



ACAP, INC.
WEATHERIZATION ASSISTANCE
PROGRAM
(WAP)
APPLICATION PACKET

Enclosed you will find our
application and a list of
documentation **required** upon
return of your application.

PLEASE RETURN APPLICATION & DOCUMENTATION TO:

ACAP/WAP
P.O. BOX 848
ELIZABETHTOWN, NY 12932

INCOME ELIGIBILITY GUIDELINES
New guidelines as of October 1, 2016

<u>HOUSEHOLD SIZE</u>	<u>GROSS MONTHLY INCOME</u>	<u>ANNUAL INCOME</u>
1	\$2,300	\$27,597
2	\$3,007	\$36,088
3	\$3,715	\$44,580
4	\$4,423	\$53,071
5	\$5,130	\$61,562
6	\$5,838	\$70,054
7	\$6,122	\$73,460
8	\$6,815	\$81,780
9	\$7,508	\$90,100
10	\$8,202	\$98,420
11	\$8,895	\$106,740
11+	+\$693	

*Gross income refers to your income before any taxes or deductions have been made except for social security which is calculated at net income.

ADIRONDACK COMMUNITY ACTION PROGRAMS

INTAKE FORM**A. Applicant Data**

Date of Intake:

NAME: (Last, First, M.I.) HEAD OF HOUSEHOLD				TELEPHONE #:			
MAILING ADDRESS:			CITY:		STATE:		ZIP CODE:
GENDER:	NUMBER IN HOUSEHOLD:	DATE OF BIRTH	AGE	NUMBER IN EACH AGE GROUP LIVING IN THE HOUSEHOLD			
				Age 0-5	6-11	12-17	18-23
				24-44	45-54	55-69	70+

B. ECONOMIC DATA

SOURCE OF INCOME	AMOUNT	FREQUENCY	FAMILY TYPE	LEVEL OF INCOME (Office Use Only)	OTHER SUPPORT
<input type="checkbox"/> EMPLOYMENT			<input type="checkbox"/> SINGLE PARENT/FEMALE	Gross Annual Income	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> UNEMPLOYMENT			<input type="checkbox"/> SINGLE PARENT/MALE	Year	<input type="checkbox"/> Medicaid
<input type="checkbox"/> TANF			<input type="checkbox"/> TWO PARENT HOUSEHOLD	% of OMB	<input type="checkbox"/> Health Insurance
<input type="checkbox"/> SOCIAL SECURITY			<input type="checkbox"/> SINGLE PERSON	<input type="checkbox"/> 1-up to 50%	
<input type="checkbox"/> SSI			<input type="checkbox"/> TWO ADULTS (NO CHILDREN)	<input type="checkbox"/> 2-51%-75%	
<input type="checkbox"/> GENERAL ASSISTANCE				<input type="checkbox"/> 3-76%-100%	
<input type="checkbox"/> CHILD SUPPORT				<input type="checkbox"/> 4-101%-125%	
<input type="checkbox"/> PENSION				<input type="checkbox"/> 5-126%-150%	
<input type="checkbox"/> NO INCOME				<input type="checkbox"/> 6-151%-175%	
<input type="checkbox"/> OTHER				<input type="checkbox"/> 7-176%-200%	
				<input type="checkbox"/> 8-201%+other	

C. HOUSEHOLD CHARACTERISTICS

HOUSING:	EDUCATION	ETHNIC GROUP	OTHER CHARACTERISTICS
<input type="checkbox"/> RENT	<input type="checkbox"/> 0-8	<input type="checkbox"/> Black	<input type="checkbox"/> Farmer
<input type="checkbox"/> OWN	<input type="checkbox"/> 9-12	<input type="checkbox"/> White	<input type="checkbox"/> Migrant Farmworker
<input type="checkbox"/> HOMELESS	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Seasonal Farmworker
<input type="checkbox"/> OTHER	<input type="checkbox"/> GED	<input type="checkbox"/> Native American	<input type="checkbox"/> Veteran
	<input type="checkbox"/> 12+ Post Grad Education	<input type="checkbox"/> Asian	<input type="checkbox"/> Single Head of Household
	<input type="checkbox"/> College Graduate	<input type="checkbox"/> Other	<input type="checkbox"/> Disabled

D. CLIENT NEEDS-Place check mark in boxes below of programs you are applying for or would like to be referred to

<input type="checkbox"/>	EMERGENCY SERVICES: EMERGENCY ASSISTANCE INCLUDING FOOD, UTILITIES, SECURITY, OTHER
<input type="checkbox"/>	EMPLOYMENT AND TRAINING: SERVICES TO HELP IN ATTAINING EMPLOYMENT
<input type="checkbox"/>	WEATHERIZATION & ENERGY SERVICES: IMPROVES HEATING EFFICIENCY TO PRODUCE FUEL SAVINGS IN THE HOME
<input type="checkbox"/>	DAY CARE PROGRAMS: ASSISTANCE IN BECOMING A CERTIFIED DAY CARE PROVIDER INFORMATION SEEKING CHILD CARE
<input type="checkbox"/>	HEAD START: COMPREHENSIVE PROGRAM FOR CHILDREN AND FAMILIES
<input type="checkbox"/>	EARLY HEAD START
<input type="checkbox"/>	NUTRITION FOR THE ELDERLY: MEALS FOR SENIORS AT SENIOR CENTERS, AND THROUGH HOME DELIVERED MEALS
<input type="checkbox"/>	AFTER SCHOOL PROGRAM
<input type="checkbox"/>	COMMUNITY ACTION ANGELS
<input type="checkbox"/>	OTHER AGENCY (Specify)

(Over)

INTAKE FORM**E. Household Information**

Information Key:

Gender: Use M or F

Race: Use B=Black, W=White, H=Hispanic, NA=Native American, A=Asian, O=Other

Characteristics: Use F=Farmer, MF=Migrant Farmer, SF=Seasonal Farmer, V=Veteran,

SHH=Single Head of Household

First	Last	Date of Birth	Age	Disability		Gender	Race	Characteristics				
				Yes	No			F	MF	SF	V	SHH
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Email Address (If available)

G. Eligibility Verification (Office use only)

Documentation of eligibility (copy for file)

H. How did you learn about Adirondack Community Action Programs?

I hereby give my consent to have the above information released to other departments/programs of Adirondack Community Action Programs as appropriate.

Signature of applicant: Date: ACAP Staff Signature: Date:

Program:

 WEATHERIZATION

APPLICATION CHECKLIST

Weatherization Assistance Program EmPower New York Program



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 serve basis.

- ☐ **General Applicant Information (Sections A, B & C) – Verify that all required fields are completed (unless marked as “optional”).**

Energy Information (Section D):

- ☐ Sign 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. Annual fuel usage statement required. Your fuel supplier may fax to 873-6845.

OWNERS ONLY:

Include **ONE** of the following as Proof of Ownership:

- ☐ Current Property/School Tax Bill
- ☐ Deed
- ☐ Bill of Sale for mobile/manufactured homes if you do not own the property also,
- ☐ Mortgage Statement

RENTERS ONLY:

- ☐ Landlord Name, Address and Phone Number provided in Section B
- ☐ **Income Information (Section E & F) - Verify that all required fields are completed.**

Applicant Affirmation (Section G)

- ☐ Read and sign

Attachment 1 – Frequently Asked Questions and Personal Privacy Protection Law Provisions

- ☐ Keep for your records

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	NY State	Zip
County	Primary Phone	Secondary Phone
Email		
Mailing Address (if different from above)		
Additional Contact Person	Relationship to Applicant	Phone Number

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: _____

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
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Total Income for the Household					\$ 0.00	\$ 0.00	\$ 0.00

☐ 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

Referred 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: _____

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CLIENT'S STATEMENT
Home and Heating Information

Name: _____

Date: _____

1. Has your current residence ever been weatherized by ACAP? ☐ Yes ☐ No When? _____
2. To the best of your knowledge, is your heating system in good working order? ☐ Yes ☐ No
3. When is the last time your heating system was cleaned? _____ Had repairs? _____
4. Is your heating system operational now? ☐ Yes ☐ No
5. Approximately, how old is your heating system? _____
6. Do you presently have fuel? **(required at time of Energy Audit for testing)** ☐ Yes ☐ No
7. What type of heating system do you have as your main heating source?
☐ Electric baseboard ☐ forced warm air ☐ boiler ☐ monitor/space heater ☐ wood stove/pellet
8. Brand name of **main refrigerator**: _____ **Model #**: _____
- 8a. Do you own a second refrigerator? Yes No
9. Do you have a separate freezer? Yes No **Make**: _____ **Model #**: _____
Any problems noted with water heater at this time? _____
10. Do you have an attic? Yes / No Basement Type: Crawl Space Partial Full (circle one)
11. Do you or any member of your household have a medical condition that would require an air conditioner? Yes / No Do you currently have an air conditioner in your home? Yes / No
- 12a. Has anyone in your household had a blood test for lead? ☐ Yes ☐ No
- 13b. If yes, do you have a record of the results, if yes, please forward with your application. ☐ Yes ☐ No
14. Are you currently on a waiting list for the Housing Assistance Program or Pride of Ti? ☐ Yes ☐ No

Directions to your home: _____

Please review your application to ensure all required areas are signed and you have included all required documentation and directions to your residence. Thank you for your interest in our program

ATTACHMENT 1 - Keep for Your Records

Frequently Asked Questions

EmPower New York and Weatherization Assistance Program



Are services really free?

Yes – State residents meeting the Weatherization or EmPower New York eligibility requirements can receive home energy services through the programs at no cost.

Do Weatherization and EmPower New York 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 of 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 New York may provide?

- Replacement of old-style light bulbs with high-efficiency lighting.
- Replacement of inefficient refrigerators and freezers with new ENERGY STAR® certified models.
- 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 New York, 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 New York.

Do the contractors perform code inspections?

No – Weatherization and EmPower New York contractors are not Code Enforcement Officials.

Can I hire my own contractor?

No – all work will be completed by a contractor accredited by the Building Performance Institute (BPI), a national organization that sets 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 New York cannot reimburse you for work that has already been completed.

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:

Adirondack Community Action Programs, Inc.
7572 Court Street, Suite 2
P.O. Box 848
Elizabethtown, NY 12932
Phone: 518-873-3207
Toll free: 1-877-873-2979
Fax: 518-873-6845
web: www.acapinc.org

