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**

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

Page 1 of 1
May 2014 version
# Intake Form

**Applicant Data**

- **Name:** (Last, First, M.I.) HEAD OF HOUSEHOLD
- **Telephone #:**

**Mail Address:**

**City:**

**State:**

**Zip Code:**

<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>
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<tbody>
<tr>
<td>Male</td>
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<td>Age 0-5</td>
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<td>Female</td>
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<tr>
<td>Other</td>
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</table>

## Household Type

- Single Person
- Two Adults-No Children
- Single Parent/Female
- Single Parent/Male
- Two Parent Household
- Non-related Adults with Children
- Multigenerational Household
- Other

## Housing

- Own
- Rent
- Permanent Housing
- Homeless
- Other
- Multi-race (two or more of the above)

## Ethnicity/Race

- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian and Other Pacific Islander
- White

## Military Status

- Veteran
- Active Military
- High School Graduate Equivalency Diploma
- 12 grade + Some Post-Secondary
- 2 or 4 years College Graduate
- Graduate of Post-Secondary School

## Education

- Grades 0-8
- Grades 9-12/Non-Grad

## Health Insurance Sources

- Medicaid
- Medicare
- State Children’s Health Insurance Program
- State Health Insurance for Adults
- Military Health Care
- Direct-Purchase
- Employment Based

## 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
- Information Seeking

**Place checkmark 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>
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</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 (Office Use Only)
- [ ] 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
- [ ] Alimony or other Spousal Support
- [ ] Unemployment Insurance
- [ ] EITC
- [ ] Other

### Amount

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Non-Cash Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snap</td>
<td>WIC</td>
</tr>
<tr>
<td>LIHEAP</td>
<td>Housing Choice Voucher</td>
</tr>
<tr>
<td>Public Housing</td>
<td>Permanent Supportive Housing</td>
</tr>
<tr>
<td>HUD-VASH</td>
<td>Childcare Voucher</td>
</tr>
<tr>
<td>Other</td>
<td>Affordable Care Act Subsidy</td>
</tr>
</tbody>
</table>

### 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:** ___________________________ **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**
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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Apt #</td>
</tr>
<tr>
<td>City</td>
<td>NY</td>
</tr>
<tr>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>County</td>
<td>Primary Phone (include area code)</td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Mailing Address (if different from above)</td>
<td></td>
</tr>
<tr>
<td>Additional Contact Person</td>
<td>Relationship to Applicant</td>
</tr>
</tbody>
</table>

**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:

________________________________________________________________________
________________________________________________________________________

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: ____________________________

Page 3
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 $ $ $

☐ 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: ________________________________

Homes and Community Renewal  NYSERA
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.