



**WEATHERIZATION ASSISTANCE PROGRAM**  
**P.O. Box 848**  
**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 December 17, 2025**

<b><u>HOUSEHOLD SIZE</u></b>	<b><u>*GROSS MONTHLY INCOME</u></b>	<b><u>ANNUAL INCOME</u></b>
1	\$3,473	\$41,676
2	\$4,542	\$54,504
3	\$5,611	\$67,332
4	\$6,680	\$80,160
5	\$7,749	\$92,988
6	\$8,818	\$105,816
7	\$9,018	\$108,216
8	\$9,218	\$110,616
9*	\$9,942	\$119,300
10*	\$10,858	\$130,300

NOTE\*: Effective November 2025 for households' size 9 or more the Federal 200% of poverty level figure is higher than the HEAP 60% of State Median Income figure



## **WEATHERIZATION ASSISTANCE PROGRAM INFORMATION**

The Weatherization Assistance Program (WAP) administered by NYS Homes and Community Renewal (HCR) is committed to reducing energy costs for low-income families, particularly the elderly, people with disabilities, and children, by improving the energy efficiency of their homes and ensuring their health and safety.

WAP is funded annually by the US Department of Energy. In addition, the program also receives funds from the Low Income Home Energy Assistance Program funded by the US Department of Health and Human Services.

Application for assistance under the program is made to a local service provider, called a subgrantee, which is under contract to HCR. After approval of the application, the subgrantee will conduct a comprehensive professional building analysis of the applicant's home and, based on that analysis and available funds, will install or have installed weatherization measures in the home which have been determined to be the most cost-effective in reducing energy consumption while increasing comfort and improving health and safety standards.

The measures which may be indicated by the building analysis fall into five major categories:

1. Heating efficiency measures: To improve the heating system in the home, which may include a cleaning and tuning of the heating appliance; repairs, modifications, and replacements as needed; and work on the heating distribution system.
2. Infiltration measures: To keep warm air in and cold air out of the home.
3. Conduction measures: Insulation measures to reduce the conduction of heat from the interior to the exterior of the home.
4. Repairs: Any repairs that are needed to preserve or protect the weatherization materials installed.
5. Health and safety: Mitigation of health and safety concerns in the home or, at least, to notify residents of their presence.
6. Base load measures: To reduce electrical consumption.

## ADIRONDACK COMMUNITY ACTION PROGRAMS, INC.

## INTAKE FORM

## Applicant Data

Date of Intake:

NAME: (Last, First, M.I.) HEAD OF HOUSEHOLD			TELEPHONE #:								
MAILING ADDRESS:		PHYSICAL ADDRESS:		CITY:	STATE:						
					ZIP CODE:						
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	NUMBER IN HOUSEHOLD:	DATE OF BIRTH	AGE	INDICATE NUMBER IN EACH AGE GROUP LIVING IN THE HOUSEHOLD							
				Age 0-5 <input type="checkbox"/>	6-13 <input type="checkbox"/>	14-17 <input type="checkbox"/>	18-24 <input type="checkbox"/>	25-44 <input type="checkbox"/>	45-54 <input type="checkbox"/>	55-59 <input type="checkbox"/>	60-64 <input type="checkbox"/>
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 <input type="checkbox"/> 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"/> Multi-Race (two or more of the above)				<input type="checkbox"/> # Of youths ages 14-24 who are neither working or in school			
<input type="checkbox"/> Other				<input type="checkbox"/> Other				<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								
<b>Place check mark in boxes below of programs you are applying for or would like to be referred to</b>											
EMERGENCY SERVICES: Emergency assistance including FOOD, UTILITIES, SECURITY, RENT, DIAPERS, WIPES, 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											
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											
PARENTING CLASSES/SUPERVISED VISITS											

(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 Income			<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: \_\_\_\_\_

RVSD 4/10/2024

## APPLICATION CHECKLIST - WEATHERIZATION ASSISTANCE PROGRAM/EMPOWER+

This list will help ensure that your application will be processed in a timely manner. Please X in the appropriate line once you have ensured that all Applications sections are complete and the required documentation is provided. Applications are processed on a first come, first served basis. Any missing documentation will delay application approval.

General applicant Information (Section A, B & C) -Verify that all required fields are completed (unless marked as "optional")

### ENERGY INFORMATION (Section D):

Sign customer Fuel/Energy Fuel Bill Release Authorization

Include a copy of your most recent electric bill – Only send the page of the bill that shows the graph.

Fuel Usage-We require 2 years of annual fuel usage/deliveries. Contact your fuel delivery company. They may fax this information to 838-831-1217. Do not send bills. \*\*Note: If you use wood and is not delivered by a company, please include estimated amount of wood used per season. If you use only electric for heat y, contact your electric company for 2 years of electric usage. Have them fax to the # listed above

### OWNERS ONLY: Include the following as Proof of Ownership-Required

A copy of your most recent land or school tax bill. (We only need one, not both ) If more than one owner and they do not live in the home, we require copy of the current deed to the home. If Life Lease, please send a copy of the agreement that was filed with Essex County. For Mobile Home Owners located in a MH Park, include copy of your Bill of Sale or Purchase Agreement

### RENTERS ONLY:

Landlord name, Address and Phone Number provided in Section B

\*\*Note: Landlord to complete paperwork, show proof of ownership & pay financial cost of weatherization if more than one unit in most situations.

Application Affirmation (Section G) Read and Sign

### PROOF OF INCOME ELIGIBILITY:

Provide a copy of one of the following: HEAP, SNAP TANF or SSI (Supplemental Security Income) dated within the last 12 months. If HEAP Award Letter, must have copy of letter for the most current heating season. If you do not have the letter, contact social services office, fax the letter to 518-873-6845

If you cannot provide one of the above, the following is required

- The past four weeks of paystubs showing gross income for all employed household members. All paystubs must be consecutive.
- If Social Security and/or Social Security Disability send the most recent award letter showing the amount you will receive for the year.  
If you do not have the letter, you may send two months of your bank statement that show the direct deposits. The two months must be consecutive.
- Documentation of any other income such as disability, workers comp, unemployment, pension, maintenance, annuities, Veteran's benefits and all other income. Letter of the award amounts or two months of bank statements showing the direct deposits. If self-employed, please contact our office for a Self-Employment Form 518-873-3207 x 241



# APPLICATION

## Weatherization Assistance Program

### EmPower +

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	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>				<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</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 in 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 \_\_\_\_\_
5. Do you presently have fuel? **(required at time of Energy Audit for testing)**  Yes  No
6. What type of heating system is **your main heating source**?  
 Electric baseboard  forced warm air  boiler  monitor/space heater  wood stove/pellet
7. Does your residence have a chimney: Yes No Is it in good condition: Yes No
8. Brand name of **main refrigerator**: \_\_\_\_\_ Model #: \_\_\_\_\_ Age: \_\_\_\_\_
9. Do you own a second refrigerator? Yes No If yes, Age \_\_\_\_\_
10. Do you have a separate freezer? Yes No Make: \_\_\_\_\_ Model # \_\_\_\_\_
11. Water heater: (circle one) Electric Propane Oil Other: \_\_\_\_\_ Is hot water from boiler Yes No
12. Are there any problems with your water heater at this time? If yes explain \_\_\_\_\_
  
13. Do you have an attic? Yes / No Basement Type: Crawl Space Partial Full (circle one)
14. 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
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

rvsd 5/23 cw



**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 or 238

Fax: 838-831-1217

Website: [www.acapinc.org](http://www.acapinc.org)