"), for any and all claims, including claims for attorney fees, actions, causes of action, demands, damages, costs, losses, liabilities, expenses, compensation and obligations whatsoever on account of, or in any way arising out of the loss of life or personal injury, loss or damage to property and the consequences thereof, directly or indirectly, or in any way resulting from, incident to, or in connection with, the Property being included in the Program. Further, I also agree to indemnify, defend, save and hold harmless the COA from and against any and all claims, including claims for attorney fees, actions, causes of action, demands, damages, costs, losses, liabilities, expenses, compensation and obligations whatsoever on account of, or in any way arising out of the loss of life or personal injury, loss or damage to property and the consequences thereof, directly or indirectly, or in any way resulting from, incident to, or in connection with, the Property being included in the Program.

Sign _____ Date ____/____/____

For Official Use Only

Assigned Grantee # ____ - ____

Property Owner ID Verified: Yes

Grant Funds available for windows requested: Yes



If property owner is approved, stamp in box and make a copy to give to the property owner.

(Grant funds available will be determined by the clerk by multiplying the # of windows x \$15 plus the cost of the device up to \$25 x # windows. That will be the maximum amount the property owner will be able to get and will allow us to estimate remaining funds without underestimating.)