

Dutchess County Community Action Partnership

WEATHERIZATION

ASSISTANCE

PROGRAM

We are an Energy Conservation Program

Eligibility for Weatherization services are income-based

2013/2014 Guidelines

Household Size	(2012-2013) Monthly	(2012-2013) Annual
1	\$ 2,175	\$26,100
2	\$ 2,844	\$34,128
3	\$3,513	\$42,156
4	\$4,182	\$50,184
5	\$4,852	\$58,224
6	\$5,521	\$66,252
7	\$5,646	\$67,752
8	\$5,772	\$69,264
9	\$5,897	\$70,764
10	\$6,023	\$72,276
11	\$6,461	\$77,532
11+	+503	

84 Cannon Street
Poughkeepsie, NY 12601
T: (845) 452-5104 Ext 127
F: (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*
- *Repair/replace windows and doors*
- *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 12207



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; PA budget worksheet; 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 (which shows an SSA or Treasury deposit).
- 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 pages **5-9** 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**). Keep pages 1- 4 for your files. Call if you have any questions or if you have problems with getting any of the above documents.

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM**

**PPM #4
WEATHERIZATION APPLICATION**

JOB # _____

APPLICANT NAME	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
----------------	------------------------	------------------

APPLICANT	Number	Street	Apt # or Floor	City	Zip Code	County
-----------	--------	--------	----------------	------	----------	--------

DIRECTIONS TO THE HOME

TYPE OF ☐ Owner Occupied ☐ Manufactured Housing ☐ Single Family Home ☐ Room

RESIDENCE ☐ Rental Unit ☐ Multiple Dwelling Unit ☐ Group Home/Shelter

If Rental Unit, Heat Paid By: ☐ Owner ☐ Tenant

LANDLORD NAME
Landlord Address

OWNER NAME
Owner Address

Total Number of Household Members:	TOTAL INCOME: Complete the following table, listing income received by each household member 16 or older who is not a full-time student; and the names, and ages for all members of the household.					
Name	SEX {M/F}	AGE	SOURCE(S) OF INCOME	AMOUNT IN DOLLARS		
				WEEKLY	MONTHLY	YEARLY
TOTALS						

Indicate number in household who

Are 60 years of age or older _____
 Have handicapping condition(s) _____
 Are Black _____
 Are Hispanic _____
 Are Native American _____

Are Asian or Pacific Islanders _____
 Are Female Head of Household _____
 Are unemployed _____
 Are children 17 or younger _____
 Are full-time students _____

Was household a HEAP recipient in the past twelve months? ☐ Yes ☐ No

APPLICANT AFFIRMATION

I subscribe and affirm, under the penalties of law, that the statements made in this application for weatherization assistance (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. 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 99-603). I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given.

I realize that there is to be no lien or mortgage held on the property involved and that this has no affect upon my social security, public assistance, or any other income I may have. Also, the weatherization work done will not obligate me financially, and I will not be held liable for any injuries or damages occurring on my property which are not a result of my negligence or malfeasance.

I understand that this application for weatherization assistance does not guarantee that assistance will be granted but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the number of applications received, the remaining funds available and the priorities to be met by the program.

I have read and understand the provisions of the Personal Privacy Protection Law.

Applicant's Signature _____ Date _____

Applicant's Representative _____ Date _____

Relationship _____

IF APPLICANT IS THE HOMEOWNER, PLEASE COMPLETE THE FOLLOWING HOMEOWNER CERTIFICATION:

I, _____ certify that I am the owner of the property at

I further certify that I have given my permission to allow work on the property listed above. I understand that no payment will be required for this service and that I will not be held liable for any injuries or damage.

Owner's Signature _____ Date _____

OFFICE USE ONLY

OWNER VERIFIED THROUGH: _____ EXAMINATION OF DEED
_____ CONFIRMATION BY COMMISSIONER OF DEEDS
_____ CONFIRMATION BY TAX ASSESSOR'S OFFICE

INCOME GUIDELINES FOR A HOUSEHOLD OF _____ MEMBERS \$ _____ DOCUMENTATION ATTACHED

Check ALL applicable categories

CATEGORICAL ELIGIBILITY : ☐ SSI Recipient ☐ HEAP Recipient ☐ Public Assistance Recipient ☐ NPA Food Stamp Recipient

ON THE BASIS OF THE ABOVE INFORMATION, HOUSEHOLD ☐ IS ☐ IS NOT ELIGIBLE

Intake Worker's Signature: _____ Date: _____

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
DHCR # 5A**

ENERGY INFORMATION – A

(Use 'Tab' to navigate to next fillable field)

For a 1 to 4 Family House? ☐ Yes ☐ No For a Multifamily Building? ☐ Yes ☐ No
Number of units in building _____ Complete A Energy Information - B@ for each occupied unit

Heating fuel:

☐ Natural Gas ☐ Electric ☐ Propane ☐ Oil ☐ Wood ☐ Other

Secondary Heating fuel (if any) that you sometimes use:

☐ Natural Gas ☐ Electric ☐ Propane ☐ Oil ☐ Wood ☐ Other

Name and address of Heating fuel supplier:

Account Number (if gas):

Electric Utility: (check the one that provides your electric service)

- | | |
|---|---|
| <input type="checkbox"/> National Grid (NGG) | <input type="checkbox"/> Orange & Rockland (O&R) |
| <input type="checkbox"/> Long Island Power Auth. (LIPA) | <input type="checkbox"/> Rochester Gas & Electric (RGE) |
| <input type="checkbox"/> Consolidated Edison (Con Ed) | <input type="checkbox"/> NYS Electric & Gas (NYSEG) |
| <input type="checkbox"/> Central Hudson Gas & Electric (CH) | <input type="checkbox"/> Other |

Electric Account Number:

Customer Authorization for Release of Fuel/Energy Bills (past 2 yrs. and next 2 yrs.)

To: Fuel and Electric Suppliers listed above:

I hereby authorize you to release information on my fuel bills, both past and future, to the following subgrantee or its designee.

Dutchess County Community Action Agency

Name of Weatherization Subgrantee

84 Cannon Street, Poughkeepsie, 12601

Number and Street _____ City _____ Zip Code _____

I understand that this information is being made available to help evaluate my energy use patterns in order to identify potential and actual energy savings resulting from work performed or services offered through the weatherization assistance program.

Customer Signature

Date

Customer Name

Number and Street _____ City _____ Zip Code _____

Note: If there are account numbers in addition to those identified above, please attach a list of the numbers.

Service Agreement for Heating System:

Do you currently have a service maintenance agreement for your heating system? ☐ Yes ☐ No

If yes, please supply name, address and phone number of the service maintenance provider.

Name of Service Provider

Number and Street _____ City _____ Zip Code _____

Telephone () -

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 If so, about when?
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	<div style="display: flex; justify-content: space-between;"> Forced Warm Air Steam Boiler </div> <div style="display: flex; justify-content: space-between;"> Hot Water Boiler Electric Baseboard </div> <div style="display: flex; justify-content: space-between;"> Wood Stove Space Heaters </div>
10. What type of fuel does your heating system use? Please Circle	<div style="display: flex; justify-content: space-between;"> Natural Gas Electric Propane </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Oil Kerosene Wood </div>
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 Note: If yes, your roof <u>must</u> be fixed prior to Weatherizing your home.

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

**WEATHERIZATION ASSISTANCE PROGRAM
ENERGY INFORMATION -B**

(For other than natural gas and electric Heat)

Name: _____ **Address:** _____

1. What type of home heating fuel do you use? _____.

2. Do you use a set fuel company? _____

3. If yes, Name of company, _____

Account # _____

If No please skip to bottom.

Please complete the following box if Yes.

Customer Authorization for Release of Fuel/Energy Bills (past 2 yrs. and next 2 yrs.)

To: Fuel Suppliers listed above:

I hereby authorize you to release information on my fuel bills, both past and future, to the following subgrantee or its designee.

Dutchess County Community Action Agency 84 Cannon St Poughkeepsie 12601

Name of Weatherization Subgrantee	Number and Street	City	Zip Code
-----------------------------------	-------------------	------	----------

I understand that this information is being made available to help to evaluate my energy use patterns in order to identify potential and actual energy savings resulting from work performed or services offered through the weatherization assistance program.

Customer Name	Customer Signature	Date
---------------	--------------------	------

Number and Street	City	Zip Code
-------------------	------	----------

3. If No, Do you have receipts to show the gallons delivered? _____
If so please save and we will photocopy.

Please write in the gallons next to the month delivered.

JAN_____ **MAY**_____ **SEPT**_____

FEB_____ **JUNE**_____ **OCT**_____

MARCH_____ **JULY**_____ **NOV**_____

APRIL_____ **AUG**_____ **DEC**_____