



Dear Applicant,

The Weatherization Program expects to weatherize your home in the next 6 to 9 months. We will need the following information to complete your application and to determine your eligibility to weatherize your home.

Please **Check off and Return ALL Requested Documentation – within 15 days from this letter**

1.  **Complete Wx Application**     **Sign/Date** (2) areas – pages 3 & 5
2.  **Captain Intake Questions** – for EVERYONE in home - **Return form with application.**
3.  **Electric** – we will need- **pages 3 & 4** of your NYSEG or a copy of Penelec bill
4.  **FUEL** - Obtain 24 months usage **from Fuel Provider for:** Oil, Kerosene or Propane
  - If you use Natural Gas send NYSEG bill.
  - Wood or Pellets – obtain usage from provider
  - **Self-purchases** - write down how much you purchased for 2 years (state each year) - Sign / Date.
5.  **Ownership** - bill of sale or tax bill for 2018/2019
6.  **INCOME** – 2019 documentation for **EVERYONE** in the household.

\*We accept the following: **Original Award letters for Current year – Front & Back side.**

- **2 - BANK STATEMENTS** – current months – showing SS, SSI, SSD and Pension.
- **Front and Back of 2018/2019 HEAP or SNAP award letter for current year-**
- Paystubs – Current - Consecutive weeks - **Weekly - last 4 Paystubs** – Biweekly - **2 Paystubs**
- If **Self Employed** – Please notify the office – We have a form to complete. **Or schedule C**
- **Rental Income** - if renting to a relative – the receipt must be **notarized.**

**NO INCOME:** this paperwork **Must be NOTARIZED -** if **18 and older in home.**  
on a separate paper: Print Name, write I received NO Income in the last 4 weeks, Sign /Date.

\* If the children are in college – we will need their school schedule.

Gross Income Guidelines for 2018 -2019

Household Size	1	2	3	4	5	6
Monthly Gross	2,391	3,127	3,863	4,598	5,334	6,070
Annual	28,692	37,524	46,356	55,176	64,008	72,840

The Weatherization Program works on a first come first serve basis. If you are still interested in receiving our services, please send the documents as requested. After receiving the updated information and you are eligible we will contact you by telephone to set up an audit date.

However, if you are not eligible we will send you a letter in the mail informing you of why you were not eligible for our Weatherization Program.

If you have any questions, please call (607) 687-0944 ext. 310 or (877) 786-2419.

Sincerely,  
Darlene Terry  
ES Admin Assistant



# 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:

\_\_\_\_\_  
\_\_\_\_\_

**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 below certifies that I am financially responsible for the account(s) listed above. I hereby consent and authorize my electricity and fuel suppliers to release any and all energy consumption information, including account number(s), related to the above property address, to representatives of the Weatherization Assistance Program (WAP), and to the New York State Energy Research and Development Authority (NYSERDA) and/or its designated representatives for the period beginning two years prior to the application date and ending three years after participation in the programs which provide services to my dwelling. 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 and 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 the Weatherization Assistance Program (WAP), to NYSERDA 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 the WAP, eligibility for NYSERDA programs and financial incentives, 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 WAP or NYSERDA's EmPower New York program, 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 the WAP or NYSERDA programs.

I agree to provide the WAP representatives, NYSERDA 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 the WAP and NYSERDA's programs. 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 \_\_\_\_\_

**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: \_\_\_\_\_



## CAPTAIN INTAKE QUESTIONS:

<b>Client Name:</b>		Intake Date:
Social Security Number:	Applicant only	<u>Notes:</u> Dbs ckd - _____ Placed in 2009 Db: _____ Empower Db: _____ App Sent: _____ Broome Update list _____  CI # _____ Wx # _____ EmP Intake # _____  <u>Impairments or Special Needs:</u>
Date of Birth:	Age:	
Phone Number:		
Address:		
Gender: <b>Male</b> Female <b>Other</b> Unspecified		
Marital Status:		
Race: _____	Ethnicity: Hispanic or Non-Hispanic	
Education (highest level): _____	College 2 or 4 years	
Health Ins.: <b>Medicaid</b> Medicare <b>Children's Health Ins. None</b> Military Direct Purchase <b>Employee Based</b> Unknown <b>State Health Ins./Adults</b>		
Military Status: <b>Active</b> Veteran <b>None</b> Unknown		
Pregnant: Yes or No		
Disabled: Yes or No		
Employment: <b>FT or PT</b> Retired <b>None</b> <b>Unempl (more than 6 mos)</b> <b>Unempl (less than 6 mos)</b> Unempl (not in labor force) <b>Unknown</b>		
Non-cash benefits: <b>SNAP</b> WIC <b>HEAP</b> HUD (Section 8) <b>None</b> Permanent Supportive Housing <b>HUD-VASH</b> <b>Childcare Voucher</b> <b>Affordable Care Act Subsidy</b> <b>Public Housing</b> Unknown/Unspecified		
How many <b>YEARS</b> in the home? _____ Any Structure Issues? Yes or No _____ Any Roof Leaks? Yes or No _____		
<b>Housing Situation: Own or Rent - Mobile Home/Double Wide, Single Family, Multi Family Home:</b>		
How many <b>LIVE</b> in the household?		
1. My Family & I have a safe, stable house	Agree Some What Agree Disagree	3
2. My Family & I have regular access to health care & all health conditions are being managed.	Agree Some What Agree Disagree	2
3. My Family & I have adequate food	Agree Some What Agree Disagree	1
4. My current household income meets my basic expenses	Agree Some What Agree Disagree	1
5. My family & I have regular access to reliable affordable transportation.	Agree Some What Agree Disagree	1
6. My home is safe & free of: Emotional or physical abuse Mental health challenges Drug or alcohol addictions	Agree Some What Agree Disagree	2
	Agree Some What Agree Disagree	2
	Agree Some What Agree Disagree	2
7. I am able to care for myself & my family	Agree Some What Agree Disagree	1
Transportation: Car - Public Trans - Bicycle - Friends/Family		TOTAL:
<b>INCOME DETAILS:</b>		
Paystub - Wages: (gross amount)		
Social Security:	Pension:	
Supplemental Security Income:	Social Security Disability:	
Rental:		
Other (and amount): <b>TANF</b> Self-Empl. <b>Unempl. Ins.</b> Work Comp <b>Alimony</b> None <b>Unknown</b> EITC <b>Interest/Dividend</b> Public Assistance <b>VA Service-Connected Comp</b> VA Non-Service Connected Pension		

**Household Members:**

<b>Name:</b>	Education: (highest level)	
	Health Insurance: Medicaid Medicare Emp base None	
Date of Birth:	Age:	Veteran:
Gender:	Disabled: Yes or No Pregnant: Yes or No	
Marital Status:	Transportation: Car - Public Trans - Bicycle - Friends/Family	
Relation to Applicant:	Working:	
Race/Ethnicity:	Monthly Gross Income:	

<b>Name:</b>	Education: (highest level)	
	Health Insurance: Medicaid Medicare Emp base None	
Date of Birth:	Age:	Veteran:
Gender:	Disabled: Yes or No Pregnant: Yes or No	
Marital Status:	Transportation: Car - Public Trans - Bicycle - Friends/Family	
Relation to Applicant:	Working:	
Race/Ethnicity:	Monthly Gross Income:	

<b>Name:</b>	Education: (highest level)	
	Health Insurance: Medicaid Medicare Emp base None	
Date of Birth:	Age:	Veteran:
Gender:	Disabled: Yes or No Pregnant: Yes or No	
Marital Status:	Transportation: Car - Public Trans - Bicycle - Friends/Family	
Relation to Applicant:	Working:	
Race/Ethnicity:	Monthly Gross Income:	

<b>Name:</b>	Education: (highest level)	
	Health Insurance: Medicaid Medicare Emp base None	
Date of Birth:	Age:	Veteran:
Gender:	Disabled: Yes or No Pregnant: Yes or No	
Marital Status:	Transportation: Car - Public Trans - Bicycle - Friends/Family	
Relation to Applicant:	Working:	
Race/Ethnicity:	Monthly Gross Income:	

<b>Name:</b>	Education: (highest level)	
	Health Insurance: Medicaid Medicare Emp base None	
Date of Birth:	Age:	Veteran:
Gender:	Disabled: Yes or No Pregnant: Yes or No	
Marital Status:	Transportation: Car - Public Trans - Bicycle - Friends/Family	
Relation to Applicant:	Working:	
Race/Ethnicity:	Monthly Gross Income:	

Additional Comments:

## 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.



# Privacy Protection Information

## Weatherization Assistance Program



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

**Name of agency requesting and responsible for information:**

New York State Homes and Community Renewal

[www.nyshcr.org](http://www.nyshcr.org)

**Authority for collection and principal purpose for which the information is collected:**

The Energy Conservation and Production Act (P.L. 94-385) §416 and §417 and the Low-Income Home Energy Assistance Act of 1981 (P.L. 97-35, as amended) require the State to keep records for the purposes of monitoring and evaluation and for the preparation of reports, and that eligibility for the program be established, which requires the collection of personal information, including the Social Security number of the applicant.

**Effects of not providing the requested information:**

If information requested on the Weatherization Application is not provided, the applicant's application may be delayed.

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**Routine uses for the collected information:**

This information is used by New York State Homes and Community Renewal and its subgrantees for administration of the Weatherization Assistance Program. Some of the information collected is aggregated and reported to the New York State Office of Temporary and Disability Assistance and to the United States Department of Energy. This information may also be used to perform data matches with other state and federal agencies, to verify your eligibility for assistance, and for improving delivery of services and program evaluation. No personally-identifiable information is used for this purpose.

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**Subgrantee Information:**