

## Cortland County Community Action Program, Inc. (CAPCO)

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Head Start ❖ Early Head Start ❖ Energy Services ❖ WIC ❖ Consumer Directed Personal Assistance ❖ Family Development

# Weatherization Assistance Program & **EmPower APPLICATION**

Please complete this 4 page application and provide us with the following documentation:

- 1. Proof of Ownership
  - Bill of sale for Mobile Homes. (If you rent your landlord will need to provide proof of ownership).
- 2. Proof of all household income -
  - See Section F for details.

We need proof of income for everyone that receives income.

- 3. Heat bill -
  - A copy of your heating bill.
  - (NYSEG bills must include page 3 with the POD# and account.)
- 4. Electric (light) Bill
  - A copy of your electric bill. These bills do not have to be the most recent, as long as they have your account number on them.
- 5. Please be sure to sign and date the application in \*2 designated areas.

If you need help completing your application or have any questions, please feel free to contact us.

Your application cannot be processed until all documentation is received.

Once your application has been accepted you will receive an eligibility letter.

Weatherization Office Staff

### **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 Securit	ty Number	
Address		10	Apt #		
			NY		
City			State	Zip	
County	Primary Phone		Secondary Ph	none	
Email					
Mailing Address (if different from above)					
Additional Contact Person	Relations	nip to Applicant	Phon	e Number	
SECTION B: DWELLING INFORMATION				-Night -	
SCOTION B. DWELLING INFORMATION					
☐ I own ☐ I rent I have lived her	e years App	roximate age of the	home		
☐ Single-Family ☐ Multifamily	# of units	actured/mobile hom	e 🔲 Group	home/shelte	r
If you rent, certain upgrades require own	ner permission. Please	provide owner infor	mation below		
200 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
Owner's Name:					
Address:					
Phone:					
Who pays for the heat at the dwelling?	I pay	Owner			
Who pays for the electric at the dwelling	?	Owner			
Does your roof leak? Yes No	If yes, which room	s:			_
Do you own your refrigerator?	Yes If yes, abou	t how old is it?	years	■ No	
Do you use a second refrigerator?	Yes If yes, abou	t how old is it?	years	■ No	
Do you use a separate freezer?	Yes If yes, abou	t how old is it?	years	□ No	
SECTION C: HOUSEHOLD DEMOGRAPH	CS				
Total number of members in the househ	old:				
Please indicate the number of househol	d members who are:				
60 years of age or older	Persons with disabiliti	es			
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: \_\_\_\_\_ \_\_\_\_\_ Account Number: \_\_\_ Secondary Supplier Name: \_\_\_\_\_ 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: \_\_\_ If NYSEG or RG&E - POD # Account Number: 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: \_\_\_\_\_ Account Number: \_\_\_\_ Company Name: \_\_\_\_\_ 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:	
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### **SECTION E: INCOME INFORMATION**

Name	Gender	Age	Student (Yes or No)	Source(s) of income	Weekly	Monthly	Yearly
		a .			\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
			Total Income	for the Househole	\$ 0.00	\$ 0.00	\$ 0.0

Γ	Check here	if you have	received H	<b>EAP</b> within	the past 12	months.
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### **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.

Applicant Signature	Date
x	
Applicant Representative Signature	Date
AGENCY USE ONLY	
Referred By: HEAP OFA Utility Weatherizat	tion Subgrantee
Check all benefits that the household receives: SSI	HEAP SNAP TANF
On the basis of the information provided by the applicant, t	the household is determined to be:
☐ Eligible for Weatherization ☐ NOT Eligible for Weath ☐ Eligible for EmPower ☐ NOT Eligible for EmPower ☐	
Check here if: Household was previously served by We Household ineligible for further services	
Additional Comments:	
Agency Representative Signature:	Date:
Title:	



### 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.