

Community Action Partnership for Dutchess County



WEATHERIZATION ASSISTANCE PROGRAM

We are an Energy Conservation Program
Eligibility for Weatherization services is income-based

2019/2020 Guidelines

Household Size	Gross Monthly Income	Gross Annual Income
1	\$2,494	\$29,928
2	\$3,262	\$39,144
3	\$4,030	\$48,360
4	\$4,797	\$57,564
5	\$5,565	\$66,780
6	\$6,332	\$75,984
7	\$6,501	\$78,020
8	\$7,238	\$86,860
9	\$7,975	\$95,700
10	\$8,711	\$104,540
11	\$9,448	\$113,380

Weatherization made possible through

Department of Energy, overseen by:
New York State Division of Housing and Community Renewal
Energy Services Bureau
Hampton Plaza 38-40 State Street
Albany, NY 12207

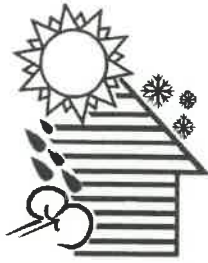
84 Cannon ST
Poughkeepsie, NY 12601
T: 845-452-5104
F: 1-800-621-7158
Website: www.dutchesscap.org

*If you receive:
Food Stamps, TANF, SSI or
Heap assistance,
You may be automatically
Eligible for Weatherization
Services at
NO Cost to you!*



*Services that may be provided
Include: Perform on-site energy audits*

- Reduce home energy costs
 - Improve heating Efficiency
 - Revitalize housing stock
 - Address energy related Health and safety Conditions
 - Insulate Attics and Walls
 - Reduce air Infiltration



Weatherization
Works

WEATHERIZATION APPLICATION INSTRUCTIONS

In order to process and accept your application for the Weatherization Assistance Program, we need the information listed below that pertains to your situation. If you have any questions about the necessary documentation, please call the Weatherization Office at: 845-452-5104

- 1) APPLICATION:** Please complete the application and sign in all three places where indicated. Be sure all boxes are complete and that you list all family members with their age on the front page. Also, be sure to give directions to your home from the nearest major highway, in the space provided on the front page of the application.
- 2) PHONE NUMBER:** If you don't have a phone, please be sure to give us the number of a friend, relative, neighbor or work number where we can leave a message.
- 3) FUEL INFORMATION RELEASE FORM:** The person who is responsible for paying the fuel for the household completes this form. Please be sure to answer all questions. Also, please send us a copy of your most recent electric bill that has your name, address and account number on it. If the electric bill is not in your name, please note that on the Fuel Release form under where you put the electric account number.
- 4) WEATHERIZATION AGREEMENT:** The owner of the dwelling to be weatherized completes this form. If an owner occupied home, the Homeowner Certification of the back of the application is the Weatherization Agreement. If a rental unit, a separate Building Owners Agreement must be completed by the owner and he must provide proof of ownership.
- 5) PROOF OF INCOME:** Pay stubs from the most recent 4 weeks of work (Reflecting the last 30 days income); copy of checks for Social Security (SSA), SSI, VA, Pension, Public Assistance; Unemployment pay stub; Interest Income, Rental Income, Alimony, Child Support, HEAP certification letter; or Food Stamp notice of eligibility. If you have a Social Security Check directly deposited in the bank, a copy of a recent bank statement is acceptable. If you have no income, a notarized letter stating you have -\$0- income is needed.
- 6) PROOF OF OWNERSHIP: COPY OF ONE OF THE FOLLOWING:** School or Property Tax Bill, (showing the name of the owner and the location of the building to be weatherized). For a Mobile Home, we can use a copy of the Chattel Mortgage, or a copy of the bill of sale.



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 ___

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:

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:

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: _____

Include the following information for each household member.

Name	Gender	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, child support, annuities, Veteran’s benefits and all other income.
- Self Employment: IRS Report of Quarterly earnings for the last three months

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 contractor's 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.

Applicant Signature

Date

Applicant Representative Signature

Date

AGENCY USE ONLY

Reviewed By: HEAP OFA Utility Weatherization Sub grantee 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: _____

Title: _____ Date: _____

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 the agency requesting the information and name of system:

NYS Homes and Community Renewal - Weatherization Payment and Reporting System

Agency official responsible for the records:

Director, Weatherization Assistance Program

NYS Homes and Community Renewal

38-40 State Street

Albany, New York 12207 518-474-5700

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 NYS 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:

Weatherization Assistance Program CLIENT HOUSING QUESTIONAIRRE

Name:	Email:	
How did you hear about us:	Can CAPDC contact you via e-mail?	
How Old is your home?		
How long have you lived there?		
Has the property ever been weatherized before	YES/NO	If so, then when?
If so, was the heating system repaired or replaced	YES/NO	
How old is the heating system?		
Do you have fuel right now?	YES/NO	
Is your heating system operational	YES/NO	
Do you have maintenance service agreement with your fuel distributor or service contractor?	YES/NO	If yes, when was your last clean or tune
What type of heating system does your home have? Please circle one:	Forced Warm Air Hot Water Boiler Wood Stove	Steam Boiler Electric Baseboard Space heaters
What type of fuel does your heating system use? Please circle one:	Natural Gas Propane Kerosene	Electric Oil Wood
Do you currently use a second refrigerator?	YES/NO	
Do you currently use a separate freezer	YES/NO	
Is your roof leaking	YES/NO	

PLEASE READ & SIGN I certify that, to the best of my knowledge me heating system IS/IS NOT in good working order. I further understand that if my heating system is found to be in an unsafe condition, or found to be in an inoperable condition requiring substantial repairs, that the audit will be stopped and Weatherization services will be suspended until the heating system is repaired or replaced.

Client Signature: _____ **Date:** _____