



**Please send applications and copies of
required paperwork to:**

**Delaware Opportunities
35430 State Highway 10
Hamden, NY 13782**

Attention: Weatherization

Any questions, call: 607-746-1690

Landlord Name: _____

Tenant Name: _____



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

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: ENERGY INFORMATION

If tenant pays utilities, move to section E

If Landlord supplies utilities, complete this section:

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: _____

SECTION C: ENERGY INFORMATION CONTINUED

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: _____

SECTION D: INCOME INFORMATION

Name	Gender	Age	Student (Yes or No)	Source(s) of income	Weekly	Monthly	Yearly
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Total Income for the Household					\$	\$	\$

Check here if you have received HEAP within the past 12 months.

SECTION E: 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 F: 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 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: Weatherization@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 from _____

Television Station: _____

Radio Station: _____

Friend/Word of Mouth

Office of the Aging/The Dispatch Newspaper

Social Media: Facebook or Instagram _____

Other: Please explain: _____



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

Marital Status	Relation to Applicant	Race	Education	Insurance	Work status	Source of Income	Disconnected Youth	Non-Cash benefits													
A. Single	A. Applicant	A. Native American	A. 0-8	P. Private	A. Full time	A. Alimony	A. In School/Not Working	I. Affordable care act/Marketplace													
B. Married	B. Mother	B. Asian	B. 9-12 Non-grad	A. Medicare	B. Part time	B. Child Support	B. In school/Working	H. Child care voucher/day care subsidy													
C. Widowed	C. Mother figure	C. Caucasian/White	C. High School grad	H. Medicaid/Fidelis Based	C. Retired	C. None	C. Not in school/Not Working	D. Housing choice voucher/Section 8													
D. Separated	D. Father figure	D. African American/Black	D. GED	E. Employment Based	D. Unemployed short term 6 months or less	D. Other	D. Over 24	C. HEAP													
E. Divorced	E. Father figure	E. Bi-Racial/Multi Racial	E. 12+ some college	M. Military	E. Unemployed long term over 6 months	E. Pension	E. Unknown/Not Reported	N. None													
F. Other	F. Child	F. Hawaiian/Pacific Islander	F. 2 yr. college grad	C. Child Health Plus	F. Unemployed/not in labor force	F. Private Disability	F. Working/Not in school	J. Other													
G. Unspecified	G. Sister	G. Other	G. 4 yr. college grad	N. None	G. Unknown/not reported	G. Public Assistance/TANF		A. SNAP/food stamps													
	H. Brother	H. Unknown/not reported	H. Vocational	U. Unspecified	U. Unknown/not reported	H. Rental Income		K. Unknown/not reported													
	I. Guardian		U. Unspecified			I. Self-employed		B. WIC													
	J. Friend					J. Social Security		U. Unknown/not reported													
	K. Spouse					K. SSDI															
	L. Grandparent					L. SSI															
	M. Foster parent					M. Unemployment Insurance															
	N. Foster child					N. Unspecified															
	O. Grandchild					O. Veterans benefits															
	P. Other					P. Wages															
	Q. Other related					Q. Workman's Compensation															
	R. Partner					R. Not reported															
	Q. Relative																				
	S. Stepfather																				
	T. Stepmother																				
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	E	E	H	Y	N	B	N	1500.00	P	F	D, C	

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

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: December 18, 2024

SUBJECT: Updated WAP Income Eligibility Limits Revised Effective Immediately

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

2024-25 WEATHERIZATION INCOME THRESHOLD

Household Size	Monthly Income	Annual Income
1	\$3,322	\$39,864
2	\$4,345	\$52,140
3	\$5,367	\$64,404
4	\$6,390	\$76,680
5	\$7,412	\$88,944
6	\$8,434	\$101,208
7	\$8,626	\$103,512
8	\$8,818	\$105,816
9	\$9,683	\$116,200
10	\$10,580	\$126,960
11	\$11,477	\$137,720
12	\$12,373	\$148,480
13	\$13,270	\$159,240
13+	add \$10,760 for each added HH member	
<p>NOTE: For household size 9 or more you use the higher 200% of poverty level figure from the DOE WPN table for the Annual Income limit in the Weatherization Income Limit Chart (see NYS WAP Annual Plan)</p>		