



**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, 2020**

<u>HOUSEHOLD SIZE</u>	<u>GROSS MONTHLY INCOME</u>	<u>ANNUAL INCOME</u>
1	\$2,610	\$31,318
2	\$3,413	\$40,954
3	\$4,216	\$50,590
4	\$5,019	\$60,226
5	\$5,822	\$69,862
6	\$6,625	\$79,498
7	\$6,775	\$81,305
8	\$7,353	\$88,240
9	\$8,100	\$97,200
10	\$8,847	\$106,160
11+ Add		Annually+ 89,60

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



**NYS HOMES & COMMUNITY RENEWAL  
WEATHERIZATION ASSISTANCE PROGRAM  
FORM #3  
PERSONAL PRIVACY PROTECTION LAW PROVISIONS**

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

**Name of the agency requesting the information:**

NYS Homes and Community Renewal, Energy and Rehabilitation Services

**Name of the system of records:**

Weatherization Payment and Reporting System

**Agency official responsible for the records:**

Director, Energy and Rehabilitation Services  
NYS Homes and Community Renewal  
38-40 State Street  
Albany, New York 12207  
518-474-5700

**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. These sections require the State to keep records for the purposes of monitoring and evaluation and for the preparation of reports. Program regulations contained in 10 CFR 440.22 require 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 (Form #4) is not provided, the applicant's dwelling is not eligible for WAP funds.

**Routine uses for the collected information:**

This information is used by NYS Homes and Community Renewal and local subgrantee employees for administration of the Weatherization Assistance Program, including the preparation of reports 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 WAP services.

**Subgrantee Information:**

Adirondack Community Action Programs, Inc. Weatherization Assistance Program  
7572 Court Street, P.O. Box 848  
Elizabethtown, NY 12932  
518-873-3207 x 241  
Fax: 518-873-6845  
Website: [www.acapinc.org](http://www.acapinc.org)



# INTAKE FORM

## Applicant Data

Date of Intake:

NAME: (Last, First, M.I.) HEAD OF HOUSEHOLD	TELEPHONE #:
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MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
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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)	<b>Work Status</b>	

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

**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	<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)	<input type="checkbox"/>

**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

## Weatherization Assistance Program EmPower New York Program



The following information will help determine which programs are the most appropriate for you. Please print clearly and provide as much information as possible.

### SECTION A: APPLICANT INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State **NY** Zip \_\_\_\_\_

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 \_\_\_\_\_

## 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:

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## 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: \_\_\_\_\_ Name on Account: \_\_\_\_\_

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

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

Utility Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

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
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
<b>Total Income for the Household</b>					\$	\$	\$

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
- Documentation of all forms of income including disability, worker's compensation, unemployment, pension, maintenance, annuities, Veteran's benefits and all other income.
- Self Employment: IRS Report of Quarterly earnings for the last three months



**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. \_\_\_\_

**AGENCY 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:**

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_



CLIENT 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 was the last time your heating system was cleaned? \_\_\_\_\_ Had repairs? \_\_\_\_\_
4. Is your heating system operational now?  Yes  No Age of heat system \_\_\_\_\_
6. Do you presently have fuel? **(required at time of Energy Audit for testing)**  Yes  No
7. What type of heating system is **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 If yes, Age \_\_\_\_\_
9. Do you have a separate freezer? Yes No **Make**: \_\_\_\_\_ **Model #**: \_\_\_\_\_
10. **Are there any problems with your water heater at this time? If yes explain** \_\_\_\_\_  
\_\_\_\_\_
12. Do you have an attic? Yes / No Basement Type: Crawl Space Partial Full (circle one)
13. 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
- 14a. Has anyone in your household had a blood test for lead?  Yes  No
- 14b. If yes, do you have a record of the results, if yes, please forward with your application.  Yes  No
15. 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 the Weatherization or EmPower New York eligibility requirements can receive home energy services through the programs at no cost.

#### **Do Weatherization and EmPower New York 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 Weatherization or EmPower New York 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 Weatherization and/or EmPower New York, 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 the Weatherization Program or EmPower New York.

#### **Do the contractors perform code inspections?**

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