

APPLICATION CHECKLIST

Weatherization Assistance Program EmPower NY 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

OWNERS ONLY:

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

- Current Property/School Tax Bill
- Deed
- Bill of Sale for mobile/manufactured homes
- 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 (unless marked as “optional”).

Applicant Affirmation (Section G)

- Read and sign

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

- Keep for your records



APPLICATION

Weatherization Assistance Program EmPower NY 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

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: _____

Supplier Company 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 # _____

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 2 years and future 3 years)

My signature above 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					\$	\$	\$

SECTION F: INCOME DOCUMENTATION

A. Provide a copy of ONE of the following:

Copy of entire award letter for HEAP, SNAP (Food Stamps), TNAF (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 TNAF

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: _____



APPLICATION ATTACHMENT 1 - KEEP FOR YOUR RECORDS

Weatherization Assistance Program EmPower NY 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:

Delaware Opportunities Inc.
35430 State Highway 10
Hamden, NY 13782
607-746-1690

ABOUT WEATHERIZATION AND EMPOWER NEW YORK

Are services really free?

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

Do Weatherization and EmPower NY 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 NY 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 NY, 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 NY.

Do the contractors perform code inspections?

No – Weatherization and EmPower NY 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 NY cannot reimburse you for work that has already been completed.



DELAWARE OPPORTUNITIES INC.
NEW CLIENT INTAKE FORM

SS # _____ TODAY'S DATE _____

LAST NAME _____ FIRST NAME _____ M.I. _____

DATE OF BIRTH _____

ADDRESS _____

TOWN _____ ZIP _____ PHONE _____

PLEASE CIRCLE ALL THAT APPLY:

GENDER: Male/Female

DISABILITY: Yes/No

ETHNICITY/RACE:

PI Hawaiian/Pacific Islander

B Black/African American

W White

H Hispanic

N American Indian

A Asian

O Other

M Multi/Two or More

EDUCATION:

A 0-8

B 9-12 non grad

C High school grad/GED

D 12+

E 2 or 4 year College Grad

FOOD STAMPS: Yes/No

HEALTH INSURANCE:

Yes Not Medicaid

Medicaid Yes/No

OTHER CATEGORIES

A Farmer

B Migrant Farmer

C Seasonal Farmer

VETERAN: Yes/No

DISABLED: Yes/No

PERSONS IN HOUSE

FAMILY TYPE:

F Single parent/Female

M Single parent/Male

T Two parent Household

S Single person

C Two Adults/No Children

O Other

HOUSING STATUS:

R Rent

O Own

H Homeless

OT Other

MISCELLANEOUS:

Medicare: Yes/No

No Health Insurance

INCOME: _____

A Weekly

B Bi-Weekly

C Monthly

D Yearly

SOURCE OF INCOME:

A Employment Only

B Unemployment Ins.

C Soc. Security

D TANF

E Home Relief

F SSI

G No Income

H Pension

I Other

HOUSEHOLD MEMBERS

LAST NAME	FIRST NAME	M/F	BIRTHDATE	DISABILITY: Y/N
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PROGRAM: _____ WEATHERIZATION 14/54