

Community Action Partnership for Dutchess County

WEATHERIZATION ASSISTANCE PROGRAM

We are an Energy Conservation Program

Eligibility for Weatherization services are income-based

2025 / 2026 Guidelines

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
11*	\$11,775	\$141,300
12*	\$12,692	\$152,300
13*	\$13,608	\$163,300
13+	Add \$11,00 to previous Annual Income for each HH member	

Note*: Effective November 2025 for households size 9 or more the Federal 200% of poverty level figure is higher than the HEAP 60% of State Median Income figure.

**84 Cannon Street
Poughkeepsie, NY 12601
T: (845) 452-5104 Ext. 127
F: (800) 621-7158
Website: 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**



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; 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.

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 INFORMATION¹

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.

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 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

- 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

Weatherization Assistance Program CLIENT HOUSING QUESTIONNAIRE

Name:	Email:
How did you hear about us?	Can CAPDC contact you via email? Yes <input type="checkbox"/> No <input type="checkbox"/>
1. How old is your home?	
2. How long have you lived there?	
3. Has the property ever been weatherized before?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If so, about when?
4. If so, was the heating system repaired or replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5. How old is the heating system?	
6. Do you have fuel right now?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is your heating system operational?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do you have a maintenance service agreement with your fuel distributor or service contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when was your last clean and tune?
9. What type of heating system does your home have?	
Please check <input type="checkbox"/> Hot Water Boiler <input type="checkbox"/> Electric Baseboard	
<input type="checkbox"/> Forced Warm Air <input type="checkbox"/> Steam Boiler	
<input type="checkbox"/> Wood Stove <input type="checkbox"/> Space Heaters	
10. What type of fuel does your heating system use?	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane
Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Wood	
11. Do you currently use a second refrigerator?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Do you currently use a separate freezer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Is your roof leaking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

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, then the audit will be stopped and weatherization services will be suspended until the heating system is repaired or replaced.

Client Signature

Date

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

