



Weatherization Assistance Program

We will need the following information to complete your application and to determine your eligibility to weatherize your home. Enclosed is an application and below is the documentation needed.

Please complete the **4-page** application and provide us with the following documentation:

1. **Proof of Ownership:** Deed, a bill of sale, or paid property tax receipt.
(If you rent your landlord will need to provide proof of ownership)
2. **Proof of income:** Please refer to Section F of the application for more details. We need proof of income for everyone in the household receiving income.
3. **Heat bill:** Copy of your heating bill, NYSEG bills **must** include page 3 with the POD# and Account Number.
4. **Electric bill:** Copy of your electric bill, NYSEG bills **must** include page 3 with the POD# and Account Number.

**Please be sure to sign and date the application on page 3 and 5.
Your application cannot be processed until all documentation is received.**

Gross Income Guidelines for 2023-2024

Household Size	1	2	3	4	5	6
Monthly Gross	3,035	3,970	4,904	5,838	6,772	7,706
Annual	36,420	47,640	58,848	70,556	81,264	92,472

The Weatherization Program operates on a first-come, first-served basis. If you are interested in our services, please submit the requested documents. Once we have received all the necessary information, you will be notified by mail regarding your eligibility.

If you have any questions, or need help completing your application, please call us at 607- 687-0944 ext. 310 or (877) 786-2419.

Sincerely,

Becky Reynolds
Weatherization Program
Administrative Assistant



APPLICATION

Weatherization Assistance 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 #	NY
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

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 aged 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	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: _____



Intake Form

Head of Household

Name:

Date of Birth:

Phone Number:

Address:

City:

State: NY

Zip:

Family Type: Single Parent/Female Single Parent/Male Two Parent Single Person
2 Adults/No Child Grandparent

Gender (M/F):

Marital Status: Single Married Divorced Separated Widowed

How many years in the home?

Any Structure Issues? Yes or No

Roof Leaks? Yes or No

Housing Situation: Own or Rent Mobile Home/Double Wide Single Family Multi Family Home:

Pregnant: Yes or No

Disabled: Yes or No

Race:

Ethnicity: Hispanic or Non-Hispanic

Education (highest level): 0-8 grade 9-12 non-Grad GED HS Graduate College 2 or 4 yr

Employment: FT PT Unemployed Retired

If 14-24 years old: In School/Not Working Working/Not in School Not Working/Not in School

Health Ins.: None Medicare Medicaid/Fidelis/Child Health Plus/Total Care VA Private

Military Status: Active Veteran None

Non-cash Benefits: SNAP HEAP Childcare Housing Other: _____ None

Family Income

Total Household Income: _____ Weekly Biweekly Monthly Annually

Source of Income: Child Support _____ Employment _____ Pension _____
SSI/SSD _____ Unemployment _____ Workers Compensation _____ TANF _____

Certification

I certify that the information I have provided to determine my eligibility for federal benefits is complete and accurate to the best of my knowledge. I understand that agency officials may verify this information.

Signature

Date

Consent to Release

I hereby give my permission to share the information on this application with other TOI programs for eligibility purposes. Any information regarding gender, ethnicity, race, disability, income, education, etc. is for funding and community planning purposes only.

Signature

Date

Additional Member		
Name:	Gender (M/F):	Date of Birth:
Relationship to Head of Household:		
Pregnant: Yes or No	Disabled: Yes or No	
Race:	Ethnicity: Hispanic or Non-Hispanic	
Education (highest level): 0-8 grade 9-12 non-Grad GED HS Graduate College 2 or 4 yr		
Employment: FT PT Unemployed Retired		
If 14-24 years old: In School/Not Working Working/Not in School Not Working/Not in School		
Health Ins.: None Medicare Medicaid/Fidelis/Child Health Plus/Total Care VA Private		
Military Status: Active Veteran None		
Non-cash Benefits: SNAP HEAP Childcare Housing Other: _____ None		
Additional Member		
Name:	Gender (M/F):	Date of Birth:
Relationship to Head of Household:		
Pregnant: Yes or No	Disabled: Yes or No	
Race:	Ethnicity: Hispanic or Non-Hispanic	
Education (highest level): 0-8 grade 9-12 non-Grad GED HS Graduate College 2 or 4 yr		
Employment: FT PT Unemployed Retired		
If 14-24 years old: In School/Not Working Working/Not in School Not Working/Not in School		
Health Ins.: None Medicare Medicaid/Fidelis/Child Health Plus/Total Care VA Private		
Military Status: Active Veteran None		
Non-cash Benefits: SNAP HEAP Childcare Housing Other: _____ None		
Additional Member		
Name:	Gender (M/F):	Date of Birth:
Relationship to Head of Household:		
Pregnant: Yes or No	Disabled: Yes or No	
Race:	Ethnicity: Hispanic or Non-Hispanic	
Education (highest level): 0-8 grade 9-12 non-Grad GED HS Graduate College 2 or 4 yr		
Employment: FT PT Unemployed Retired		
If 14-24 years old: In School/Not Working Working/Not in School Not Working/Not in School		
Health Ins.: None Medicare Medicaid/Fidelis/Child Health Plus/Total Care VA Private		
Military Status: Active Veteran None		
Non-cash Benefits: SNAP HEAP Childcare Housing Other: _____ None		