



WEATHERIZATION ASSISTANCE PROGRAM
7572 COURT ST. ELIZABETHTOWN, NY 12932
518-873-3207 EXT: 241

Enclosed you will find our application and a list of documentation **required** upon return of your application.

PLEASE RETURN APPLICATION & DOCUMENTATION TO:

ACAP/WAP
P.O. BOX 848
ELIZABETHTOWN, NY 12932

INCOME ELIGIBILITY GUIDELINES
New guidelines as **of October 1, 2018**

<u>HOUSEHOLD SIZE</u>	<u>GROSS MONTHLY INCOME</u>	<u>ANNUAL INCOME</u>
1	\$2,391	\$28,692
2	\$3,127	\$37,524
3	\$3,863	\$46,356
4	\$4,598	\$55,176
5	\$5,334	\$64,008
6	\$6,070	\$72,840
7	\$6,343	\$76,120
8	\$7,063	\$84,760
9	\$7,783	\$93,400
10	\$8,503	\$102,040
11	\$9,223	\$110,680
11+	+\$693	

*Gross income refers to your income before any taxes or deductions have been made except for social security which is calculated at net income.

INTAKE FORM

Applicant Data

Date of Intake:

NAME: (Last, First, M.I.) HEAD OF HOUSEHOLD				TELEPHONE #:				
MAILING ADDRESS:			CITY:		STATE:		ZIP CODE:	
GENDER:	NUMBER IN HOUSEHOLD:	DATE OF BIRTH	AGE	INDICATE NUMBER IN EACH AGE GROUP LIVING IN THE HOUSEHOLD				
<input type="checkbox"/> Male				Age 0-5	6-13	14-17	18-24	25-44
<input type="checkbox"/> Female								
<input type="checkbox"/> Other				45-54	55-59	60-64	65-74	75 +

Household Type	Housing	Ethnicity/Race	Military Status	Education
<input type="checkbox"/> Single Person	<input type="checkbox"/> Own	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Veteran	<input type="checkbox"/> Grades 0-8
<input type="checkbox"/> Two Adults-No Children	<input type="checkbox"/> Rent	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Active Military	<input type="checkbox"/> Grades 9-12/Non-Grad
<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Asian		<input type="checkbox"/> High School Graduate Equivalency Diploma
<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Homeless	<input type="checkbox"/> Black or African American		<input type="checkbox"/> 12 grade + Some Post- Secondary
<input type="checkbox"/> Two Parent Household	<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian and Other Pacific Islander		<input type="checkbox"/> 2 or 4 years College Graduate
<input type="checkbox"/> Non-related Adults with Children		<input type="checkbox"/> White		<input type="checkbox"/> Graduate of Post- Secondary School
<input type="checkbox"/> Multigenerational Household		<input type="checkbox"/> Other	<input type="checkbox"/>	# Of youths ages 14-24 who are neither working or in school
<input type="checkbox"/> Other		<input type="checkbox"/> Multi-race (two or more of the above)	Work Status	

Health		Health Insurance Sources	
<input type="checkbox"/> Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Medicare	
		<input type="checkbox"/> State Children's Health Insurance Program	
		<input type="checkbox"/> State Health Insurance for Adults	
		<input type="checkbox"/> Military Health Care	
		<input type="checkbox"/> Direct-Purchase	
		<input type="checkbox"/> Employment Based	
		<input type="checkbox"/> Employed Full-Time	
		<input type="checkbox"/> Employed Part-Time	
		<input type="checkbox"/> Migrant Seasonal Farm Worker	
		<input type="checkbox"/> Unemployed (6 months or less)	
		<input type="checkbox"/> Unemployed (more than 6 months)	
		<input type="checkbox"/> Unemployed (Not in Labor Force)	
		<input type="checkbox"/> Retired	

Place check mark in boxes below of programs you are applying for or would like to be referred to

<input type="checkbox"/>	EMERGENCY SERVICES: EMERGENCY ASSISTANCE INCLUDING FOOD, UTILITIES, SECURITY, RENT, OTHER
<input type="checkbox"/>	EMPLOYMENT AND TRAINING: SERVICES TO HELP IN ATTAINING EMPLOYMENT
<input type="checkbox"/>	WEATHERIZATION & ENERGY SERVICES: IMPROVES HEATING EFFICIENCY TO PRODUCE FUEL SAVINGS IN THE HOME
<input type="checkbox"/>	DAY CARE PROGRAMS: ASSISTANCE IN BECOMING A CERTIFIED DAY CARE PROVIDER INFORMATION SEEKING CHILD CARE
<input type="checkbox"/>	HEAD START: COMPREHENSIVE PROGRAM FOR CHILDREN, AGES 3 and 4 year olds
<input type="checkbox"/>	EARLY HEAD START: COMPREHENSIVE PROGRAM FOR CHILDREN, AGES 0-3 and EXPECTING MOMS
<input type="checkbox"/>	NUTRITION FOR THE ELDERLY: MEALS FOR SENIORS AT SENIOR CENTERS AND THROUGH HOME DELIVERED MEALS
<input type="checkbox"/>	AFTER SCHOOL PROGRAM: FOR CHILDREN ENROLLED IN A SCHOOL DISTRICT
<input type="checkbox"/>	COMMUNITY ACTION ANGELS:
<input type="checkbox"/>	OTHER NEEDS (Specify)

(Over)

Household Information

First	Last	Date of Birth	Age	Disability		Gender	Race
				Yes	No		

Source of Household Income	Level of Household Income (Office Use Only)
<input type="checkbox"/> Income from Employment Only	<input type="checkbox"/> Up to 50%
<input type="checkbox"/> Income from Employment and Other Income Source	<input type="checkbox"/> 51% to 75%
<input type="checkbox"/> Income from Employment, Other Income Source, and Non-Cash Benefits	<input type="checkbox"/> 76% to 100%
<input type="checkbox"/> Income from Employment and Non-Cash Benefits	<input type="checkbox"/> 101% to 125%
<input type="checkbox"/> Other Income Source Only	<input type="checkbox"/> 126% to 150%
<input type="checkbox"/> Other Income Source and Non-Cash Benefits	<input type="checkbox"/> 151% to 175%
<input type="checkbox"/> No Income	<input type="checkbox"/> 176% to 200%
<input type="checkbox"/> Non-Cash Benefits Only	<input type="checkbox"/> 201% to 250%
	<input type="checkbox"/> 250% and over

Other Income Source	Amount	Frequency	Non-Cash Benefits
<input type="checkbox"/> TANF			<input type="checkbox"/> Snap
<input type="checkbox"/> Supplemental Security Income (SSI)			<input type="checkbox"/> WIC
<input type="checkbox"/> Social Security Disability Income (SSDI)			<input type="checkbox"/> LIHEAP
<input type="checkbox"/> VA Service-Connected Disability Compensation			<input type="checkbox"/> Housing Choice Voucher
<input type="checkbox"/> VA Non-Connected Disability Pension			<input type="checkbox"/> Public Housing
<input type="checkbox"/> Private Disability Insurance			<input type="checkbox"/> Permanent Supportive Housing
<input type="checkbox"/> Worker's Compensation			<input type="checkbox"/> HUD-VASH
<input type="checkbox"/> Retirement Income from Social Security			<input type="checkbox"/> Childcare Voucher
<input type="checkbox"/> Pension			<input type="checkbox"/> Affordable Care Act Subsidy
<input type="checkbox"/> Child Support			<input type="checkbox"/> Other
<input type="checkbox"/> Alimony or other Spousal Support			
<input type="checkbox"/> Unemployment Insurance			
<input type="checkbox"/> EITC			
<input type="checkbox"/> Other			

Eligibility Verification (Office use only)

Documentation of eligibility (copy for file)

I hereby give my consent to have the above information released to other departments/programs of Adirondack Community Action Programs as appropriate and with other agencies as needed.

Signature of applicant: _____

Date: _____

ACAP Staff Signature: _____

Date: _____

Program: _____

APPLICATION CHECKLIST

EmPower New York Program/ Weatherization Assistance Program



This checklist will help ensure that your application will be processed in a timely manner. Please place a in the appropriate box once you have ensured that all Application Sections are complete and the required documentation is provided. Applications are processed on a first come, first served basis.

- General Applicant Information (Sections A, B & C) – Verify that all required fields are completed (unless marked as “optional”).**

Energy Information (Section D):

- Sign Customer Fuel/Energy Bill Release Authorization
- Include a copy of complete Electric Bill -*Send copy of page with the graph or usage.*
- Include a copy of complete bill from Fuel Supplier if heating by propane, oil, kerosene, wood or coal-
2 years of Annual Fuel usage required. Your delivery company may fax annual usage to 518-873-6845

OWNERS ONLY:

Include **ONE** of the following as Proof of Ownership:

- Current Property or School Tax Bill - *Required*
- Deed
- Bill of Sale for mobile/manufactured homes
- Mortgage Statement

RENTERS ONLY:

- Landlord Name, Address and Phone Number provided in Section B
- Income Information (Section E & F) - Verify that all required fields are completed.**

Applicant Affirmation (Section G)

- Read and sign

Attachment 1 – Frequently Asked Questions and Personal Privacy Protection Law Provisions

- Keep for your records

APPLICATION

EmPower New York Program



The following information will help determine which services are most appropriate for you. In some situations, EmPower services are provided by agencies of the Weatherization Assistance Program (WAP). This application will serve as an application for the WAP, and may be forwarded to your local agency for these services. Please print clearly and provide as much information as possible.

SECTION A: APPLICANT INFORMATION

Social Security #: _____ +

Name _____

Address _____ Apt # _____

City _____ State _____ Zip _____
ESSEX NY

County _____ Primary Phone (include area code) _____ Secondary Phone (include area code) _____

Email _____

Mailing Address (if different from above) _____

Additional Contact Person _____ Relationship to Applicant _____ Phone Number (include area code) _____

SECTION B: DWELLING INFORMATION

I own I rent I have lived here _____ years Approximate age of the home _____

Single-Family Multifamily ___ # of units Manufactured/mobile home Group home/shelter

If you rent, certain upgrades require owner permission. Please provide owner information below:

Owner's Name: _____

Address: _____

Phone (include area code): _____

Who pays for the heat at the dwelling? I pay Owner

Who pays for the electric at the dwelling? I pay Owner

Does your roof leak? Yes No If yes, which rooms: _____

Do you own your refrigerator? Yes If yes, about how old is it? _____ years No

Do you use a second refrigerator? Yes If yes, about how old is it? _____ years No

Do you use a separate freezer? Yes If yes, about how old is it? _____ years No

SECTION C: HOUSEHOLD DEMOGRAPHICS

Total number of members in the household: _____

Please indicate the number of household members who are:

60 years of age or older _____ Persons with disabilities _____

Native American _____ Children age 17 years or younger _____

EmPower contractors and referring agencies: Print your business or agency name in this box.
Adirondack Community Action Programs, Inc. 7572 Court St. Suite 2 P.O. Box 848 Elizabethtown, NY 12932 518-873-3207 x 241

SECTION C: HOUSEHOLD DEMOGRAPHICS (CONTINUED)

OPTIONAL

Please add any information that we may find helpful in reducing your energy consumption and list occupant health issues or special needs that we need to be aware of:

SECTION D: ENERGY INFORMATION

Property Address: _____

My primary heating fuel is:

- Electric Oil Kerosene Natural Gas Propane Wood
 Pellets I don't know Other: _____

My secondary heating fuel is:

- Electric Oil Kerosene Propane Wood Pellets Coal
 I do not have secondary fuel Other: _____

Secondary Supplier Name: _____ Account Number: _____

My water heater runs on:

- Electric Oil Natural Gas Propane I don't know

ELECTRIC UTILITY: If you are responsible for the electric bill, provide the following:

Utility Name: _____

Account Number: _____ NYSEG, include – POD # _____

GAS UTILITY: If you are a natural gas utility customer and responsible for the bill, provide the following:

Utility Name: _____

Account Number: _____ If NYSEG or RG&E – POD # _____

PRIMARY FUEL SUPPLIER: if you heat by a fuel other than natural gas or electricity, provide the following:

Company Name: _____ Account Number: _____

Do you have a maintenance agreement for your heating system? Yes No

If yes, list the name of the maintenance provider: _____

CUSTOMER AUTHORIZATION for Release of Fuel/Energy Bills (for previous two years and future three years)

My signature certifies that I am financially responsible for the account(s) listed on this application. I hereby consent and authorize the electricity and fuel suppliers named in this application to release any and all energy usage information, including account number(s), related to the above property address, to representatives of the New York State Energy Research and Development Authority (NYSERDA), and the Weatherization Assistance Program (WAP), and/or its designated representatives for the period beginning two years prior to the application date and ending three years after program participation. I understand that this information will be kept confidential, to the extent permitted by law, and used only for the purpose of determining program eligibility, estimating energy savings, program implementation, and evaluation, including the evaluation of achieved energy savings.

Customer Signature: _____

Date: _____

SECTION E: INCOME INFORMATION

Include the following information for each household member.

Name	Gender	Age	Student (Yes or No)	Source(s) of income	Weekly	Monthly	Yearly
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Total Income for the Household					\$ 0.00	\$ 0.00	\$ 0.00

Check here if you have received HEAP within the past 12 months.

SECTION F: INCOME DOCUMENTATION

A. Provide a copy of **ONE** of the following:

Copy of entire award letter for HEAP, SNAP (Food Stamps), TANF (Temporary Assistance for Needy Families) or Supplemental Security Income dated within the past 12 months

B. **Only if you cannot provide one of the documents listed under A, provide income documentation as follows:**

- All household gross income for the last month: Pay stubs. To obtain monthly income total, if income is:
 - Weekly - multiply weekly income representing 4 most recent weeks by 4.3
 - Bi-weekly: multiply 2 most recent consecutive weeks by 2.15
 - Twice a month: multiply by 2
 - Social Security and Social Security Disability: copy of award letter or bank statements, see below.
 - Documentation of all forms of income including disability, worker's compensation, unemployment, pension, maintenance, child support, annuities, Veteran's benefits and all other income.
 - Self Employment: IRS Report of Quarterly earnings for the last three months
- **Direct Deposit for Social Security, Pension, etc. Two consecutive months of bank statements showing direct deposits**
Do not send W-2's or any income tax information. This documentation is not accepted.

SECTION G: APPLICANT AFFIRMATION

I authorize release of my contact information, dwelling information, and income documentation to representatives of NYSERDA, to the Weatherization Assistance Program (WAP) and/or its designated representatives, to any community-based organizations identified on this application, and to my utilities. I understand that the information provided by me will be used only for the purposes of determining eligibility for NYSERDA's residential programs and financial incentives, eligibility for the WAP, and for estimating and evaluating energy savings. I understand that all information will be kept confidential, to the extent permitted by law. I understand that if energy efficiency services are provided to me through NYSERDA's EmPower New York program or WAP, there will be no cost to me and that participation in these programs will not affect my social security, public assistance, or any other income.

I understand that this application does not guarantee that assistance will be granted to me. Whether or not services are provided will depend on the number of applications received and the availability of funds and priorities established by the programs. I also understand that I will not be eligible to receive financial incentives or rebates from an electric or natural gas utility for measures provided at no cost through NYSERDA programs or the WAP.

I agree to provide NYSERDA representatives, the WAP representatives, and independent participating contractors access to my dwelling, at times that are mutually acceptable, to perform program activities including energy inspections, installation of measures, and Quality Assurance activities. I understand that participating contractors are independent contractors and provide a one-year warranty on labor for work completed. I further understand that participating contractors and vendors will provide appropriate warranties on any equipment provided and that no additional warranties are provided by NYSERDA or the WAP.

I subscribe and affirm, under the penalties of law, that the statements made on all parts of this application, including statements made on any accompanying documents, have been examined by me and are to the best of my knowledge true and complete. I understand that my signature on this form gives permission for NYSERDA, representatives of the WAP, and their designees, to assure my eligibility for NYSERDA's programs and the WAP. I consent to any inquiry to verify or confirm the information that I have given. I understand that if I give false information or withhold information in order to receive benefits that I am not entitled to, I can be prosecuted to the fullest extent of the law. I also state that no person named in this application is subject to disqualification for weatherization services under the Immigration Reform and Control Act of 1986 (Public Law 99-063). I have read and understand the provisions of the Personal Privacy Protections Law in Attachment #1.

X

Applicant Signature

Date

X

Applicant Representative Signature

Date

Your contact information may be shared with other residential programs within NYSERDA. To opt out of this, please initial here. _____

INTERNAL USE ONLY

Reviewed By: HEAP OFA Utility Weatherization Subgrantee EmPower Other: _____

Check all benefits that the household receives: SSI HEAP SNAP TANF

On the basis of the information provided by the applicant, the household is determined to be:

- Eligible for Weatherization NOT Eligible for Weatherization
 Eligible for EmPower NOT Eligible for EmPower EmPower eligible, but wait-listed for Weatherization

Check here if: Household was previously served by Weatherization
 Household ineligible for further services through EmPower

Additional Comments:

EmPower Representative Signature: _____ Date: _____

Title: Program Assistant _____

CLIENT'S STATEMENT
Home and Heating Information

Name: _____ Date: _____

1. Has your current residence ever been weatherized by ACAP? Yes No When? _____
2. To the best of your knowledge, is your heating system is good working order? Yes No
3. When is the last time your heating system was cleaned? _____ Had repairs? _____
4. Is your heating system operational now? Yes No
5. Approximately, how old is your heating system? _____
6. Do you presently have fuel? **(required at time of Energy Audit for testing)** Yes No
7. What type of heating system do you have as **your main heating source?**
 Electric baseboard forced warm air boiler monitor/space heater wood stove/pellet
8. Brand name of **main refrigerator:** _____ **Model #:** _____ **Age:** _____
- 8a. Do you own a second refrigerator? Yes No
9. Do you have a separate freezer? Yes No **Make:** _____ **Model #** _____
Any problems noted with water heater at this time? _____
10. Do you have an attic? Yes / No Basement Type: Crawl Space Partial Full (circle one)
11. Do you or any member of your household have a medical condition that would require an air conditioner? Yes / No Do you currently have an air conditioner in your home? Yes / No
- 12a. Has anyone is your household had a blood test for lead? Yes No
- 13b. If yes, do you have a record of the results, if yes, please forward with your application. Yes No
14. Are you currently on a waiting list for the Housing Assistance Program or Pride of Ti? Yes No

Directions to your home: _____

Please review your application to ensure all required areas are signed and you have included all required documentation and directions to your residence. Thank you for your interest in our program

ATTACHMENT 1 - Keep for Your Records

Frequently Asked Questions

EmPower New York and Weatherization Assistance Program



Are services really free?

Yes – State residents meeting EmPower New York or the Weatherization eligibility requirements can receive home energy services through the programs at no cost.

Do EmPower New York and Weatherization provide services to renters as well as owners?

Yes – both programs provide energy services to anyone who owns or rents a home and meets all of the eligibility requirements. Owners of rental properties that receive Weatherization funds are generally required to contribute a portion of the cost of the work.

What are some of the no-cost energy services that EmPower New York or Weatherization may provide?

- Replacement of old-style light bulbs with high-efficiency lighting.
- Replacement of inefficient refrigerators and freezers with new ENERGY STAR® certified models.
- Added insulation to keep your home more comfortable.
- Strategic air sealing to reduce drafts.
- Heating system upgrades and repairs.
- Everyday strategies and tips to help you manage your energy costs.
- Minor repairs to ensure that the installed energy efficiency materials will perform correctly.
- Health and safety measures to help ensure indoor air quality.
- Identification of any hazardous conditions discovered during the energy audit.

If I accept work from EmPower New York and/or Weatherization, is a lien going to be on my home?

Am I required to pay the program back if I move or my income changes?

There is no cost or future obligation for eligible residents that participate in EmPower New York or the Weatherization Program.

Do the contractors perform code inspections?

No – EmPower New York and Weatherization contractors are not Code Enforcement Officials.

Can I hire my own contractor?

No – all work will be completed by a contractor accredited by the Building Performance Institute (BPI), a national organization that sets the technical standards for contractors in energy efficient building performance, so you know they're applying the latest knowledge and technology to the energy efficiency of your home.

Can I get paid back for work I have already performed?

No – EmPower New York and Weatherization cannot reimburse you for work that has already been completed.

Privacy Protection Information

Weatherization Assistance Program



The New York State Personal Privacy Protection Law (Public Officers Law, Article 6-A) requires in §94(1)(d) that each subgrantee of the Weatherization Assistance Program that maintains a system of records provide each subject from whom it requests information with certain notifications as provided below.

Name of agency requesting and responsible for information:

New York State Homes and Community Renewal
www.nyshcr.org

Authority for collection and principal purpose for which the information is collected:

The Energy Conservation and Production Act (P.L. 94-385) §416 and §417 and the Low-Income Home Energy Assistance Act of 1981 (P.L. 97-35, as amended) require the State to keep records for the purposes of monitoring and evaluation and for the preparation of reports, and that eligibility for the program be established, which requires the collection of personal information, including the Social Security number of the applicant.

Effects of not providing the requested information:

If information requested on the Weatherization Application is not provided, the applicant's application may be delayed.

Routine uses for the collected information:

This information is used by New York State Homes and Community Renewal and its subgrantees for administration of the Weatherization Assistance Program. Some of the information collected is aggregated and reported to the New York State Office of Temporary and Disability Assistance and to the United States Department of Energy. This information may also be used to perform data matches with other state and federal agencies, to verify your eligibility for assistance, and for improving delivery of services and program evaluation. No personally-identifiable information is used for this purpose.

Subgrantee Information:

Adirondack Community Action Programs, Inc.
Weatherization Assistance Program
7572 Court Street, Suite 2
P.O. Box 848
Elizabethown, NY 12932
Phone: 518-873-3207 ext: 241 or ext 238
Fax: 518-873-6845
email contact: cwenzel@acapinc.org