

# 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 served 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.**

**Applicant Affirmation (Section G)**

- Read and sign

**Attachment 1 – Frequently Asked Questions**

- Keep for your records

**NEED:**

- Proof of Income (last 4 weeks - for household members)**
- Proof of ownership (bill of sale, copy of deed or tax bill)**
- Copy of electric bill**



The following information will help determine which services are most appropriate for you. In some situations, EmPower services are provided by agencies of the Weatherization Assistance Program (WAP). In these instances, this application will serve as an application for the WAP, and may be forwarded to your local agency for these services. Please print clearly and provide as much information as possible.

SECTION A: APPLICANT INFORMATION

Name Social Security Number

Address Apt #

City State Zip NY

County Primary Phone (include area code) Secondary Phone (include area code)

Mailing Address (if different from above) Page 1 Email

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

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 certifies that I am financially responsible for the account(s) listed on this application. I hereby consent and authorize the electricity and fuel suppliers named in this application to release any and all energy usage information, including account number(s), related to the above property address, to representatives of the New York State Energy Research and Development Authority (NYSERDA), and the Weatherization Assistance Program (WAP), and/or its designated representatives for the period beginning two years prior to the application date and ending three years after program participation. 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, estimating energy savings, program implementation, and evaluation, including the evaluation of achieved energy savings.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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, 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 NYSERDA, to the Weatherization Assistance Program (WAP) 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 NYSERDA’s residential programs and financial incentives, eligibility for the WAP, 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 NYSERDA’s EmPower New York program or WAP, 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 NYSERDA programs or the WAP.

I agree to provide NYSERDA representatives, the 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, 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 NYSERDA’s programs and the 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).

**X**

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

**X**

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

Your contact information may be shared with other residential programs within NYSERDA. To opt out of this, please initial here. \_\_\_\_\_

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



Please return application via one of the following methods:

1. Mail: Delaware Opportunities, Inc.  
35430 State Highway 10  
Hamden, NY 13782

2. Email: [LNeidig@delop.org](mailto:LNeidig@delop.org)

Be aware the application may contain sensitive information. Emails that are not encrypted can be intercepted during transmission; email at your own risk.

How did you hear about us?

Flyer

Television

Radio

Friend/Word of Mouth

Other: \_\_\_\_\_

## ATTACHMENT 1 - Keep for Your Records

# Frequently Asked Questions

## EmPower New York and Weatherization Assistance Program



### **Are services really free?**

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

### **Do EmPower New York and Weatherization 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 EmPower New York or Weatherization 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.
- A monthly electric bill credit of between \$5-\$15 from community solar.

### **If I accept work from EmPower New York and/or Weatherization, 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 EmPower New York or the Weatherization Program.

### **Do the contractors perform code inspections?**

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

### **How does the monthly electric bill credit from community solar work?**

As an EmPower New York participant, you may receive credits on your monthly electric bills from community solar. There is no cost or future obligations, and this will not impact any assistance you may already be receiving from HEAP or a utility bill assistance program. Nothing is installed at your home—community solar is a group of panels that are installed at a site in your community rather than on individual roofs.

# 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 agency requesting and responsible for information:**

New York State Homes and Community Renewal  
[www.nyshcr.org](http://www.nyshcr.org)

### **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 New York State 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:**

**NYSERDA**





# Homes and Community Renewal

KATHY HOCHUL  
Governor

RUTHANNE VISNAUSKAS  
Commissioner/CEO

## Memorandum

TO: ALL Weatherization Subgrantees

FROM: Chris Chimento, Assistant Commissioner / Assistant Vice President

Date: November 20, 2023

Subject: Notice of WAP Income Eligibility Limits Revised Effective Immediately

New Income thresholds have been issued and are now in effect for the Weatherization Assistance Program. Please contact your assigned program representative if you have any questions.

### 2023-24 WEATHERIZATION INCOME THRESHOLD

Household Size	Monthly Income	Annual Income
1	\$3,035	\$36,420
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	\$8,427*	\$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		



# Delaware Opportunities Inc. Agency Intake Form

**PLEASE PRINT ALL AREAS NEATLY AND LEGIBLY**

Please complete the front and back of this form to the best of your knowledge; all information provided is strictly confidential and may be shared with other programs at Delaware Opportunities Inc. with your signed consent.

Applicant signature: \_\_\_\_\_

Staff signature if unable to obtain a signature and verbal consent was obtained: \_\_\_\_\_

Program: \_\_\_\_\_ Date of visit: \_\_\_\_\_ Service site: \_\_\_\_\_

Social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing address:

House number Apt # Street City State Zip Code Town

Physical address:

House number Apt # Street City State Zip Code Town

County: \_\_\_\_\_

Best way to reach you: (circle one) email mail home phone cell phone message phone/other

home phone number: \_\_\_\_\_ cell phone number: \_\_\_\_\_

email address: \_\_\_\_\_ message phone/other/social media name: \_\_\_\_\_

Household type, check one:

- multigenerational
- other
- single parent female
- single parent male
- single person only
- two adults only
- two parent
- unrelated adult
- unrelated adults with child
- unspecified

Housing situation, check one:

- homeless
- other
- other permanent housing
- own
- own mobile home
- own multifamily
- rent
- temp stable
- temp unstable

Information regarding gender, education, or disability is collected for statistical information only. This information will not be used to determine eligibility. Some of this information is requested by the Federal Government in order to monitor laws prohibiting discrimination against those seeking services. You are not required to furnish this information, but you are encouraged to do so.

For office use only:

\_\_\_\_\_ Initials of staff that entered data into Captain/central intake \_\_\_\_\_ date

\_\_\_\_\_ Initials of staff that entered data into program intake \_\_\_\_\_ date

\_\_\_\_\_ Initials of staff that returned intake to program \_\_\_\_\_ date

Social security number	First Name	Middle Initial	Last Name	Date of Birth	Gender: Male (M) Female (F) Transgender (T)	Pregnant: Y or N	Marital status: see codes below	Relation to applicant; see codes below	Ethnicity: Hispanic: Y or N	Race: see codes below	Education: see codes below	Health Insurance: see codes below	Veteran: Y or N (If Active; A)	Disabled: Y or N	Work status: See codes below	Farmer: Y or N	Gross <u>monthly</u> income for each HH member	Source of income: see codes below	Disconnected youth: see codes below	Non-cash benefits: see codes below	
** EXAMPLE**	JOHN	J	SMITH	01/01/2010	M	N	A	A	Y	F	F	H	Y	N	B	N	1500.00	P	F	D, C	
Marital Status	Relation to Applicant	Race	Education	Insurance	Work status	Source of Income	Disconnected Youth	Non-Cash benefits													
<b>A.</b> Single  <b>B.</b> Married  <b>C.</b> Widowed  <b>D.</b> Separated  <b>E.</b> Divorced  <b>F.</b> Other  <b>G.</b> Unspecified	<b>A.</b> Applicant <b>B.</b> Mother <b>C.</b> Mother figure <b>D.</b> Father <b>E.</b> Father figure <b>F.</b> Child <b>G.</b> Sister <b>H.</b> Brother <b>I.</b> Guardian <b>J.</b> Friend <b>K.</b> Spouse <b>L.</b> Grandparent <b>M.</b> Foster parent <b>N.</b> Foster child <b>O.</b> Grandchild <b>P.</b> Other <b>Q.</b> Other related <b>R.</b> Partner <b>Q.</b> Relative <b>S.</b> Stepfather <b>T.</b> Stepmother	<b>A.</b> Native American <b>B.</b> Asian <b>C.</b> Caucasian/White <b>D.</b> African American/Black <b>E.</b> Bi-Racial/Multi Racial <b>F.</b> Hawaiian/Pacific Islander <b>G.</b> Other _____ <b>H.</b> Unknown/not reported	<b>A.</b> 0-8 <b>B.</b> 9-12 Non-grad <b>C.</b> High School grad <b>D.</b> GED <b>E.</b> 12+ some college <b>F.</b> 2 yr. college grad <b>G.</b> 4 yr. college grad <b>H.</b> Vocational <b>U.</b> Unspecified	<b>P.</b> Private <b>A.</b> Medicare <b>H.</b> Medicaid/Fidelis <b>E.</b> Employment Based <b>M.</b> Military <b>C.</b> Child Health Plus <b>N.</b> None <b>U.</b> Unspecified	<b>A.</b> Full time <b>B.</b> Part time <b>C.</b> Retired <b>D.</b> Unemployed short term 6 months or less <b>E.</b> Unemployed long term over 6 months <b>F.</b> Unemployed/not in labor force <b>G.</b> Unknown/not reported	<b>A.</b> Alimony <b>B.</b> Child Support <b>C.</b> None <b>D.</b> Other <b>E.</b> Pension <b>F.</b> Private Disability <b>G.</b> Public Assistance/TANF <b>H.</b> Rental Income <b>I.</b> Self-employed <b>J.</b> Social Security <b>K.</b> SSDI <b>L.</b> SSI <b>M.</b> Unemployment Insurance <b>N.</b> Unspecified <b>O.</b> Veterans benefits <b>P.</b> Wages <b>Q.</b> Workman's Compensation <b>R.</b> Not reported	<b>A.</b> In School/Not Working <b>B.</b> In school/Working <b>C.</b> Not in school/Not Working <b>D.</b> Over 24 <b>E.</b> Unknown/Not Reported <b>F.</b> Working/Not in school	<b>I.</b> Affordable care act/Marketplace <b>H.</b> Child care voucher/day care subsidy <b>D.</b> Housing choice voucher/Section 8 <b>C.</b> HEAP <b>N.</b> None <b>J.</b> Other <b>A.</b> SNAP/food stamps <b>K.</b> Unknown/not reported <b>B.</b> WIC <b>U.</b> Unknown/not reported													