COMMUNITY ACTION of Greene County, Inc.

P: 518.943.9205 F:518.943.0343
7856 Route 9W, Catskill, NY 12414
Visit us @ cagcny.org

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,
William Zeeb
Weatherization Program Director

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Weatherization Program Income Guidelines for 2026-2027

Household Size	Monthly Income	Annual Income
1	$3,563	$42,756
2	$4,659	$55,908
3	$5,756	$69,072
4	$6,852	$82,224
5	$7,948	$95,376
6	$9,045	$108,540
7	$9,250	$111,000
8	$9,456	$113,472
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.

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[1]

Applicant Name | Social Security Number

Address | Apartment #

City | State NY | 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.*

[1] *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.

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?[2]_____

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 (Yes or No)	Source(s) of Income	Weekly	Monthly	Yearly
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
				Total Income for the Household	$0	$0	$0

[2] *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 included in the household count in 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
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Unknown
- ☐ Other

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

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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 _____

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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_____