

Dear Applicant:

Enclosed is the Weatherization application. This application must be completed and returned to our office with all needed documents, before we can determine eligibility. You will receive a notice of eligibility. If you have any questions or need help completing the application please call our program Assistant, Carol Burnett at 518-943-9205.

Please make us aware if your home has previously been weatherized!

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

1. **NAMES AND AGES FOR ALL MEMBERS OF HOUSEHOLD.**
2. **PROOF OF INCOME FOR ALL MEMBERS OF HOUSEHOLD - *This may be in the form of the following:***
 - a. Pay Stubs - If employed the previous 4 weeks from date of application.
 - b. Statement from Social Security Administration.
 - c. Statement or Interagency Referral from the Department of Social Services.
 - d. Interagency Referral from Department of the Aging.
 - e. Unemployment Benefits – Stubs from the previous 4 weeks.
 - f. Retirement Benefits- Copy of award notice.
 - g. Dividends, interest, and rents are considered income.
3. **COPY OF FUEL BILL AND ELECTRIC BILL.**
4. **PROOF OF OWNERSHIP OF THE PROPERTY-**This could be in the form of a Deed or Bill of Sale.
5. **LAND TAX BILL OR LOT ID#.**

The steps of weatherization are as follows:

1. **Application** is completed and approved for Weatherization.
2. **The Energy Audit** is performed on your home. This is an Energy Inspection of your home that takes 2-4 hours to complete. We ask that you be present for the Energy Audit.
3. **Weatherization Work Scope is developed, signed by homeowner and work completed** by skilled staff or sub-contractors.
4. **Post QCI Inspections** all work inspected after completion by both Weatherization Director and the Quality Control Inspector.

Thank You for your interest in our program. We look forward to helping you reduce your energy costs.

Sincerely,
Nick Van der Vossen
Weatherization Program Director

Weatherization Program Income Guidelines for 2024-2025

| Household Size | Monthly Income | Annual Income |
|--|-----------------|------------------|
| 1 | \$3,322 | \$39,864 |
| 2 | \$4,345 | \$52,140 |
| 3 | \$5,367 | \$64,404 |
| 4 | \$6,390 | \$76,680 |
| 5 | \$7,412 | \$88,944 |
| 6 | \$8,434 | \$101,208 |
| 7 | \$8,626 | \$103,512 |
| 8 | \$8,787 | \$105,440 |
| 9 | \$9,683 | \$116,200 |
| 10 | \$10,580 | \$126,960 |
| *Each Additional Person Per Household | | \$10,760 |

All amounts above are Gross Wages earned monthly or annually. You must be at or below the income listed to qualify for the Weatherization Program. If you are over income, please call our office there may be another program you could be eligible for.

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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.

APPLICATION CHECKLIST

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 serve 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
- Include a copy of complete Gas Utility Bill or bill from Fuel Supplier if heating by propane, oil, kerosene, wood or coal

Income Information (Section E)

- Complete table listing all household members and their income.

Income (Section F)

(gross income calculations and required documentation documents are listed on page 4).

- Award letter for ONE of the following: HEAP, SNAP (Food Stamps), TANF (Temporary Assistance for Needy Families) or Supplemental Security Income dated within the past 12 months

or

All household gross income for the last month:

- Pay stubs
- Social Security and Social Security Disability
- All forms of income including disability, worker’s compensation, unemployment, pension, maintenance, annuities, Veteran’s benefits and all other income
- Self Employment

OWNERS ONLY:

Include ONE of the following as Proof of Ownership:

- Current Property/School Tax Bill
- Deed
- Bill of Sale for mobile/manufactured homes
- Mortgage Statement

RENTERS ONLY:

- Landlord Name, Address and Phone Number provided in Section B

Applicant Affirmation (Section G)

- Read and sign

Attachment 1 – Frequently Asked Questions and Personal Privacy Protection Law Provisions

- Keep for your records

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 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 | 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: _____



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

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.

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.

Subgrantee Information:

ATTACHMENT 1 - Keep for Your Records

Frequently Asked Questions



EmPower + and Weatherization Assistance Program

Are services really free?

Yes – State residents meeting the Weatherization or EmPower + eligibility requirements can receive home energy services through the programs at no cost.

Do Weatherization and EmPower + 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 + 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 +, 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 +.

Do the contractors perform code inspections?

No – Weatherization and EmPower + 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 + cannot reimburse you for work that has already been completed.

WEATHERIZATION PROGRAM SURVEY

EDUCATION:

How many Adults (Age 24+) Completed Grades?

0-8 _____
9-12/non-graduate _____
High-school graduate/GED _____
12+ some post-secondary _____
2 or 4-year college graduate _____

OTHER CHARACTERISTICS:

How Many People in the Family?

Have Health Insurance _____
Do Not Have Health Insurance _____
Are Disabled _____
Are Not Disabled _____

Our Mission

Community Action of Greene County (CAGC) empowers disadvantaged individuals and families to grow and thrive through advocacy and person-centered services. CAGC promotes collaboration to strengthen the community.

CONFIDENTIAL INFORMATION RELEASE

Date: ____/____/____

I, _____, Date of Birth _____,

Social Security # _____ living at _____

give permission to the staff of Community Action of Greene County, Inc. to exchange information regarding my case with any appropriate social service, child protective service, adult protective service, medical, mental health or counseling agency, educational, housing, day care, employment agency, employer or _____

Signature: _____

Witness: _____

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Client Code of Conduct

As a **Client** I will:

- Treat everyone with respect and courtesy
- Adhere to Community Action policies and guidelines
- Work cooperatively with Community Action staff and volunteers
- Commit no illegal or abusive act
- Not engage in financial transactions with staff or volunteers
- Smoke only in designated area and away from children
- Report any unsafe conditions and accidents to staff as soon as possible
- Sign and abide by the Confidentiality Statement
- Refrain from the possession of all weapons

Community Action will:

- Provide a safe environment
- Refer clients to other professionals when appropriate
- Provide training, case management, support and assistance
- Treat everyone with respect and courtesy
- Adhere to Community Action policies and guidelines
- Work cooperatively with clients
- Commit no illegal or abusive act
- Not engage in financial transactions with clients
- Smoke only in designated area and away from children
- Sign and abide by the Confidentiality Statement
- Refrain from the possession of all weapons

Client Signature _____

Staff Signature _____

Date _____

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