

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 OCI 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 2025-2026

| 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     |

**\*If your household is larger than 10, please contact us for income thresholds**

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.

### 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.



## **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 EmPower+



**Homes and Community Renewal  
New York State Energy Research  
and Development Authority**

The New York State Homes and Community Renewal (HCR) Weatherization Assistance Program (WAP) reduces energy costs for low-income households by increasing the energy efficiency of their homes, while ensuring their health and safety at no cost to those who qualify. In these instances, this application will serve as an application for HCR WAP and may be forwarded to your local agency for these services. This application will determine the assistance you qualify for based on your household income.

EmPower+ through New York State Energy Research and Development Authority (NYSERDA) provides incentives to low- and moderate-income households for energy improvements. The information provided will help determine which services and programs are most appropriate for you. Please print clearly and provide as much information as possible. 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 served basis.

General Applicant Information (Sections A, B & C) – Verify that all required fields are completed (unless marked as “optional”).

### **RENTERS ONLY:**

Landlord Name, Address and Phone Number provided in Section C

### **UTILITY INFORMATION (SECTION D):**

Signed 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 F & G):**

Verify that all required fields are complete

### **DEMOGRAPHICS (SECTION H): *Optional***

Optional

### **APPLICANT AFFIRMATION (SECTION I):**

Read and sign

### **HELPFUL PROGRAM LINKS:**

- To learn more about the Homes and Community Renewal Weatherization Assistance Program, please visit: [Weatherization Assistance Program | Homes and Community Renewal \(ny.gov\)](#)
- To learn more about the EmPower+ program and offerings, please visit [nyserda.ny.gov/empower](#)
- To learn more about the Weatherization Assistance Program and offerings, please visit [otda.ny.gov/workingfamilies/wap.asp](#)
- For additional information and assistance, please contact a Region Clean Energy Hub at [nyserda.ny.gov/All-Programs/Regional-Clean-Energy-Hubs](#)
- For more information on income eligibility, please visit [nyserda.ny.gov/empower-income](#)

### **PLEASE RETURN APPLICATION TO:**

TRC Companies  
3 Corporate Drive, Suite 202  
Clifton Park, NY 12065

The Weatherization Assistance Program and EmPower+ provide incentives to low-income households for energy improvements. This application will determine the incentives you qualify for based on your household income.

## SECTION A: APPLICANT INFORMATION

|   |                                     |                                  |
|---|-------------------------------------|----------------------------------|
| Applicant Name                            | Social Security Number              |                                  |
| Address                                   | Apartment #                         |                                  |
| City                                      | State                               | Zip                              |
| County                                    |                                     |                                  |
| Phone Number (include area code)          | Secondary Phone (include area code) |                                  |
| Email Address (Required)                  |                                     |                                  |
| 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 and pay my utilities directly  I rent and utilities are included in rental fee

I have lived here \_\_\_\_\_ Years Approximate Age of the Home \_\_\_\_\_ Years

Single-Family  Multifamily \_\_\_\_\_ # of units  Manufactured/mobile home  Group home/shelter

Who Pays for the heat at the dwelling?  I Pay  Owner

Who Pays for Electricity at the dwelling?  I Pay  Owner

## SECTION C: OWNER INFORMATION

|               |                                  |
|---------------|----------------------------------|
| Owner's Name  | Phone Number (include area code) |
| Email Address |                                  |

Is the Owner's Address the same as the building address?  Yes  No – If "No" please complete the address below.

|         |
|---------|
| Address |
|---------|

**OPTIONAL:** Please add any information that we may find helpful in reducing your energy consumption and list occupant health issues or special needs we need to be aware of:

**REFERRING AGENCIES:** Print your business or agency name.

<sup>1</sup> The applicant must be the owner if the dwelling unit is owner occupied.

## SECTION D: UTILITY INFORMATION

*My main heating fuel is:*

Electric  Oil  Kerosene  Natural Gas  Propane  Wood  Pellets  Coal  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 \_\_\_\_\_ Secondary Account Number \_\_\_\_\_

My water heater runs on:

Electric  Oil  Natural Gas  Propane  I don't know

### **ELECTRIC UTILITY: Provide the following:**

Utility Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ If NYSEG or RG&E – POD # \_\_\_\_\_

### **GAS UTILITY: If you are a natural gas utility customer, provide the following:**

Utility Name: \_\_\_\_\_

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: \_\_\_\_\_

## SECTION E: PARTNER INFORMATION

NYSERDA supports a network of professional energy advisors who may already be assisting you with this program, other NYSERDA programs, utility offerings, and other local resources. If you are currently working with a NYSERDA Clean Energy Hub, please indicate which one below. The program will share limited project information with them so they can continue to assist you each step of the way. A list of Hubs can be found at [nyserda.ny.gov/All-Programs/Regional-Clean-Energy-Hubs](http://nyserda.ny.gov/All-Programs/Regional-Clean-Energy-Hubs).

Clean Energy Hub Name and/or Organization: \_\_\_\_\_

## SECTION F: INCOME DOCUMENTATION - Please select one of the following

A.  Referral letter: If you received a letter from NYSERDA with a referral code, enter it below. If you have a referral code, no additional income documentation is required.

Referral Code#: \_\_\_\_\_

B.  Provide a copy of the entire award letter for one of the following benefits. Must be dated within the past 12 months:

- SNAP (Supplemental Nutrition Assistance Program)- For EmPower+ eligibility only - cannot be used to determine WAP eligibility
- TANF (Temporary Assistance for Needy Families)
- SSI (Supplemental Security Income) SSI recipient must live alone for WAP

C.  If A, or B above do not apply, then provide income documentation under one of the options below:

### Option 1

- Pay stubs: all household gross income for the last 60 days. To calculate 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/or Social Security Disability: copy of award letter
- Documentation of all forms of income. This can include 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

### Option 2

- Tax returns: This option is only available if all household members who were required to file a tax return did so. If documenting income with tax returns, all sources of income must be documented with tax returns. Returns must be the most recent Federal Income Tax Return (Form 1040, 1040A, or 1040EZ). If documenting rental, business or farm income – you must submit corresponding schedules (Schedule C, E, and F).

## SECTION G: INCOME INFORMATION

Check here if you have received HEAP within the past 12 months.

Total number of individuals residing in the household?<sup>2</sup> \_\_\_\_\_

If applying using option A or B from above, only fill in Full name, gender, age, and student. If you selected option C, complete the full table.

*Include the following information for each household member. For gender please use the following:*

*1. Self-Identified Male, 2. Self-Identified Female, 3. Other*

| Full Name                             | Gender | Age | Student<br>(Yes or No) | Source(s)<br>of Income | Weekly      | Monthly     | Yearly      |
|---------------------------------------|--------|-----|------------------------|------------------------|-------------|-------------|-------------|
|                                       |        |     |                        |                        | \$          | \$          | \$          |
|                                       |        |     |                        |                        | \$          | \$          | \$          |
|                                       |        |     |                        |                        | \$          | \$          | \$          |
|                                       |        |     |                        |                        | \$          | \$          | \$          |
|                                       |        |     |                        |                        | \$          | \$          | \$          |
|                                       |        |     |                        |                        | \$          | \$          | \$          |
| <b>Total Income for the Household</b> |        |     |                        |                        | <b>\$ 0</b> | <b>\$ 0</b> | <b>\$ 0</b> |

<sup>2</sup> Household includes all individuals living in the dwelling unit, except roomers and boarders who rent a room(s) within a dwelling unit are excluded from the household count. Full-time students who can be claimed as a dependent on another's tax return are excluded from the household count for the rental unit.

## SECTION H: DEMOGRAPHICS

To assist NYSERDA in understanding the impacts of our programs on local communities, please complete the below demographic questions. Answering these questions is optional for NYSERDA's EmPower+ program and does not affect your program eligibility. It is mandatory for WAP.

*Indicate the number of household members who are:*

60 years of age or older: \_\_\_\_\_ Disabled: \_\_\_\_\_ 17 years of age or younger: \_\_\_\_\_

Past/current military service members: \_\_\_\_\_

*Indicate if the applicant is:* (select at least one, and as many as applicable)

Prefer Not to Answer  
 Native American / First Nation / Alaskan Native  
 Unknown  
 Other

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

*Indicate if the applicant is:*

Hispanic, Latino, or Spanish Origins

Not Hispanic, Latino, or Spanish Origins

Unknown

Prefer Not to Answer

*Indicate how many members of the household are:* (select at least one, and as many as applicable)

**Number**      **Race**

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

\_\_\_\_\_ Multi-race (two or more of the above)

\_\_\_\_\_ Other

\_\_\_\_\_ Prefer not to answer

*Indicate ethnicity of household members including primary applicant:*

**Number**      **Ethnicity**

\_\_\_\_\_ Hispanic, Latino, or Spanish Origins

\_\_\_\_\_ Not Hispanic, Latino, or Spanish Origins

\_\_\_\_\_ Unknown

\_\_\_\_\_ Prefer not to answer

## SECTION I: APPLICANT AFFIRMATION

I, \_\_\_\_\_ authorize the release of my eligibility determination and information provided on this application, supporting documents, which may include income documentation, as well as information regarding my project status, and project information (including existing household conditions, installed measures, energy savings, and other data) to the following: NYSERDA and its representatives and the assigned EmPower+ Participating Contractors; to the extent my project is receiving federal funding to the U.S. Department of Energy and its representatives; the NYS Weatherization Assistance Program (WAP) and/or its designated representatives; the Office of Temporary and Disability Assistance (OTDA) and/or its representatives; or any community-based organizations working on behalf of NYSERDA programs; my electric and natural gas utilities; and the following individuals or organizations: \_\_\_\_\_ whom I have engaged for the purpose of assisting me with the completion and submittal of the application.

Customer agrees and authorizes their utility's sharing of the participant-customer's information and/or project-level information with New York State Department of Public Service Staff and NYSERDA, including its agents or authorized representatives, consistent with NYSERDA's New York State Public Service Commission and statutorily authorized responsibilities, including, but not limited to supporting market development initiatives, and other evaluation and measurement activities. (For clarity, the term project level includes the information based on the scope of the project, including, but not limited to, aggregated and anonymized whole building, building or subsets of the project.)

Participant agrees and authorizes the sharing of the participant-customer's information and/or project-level information with New York State Department of Public Service Staff and appropriate local utility, including its agents or authorized representatives, in carrying out its responsibilities under New York State Public Service Commission orders. (For clarity, the term project level includes the information based on the scope of the project, including, but not limited to, whole building, building or subsets of the project.)

I understand that the information provided by me may be used to contact or assist me to utilize any current or future program offerings I may be eligible for and for the purposes of determining eligibility for NYSERDA and/or utility residential programs and financial incentives, determining eligibility for the NYS WAP, for estimating energy savings potential, and for evaluation purposes. I understand that all information will be kept confidential to the extent permitted by law. I understand that if services are provided to me through NYSERDA's residential programs or the NYS WAP, that my 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 agree to provide NYSERDA representatives, the NYS 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, Quality Assurance, and evaluation 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 NYS 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 NYS WAP, and their designees, to assure my eligibility for NYSERDA's programs the NYS 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).

---

Applicant Signature

Date

---

Applicant Representative Signature

Date

*Your contact information may be shared with other residential programs within NYSERDA. To opt out of this, please initial here. \_\_\_\_\_*

**INTERNAL 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 Moderate-Income Only  Eligible for Weatherization  NOT Eligible for Weatherization

Eligible for Low-Income Services  NOT Eligible for Low-Income Services

Low-Income 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

Title

Date

---

Title

Agency

## **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+ low-income 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 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?**

- A comprehensive energy audit will be performed by certified professionals.
- Replacement of old-style light bulbs with high-efficiency lighting.
- 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 program approved contractor who is qualified and credentialed by the Building Performance Institute (BPI) or other national organizations that set 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: \_\_\_\_\_

### **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.

### **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 \_\_\_\_\_

### **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.