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**

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

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

**Adirondack Community Action Programs, Inc.**

**Applicant Data**

<table>
<thead>
<tr>
<th>NAME: (Last, First, M.I.) HEAD OF HOUSEHOLD</th>
<th>TELEPHONE #:</th>
</tr>
</thead>
</table>

**MAILING ADDRESS:**

<table>
<thead>
<tr>
<th>GENDER:</th>
<th>NUMBER IN HOUSEHOLD:</th>
<th>DATE OF BIRTH</th>
<th>AGE</th>
<th>INDICATE NUMBER IN EACH AGE GROUP LIVING IN THE HOUSEHOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
<td>☐ Female</td>
<td>☐ Other</td>
<td>☐</td>
<td>Age 0-5 ☐ 6-13 ☐ 14-17 ☐ 18-24 ☐ 25-44 ☐ 45-54 ☐ 55-59 ☐ 60-64 ☐ 65-74 ☐ 75 + ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household Type</th>
<th>Housing</th>
<th>Ethnicity/Race</th>
<th>Military Status</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Single Person</td>
<td>☐ Own</td>
<td>☐ Hispanic or Latino</td>
<td>☐ Veteran</td>
<td>☐ Grades 0-8</td>
</tr>
<tr>
<td>☐ Two Adults-No Children</td>
<td>☐ Rent</td>
<td>☐ American Indian or Alaska Native</td>
<td>☐ Active Military</td>
<td>☐ Grades 9-12/Non-Grad</td>
</tr>
<tr>
<td>☐ Single Parent/Female</td>
<td>☐ Permanent Housing</td>
<td>☐ Asian</td>
<td>☐ High School Graduate Equivalency Diploma</td>
<td>☐ 12 grade + Some Post-Secondary</td>
</tr>
<tr>
<td>☐ Single Parent/Male</td>
<td>☐ Homeless</td>
<td>☐ Black or African American</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Two Parent Household</td>
<td>☐ Other</td>
<td>☐ Native Hawaiian and Other Pacific Islander</td>
<td>☐ 2 or 4 years College Graduate</td>
<td>☐ Graduate of Post-Secondary School</td>
</tr>
<tr>
<td>☐ Non-related Adults with Children</td>
<td>☐</td>
<td>☐ White</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Multigenerational Household</td>
<td>☐ Other</td>
<td>☐ Multi-race (two or more of the above)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Work Status**

| ☐ Employed Full-Time | ☐ Employed Part-Time | ☐ Migrant Seasonal Farm Worker | ☐ Unemployed (6 months or less) | ☐ Unemployed (more than 6 months) | ☐ Unemployed (Not in Labor Force) | ☐ Retired |

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

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

(Over)
### Household Information

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Disability</th>
<th>Gender</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Source of Household Income

- **Income from Employment Only**
- **Income from Employment and Other Income Source**
- **Income from Employment, Other Income Source, and Non-Cash Benefits**
- **Income from Employment and Non-Cash Benefits**
- **Other Income Source Only**
- **Other Income Source and Non-Cash Benefits**
- **No Income**
- **Non-Cash Benefits Only**

### Level of Household Income

- **Up to 50%**
- **51% to 75%**
- **76% to 100%**
- **101% to 125%**
- **126% to 150%**
- **151% to 175%**
- **176% to 200%**
- **201% to 250%**
- **250% and over**

### Other Income Source

- **TANF**
- **Supplemental Security Income (SSI)**
- **Social Security Disability Income (SSDI)**
- **VA Service-Connected Disability Compensation**
- **VA Non-Connected Disability Pension**
- **Private Disability Insurance**
- **Worker’s Compensation**
- **Retirement Income from Social Security**
- **Pension**
- **Child Support**
- **Allimony or other Spousal Support**
- **Unemployment Insurance**
- **EITC**
- **Other**

### Documentation of eligibility (copy for file)

- **Snap**
- **WIC**
- **LIHEAP**
- **Housing Choice Voucher**
- **Public Housing**
- **Permanent Supportive Housing**
- **HUD-VASH**
- **Childcare Voucher**
- **Affordable Care Act Subsidy**
- **Other**

### Eligibility Verification (Office use only)

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: ____________________________  **RVSD 1/17/2018**
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

☐ 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 #  

NY

City  

State  

Zip

ESSEX

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Student (Yes or No)</th>
<th>Source(s) of Income</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Yearly</th>
</tr>
</thead>
<tbody>
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</table>

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

X
Applicant Representative Signature

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 in 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

rvsd 10/15 cw
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(f)(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
Elizabethtown, NY 12932
Phone: 518-873-3207 ext: 241 or ext 238
Fax: 518-873-6845
email contact: cwenzel@acapinc.org