

WEATHERIZATION APPLICATION



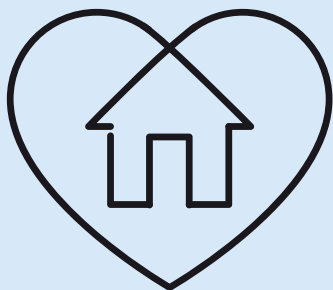
INCOME ELIGIBILITY GUIDELINES

NEW GUIDELINES AS OF DECEMBER 17, 2025

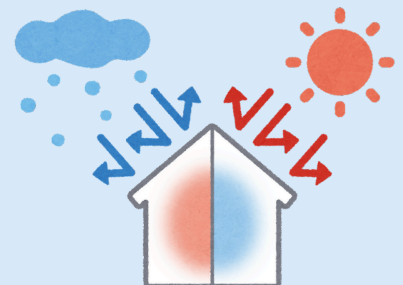
Household Size	Monthly Income	Annual Income
1	\$3,473	\$41,676
2	\$4,542	\$54,504
3	\$5,611	\$67,332
4	\$6,680	\$80,160
5	\$7,749	\$92,988
6	\$8,818	\$105,816
7	\$9,018	\$108,216
8	\$9,218	\$110,616
9*	\$9,942	\$119,300
10*	\$10,858	\$130,300

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

PLEASE RETURN COMPLETED APPLICATION TO:



A.C.A.P. WEATHERIZATION
PO BOX 848
7572 COURT ST, SUITE 2
ELIZABETHTOWN, NY 12932
PHONE: (518)873-3207 EXT: 241
FAX: (838)831-1217





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.

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:	NUMBER IN HOUSEHOLD:	DATE OF BIRTH	AGE	INDICATE NUMBER IN EACH AGE GROUP LIVING IN THE HOUSEHOLD				
<input type="checkbox"/> Male				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"/>
<input type="checkbox"/> Female				45-54 <input type="checkbox"/>	55-59 <input type="checkbox"/>	60-64 <input type="checkbox"/>	65-74 <input type="checkbox"/>	75 + <input type="checkbox"/>
<input type="checkbox"/> Other								

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	Work Status	

Health		Work Status
		<input type="checkbox"/> Employed Full-Time
Health Insurance Sources		<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	
<input type="checkbox"/>	EMERGENCY SERVICES: Emergency assistance including FOOD, UTILITIES, SECURITY, RENT, DIAPERS, WIPES, 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
<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"/>	PARENTING CLASSES/SUPERVISED VISITS

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: _____



APPLICATION CHECKLIST



WEATHER ASSISTANCE PROGRAM/EMPOWER+ PROGRAM

GENERAL APPLICATION INFORMATION - VERIFY ALL REQUIRED FIELDS ARE COMPLETED

HOME OWNERS ONLY

INCLUDE ONE OF THE FOLLOWING AS PROOF OF OWNERSHIP

- CURRENT PROPERTY/SCHOOL TAX BILL
- DEED
- BILL OF SALE FOR MOBILE /MANUFACTURED HOME

RENTERS ONLY

- LANDLORD NAME, ADDRESS AND PHONE NUMBER

ENERGY INFORMATION

- SIGNED CUSTOMER FUEL/ENERGY BILL RELEASE AUTHORIZATION
- A COPY OF YOU MOST RECENT ELECTRIC BILL - **THE GRAPH PORTION ONLY**
- FUEL USAGE - CONTACT YOUR FUEL DELIVERY AND ASK THEM FOR THE LAST 2 YEARS FUEL USAGE, THEY CAN FAX THIS INFORMATION TO US AT 1-838-831-1217. **DO NOT SEND BILLS.** IF WOOD IS USED, PLEASE GIVE AN ESTIMATED USAGE. IF ELECTRIC IS USED, PLEASE PROVIDE 2 YEARS OF ELECTRIC USAGE.

INCOME INFORMATION

- 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 838-831-1217

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.

ANY MISSING DOCUMENTATION WILL DELAY APPLICATION APPROVAL

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		NY	State
County		Zip	
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:

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
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
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: _____



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 _____
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 cv



**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