

# Community Action Partnership for Dutchess County

## WEATHERIZATION ASSISTANCE PROGRAM

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

2023/2024 Guidelines

Household Size	Gross Monthly Income	Gross Annual Income
	1	\$3,035
2	\$3,970	\$47,640
3	\$4,904	\$58,848
4	\$5,838	\$70,056
5	\$6,772	\$81,264
6	\$7,706	\$92,472
7	\$7,881	\$94,572
8	\$8,472*	\$101,120*
9	\$9,283*	\$111,400*
10	\$10,140*	\$121,680*
*200% of Federal Poverty Level for each additional person per household above 10, add \$10,280		

84 Cannon Street  
Poughkeepsie, NY 12601  
T: (845) 452-5104 Ext. 127  
F: (800) 621-7158  
Website: [www.dutchesscap.org](http://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
- Reduce air infiltration



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 1220



# 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.

**REMEMBER** that your application cannot be accepted until all pages are filled out completely and returned with all the documentation required, (**Proof of Income, Proof of Ownership, and a copy of your most recent electric bill**). Call if you have any questions or if you have problems with getting any of the above documents.

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

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: \_\_\_\_\_

**SECTION E: INCOME INFORMATION**

**Include the following information for each household member.**

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

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

**SECTION G: APPLICANT AFFIRMATION**

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 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 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.

X  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

X  
Applicant Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**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:** \_\_\_\_\_



## Weatherization Assistance Program CLIENT HOUSING QUESTIONNAIRE

Name:	Email:
How did you hear about us:	Can DCCAP contact you via email?

1. How old is your home?							
2. How long have you lived there?							
3. Has the property ever been weatherized before?	YES/ NO <span style="float: right;">If so, about when?</span>						
4. If so, was the heating system repaired or replaced?	YES/ NO						
5. How old is the heating system?							
6. Do you have fuel right now?	YES/ NO						
7. Is your heating system operational?	YES/ NO						
8. Do you have a maintenance service agreement with your fuel distributor or service contractor?	YES/ NO If yes, when was your last clean and tune?						
9. What type of heating system does your home have? Please Circle	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Forced Warm Air</td> <td style="width: 50%;">Steam Boiler</td> </tr> <tr> <td>Hot Water Boiler</td> <td>Electric Baseboard</td> </tr> <tr> <td>Wood Stove</td> <td>Space Heaters</td> </tr> </table>	Forced Warm Air	Steam Boiler	Hot Water Boiler	Electric Baseboard	Wood Stove	Space Heaters
Forced Warm Air	Steam Boiler						
Hot Water Boiler	Electric Baseboard						
Wood Stove	Space Heaters						
10. What type of fuel does your heating system use?	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Natural Gas</td> <td style="width: 33%;">Electric</td> <td style="width: 33%;">Propane</td> </tr> <tr> <td>Oil</td> <td>Kerosene</td> <td>Wood</td> </tr> </table>	Natural Gas	Electric	Propane	Oil	Kerosene	Wood
Natural Gas	Electric	Propane					
Oil	Kerosene	Wood					
11. Do you currently use a second refrigerator?	YES/ NO						
12. Do you currently use a separate freezer?	YES/ NO						
13. Is your roof leaking?	YES/ NO						

### PLEASE READ AND SIGN

I certify that, to the best of my knowledge my 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