



333 Sheridan Avenue, Albany, New York 12206
Tel. 518-463-3175 Fax 518-432-4465
www.albanycap.org

THE POWER OF CHANGE

Dear Albany County Resident:

Thank you for your inquiry about the Weatherization Assistance Program. Attached with this letter you will find a copy of the application, including information about our program and our privacy policy. To be considered for the Weatherization Assistance Program please submit **ALL** of the following:

1. **Applications(s):** We are required to obtain an application for each housing unit in a building (i.e. a two unit building would require two applications). For each vacant unit, please write "VACANT" across the front page of the application, indicate the apartment number, and have the building owner sign the applicant affirmation on the back. Please note: At least 50% of the housing units must be occupied by eligible applicants.
2. **Ownership Verification:** Acceptable forms of ownership are:
 - a. Deed
 - b. Property/School Tax Bill
 - c. Notarized Bill of Sale (for mobile homes only)
3. **Income Verification:** **ALL** income sources must be documented including but not limited to:
 - a. Alimony, Child Support
 - b. Wages
 - c. Social Security, Supplemental Security Income (SSI)
 - d. Annuities, Pensions, Dividends, Interest (that are regular income)
 - e. Direct Deposits, Estates and Trusts (that are regular income)
 - f. Workers Compensation, Unemployment Benefits

We require at least one month's worth of **CURRENT** income (If you are paid weekly, we will need four pay-stubs. If you are paid bi-weekly, we will need two pay-stubs.) **PLEASE NOTE:** Tax returns and W2's are only acceptable during the months of January and February. However, you may be asked to supply us with these documents dependant on your sources of income. ****If you are self-employed or have no income, please contact our office as there are additional forms may need to be filled out.***

4. **Mortgage Bill:** We are required to obtain a copy of your mortgage bill. Reverse Mortgages are considered income.

5. **Utility Information:** Please submit your electric bill and fuel bill.

All applications are processed on a first-come-first-served basis. Please keep in mind that once your application is accepted into the Weatherization Program you will be placed on our waiting list. The length of the waiting list that is dependant on the number of completed applications received prior to yours. You will receive an acceptance/denial letter in the mail declaring your eligibility.

If you are a tenant we will contact the owner of your building to discuss their involvement. However, they are welcome to contact our office at anytime.

Please contact our office with any questions you may have at 518-463-3175. If you would like to fax your application and supporting documentation to our office, please note that the original application must be mailed as we require original signatures. Our fax number is 518-432-4465.

Thank you for your interest in our programs!

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
DHCR # 29**

WEATHERIZATION PROGRAM INFORMATION

The Weatherization Assistance Program administered by the New York State Division of Housing and Community Renewal is committed to reducing heating costs for low-income families, particularly the elderly, people with disabilities, and children by improving the energy efficiency of their homes and ensuring their health and safety.

The program is funded annually by the U.S. Department of Energy. In addition, the program also receives funds from the Low Income Home Energy Assistance Program funded by the U.S. Department of Health and Human Services.

Application for assistance under the program is made to a local service provider which is under contract to the Division of Housing and Community Renewal.

After approval of the application the local service provider will conduct a comprehensive professional building analysis of the applicant's home, and based on that analysis and the funds available, will install or cause to have installed, weatherization measures in the applicant's home which have been determined to be the most cost-effective in reducing the applicant's energy consumption and increasing comfort.

The measures which may be indicated by the building analysis fall into five major categories:

- I. Heating efficiency measures: These measures are designed to improve the operation of the system which delivers heat to the dwelling unit and may include a cleaning and tuning of the furnace or boiler, repairs, modifications and replacements, as needed. Also included in this category is work on the distribution system which brings heat to the unit.
- II. Infiltration measures: These are measures designed to keep warm air in and cold air out.
- III. Conduction measures: These are insulation measures designed to reduce the conduction of heat from the interior to the exterior of the unit.
- IV. Repairs: This category includes any repairs that may be needed to preserve or protect the weatherization materials installed.
- V. Health and Safety: These are measures designed to reduce health and safety hazards or to notify residents of their presence.

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
DHCR #3**

PERSONAL PRIVACY PROTECTION LAW PROVISIONS

The New York State Personal Privacy Protection Law (Public Officers Law, Article 6-A) requires in '94(1) (d) that each subgrantee 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:

NYS Division of Housing and Community Renewal, Energy Services Bureau

Name of the system of records:

Weatherization Database

Agency official responsible for the records:

Energy Services Bureau Director
Division of Housing and Community Renewal
38-40 State Street
Albany, New York 12207
518-474-5700

Authority for collection for information:

The Energy Conservation and Production Act (P.L. 94-385) '416 and '417. These sections require the state to keep records for the purposes of monitoring and evaluation and for the preparation of reports. Program regulations contained in 10 CFR 440.22 require that eligibility for the program be established, which requires the collection of personal information.

Effects of not providing the requested information:

If information requested on the Application for Weatherization Assistance is not provided, the applicant's dwelling cannot be weatherized.

Principal purpose for which the information is being collected:

Implementation of the Weatherization Assistance Program.

Routine uses for the collected information:

Use by Division of Housing and Community Renewal and local subgrantee employees for administration of the Weatherization Assistance Program including the preparation of reports to the United States Department of Energy.

Subgrantee Information:

Albany County Opportunities, Inc. D/B/A Albany Community Action Partnership

Subgrantee Name/Contact

| | | | |
|----------------------------|---------------|--------------|-----------------------------------|
| <u>333 Sheridan Avenue</u> | <u>Albany</u> | <u>12206</u> | <u>518-463-3175</u> |
| Number and Street | City | Zip Code | Telephone Number (with area code) |

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
DHCR #4**

WEATHERIZATION APPLICATION

| APPLICANT NAME | | JOB # | TELEPHONE NUMBER () | | | |
|---------------------------------------|--------|--|---|---|-------------------------------|--------|
| APPLICANT ADDRESS | Street | City | County | Zip Code | Apt # or Floor | |
| DIRECTIONS TO THE HOME | | | | | | |
| TYPE OF RESIDENCE | | <input type="checkbox"/> Owner Occupied | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Room | |
| | | <input type="checkbox"/> Rental Unit | <input type="checkbox"/> Multiple Dwelling Unit | <input type="checkbox"/> Group Home/Shelter | | |
| | | If Rental Unit, Heat Paid By: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | |
| LANDLORD=S NAME Landlord=s Address | | | | | | |
| OWNER'S NAME Owner's Address | | | | | | |
| Total Number of Household Members: | | TOTAL INCOME: Complete the following table, listing income received by each household member 16 or older who is not a full-time student; and the names, and ages for all members of the household. | | | | |
| Name | SEX | AGE | SOURCE(S) OF INCOME | AMOUNT IN DOLLARS | | |
| | | | | WEEKLY | MONTHLY | YEARLY |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | TOTALS | | | |

Indicate number in household who

Are 60 years of age or older _____
 Have handicapping condition(s) _____
 Are Black _____
 Are Hispanic _____
 Are Native American _____

Are Asian or Pacific Islanders _____
 Are Female Head of Household _____
 Are unemployed _____
 Are children 17 or younger _____
 Are full-time students _____

Subgrantee Name, Address and Telephone Number:

Albany County Opportunity, Inc.
D/B/A Albany Community Action Partnership, 333 Sheridan Ave, Albany NY 12206 518-463-3175 ext 2

APPLICANT AFFIRMATION

I subscribe and affirm, under the penalties of law, that the statements made in this application for weatherization assistance (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. 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 99-603). I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given.

I realize that there is to be no lien or mortgage held on the property involved and that this has no affect upon my social security, public assistance, or any other income I may have. Also, the weatherization work done will not obligate me financially, and I will not be held liable for any injuries or damages occurring on my property which are not a result of my negligence or malfeasance.

I understand that this application for weatherization assistance does not guarantee that assistance will be granted but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the number of applications received, the remaining funds available and the priorities to be met by the program.

I have read and understand the provisions of the Personal Privacy Protection Law.

Applicant's Signature _____

Date _____

Applicant's Representative _____

Date _____

Relationship _____

IF APPLICANT IS THE HOMEOWNER, PLEASE COMPLETE THE FOLLOWING **HOMEOWNER CERTIFICATION**:

I, _____, certify that I am the owner of the property at _____, (write in address).

I further certify that I have given my permission to allow work on the property listed above. I understand that no payment will be required for this service and that I will not be held liable for any injuries or damage.

Owner's Signature _____

Date _____

OFFICE USE ONLY

| | |
|--|--|
| OWNER VERIFIED THROUGH: | <input type="checkbox"/> EXAMINATION OF DEED |
| | <input type="checkbox"/> CONFIRMATION BY COMMISSIONER OF DEEDS |
| | <input type="checkbox"/> CONFIRMATION BY TAX ASSESSOR'S OFFICE |
| INCOME GUIDELINES FOR A HOUSEHOLD OF _____ MEMBERS \$ _____ <input type="checkbox"/> DOCUMENTATION ATTACHED | |
| CATEGORICAL ELIGIBILITY: <input type="checkbox"/> SSI Recipient <input type="checkbox"/> HEAP Recipient <input type="checkbox"/> Public Assistance Recipient <input type="checkbox"/> NPA Food Stamp Recipient | |
| ON THE BASIS OF THE ABOVE INFORMATION, HOUSEHOLD <input type="checkbox"/> IS <input type="checkbox"/> IS NOT ELIGIBLE | |
| Intake Worker's Signature: | Date: |

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
DHCR # 5A**

ENERGY INFORMATION - A

For 1 to 4 Family House ? Yes No For a Multifamily Building? Yes No
Number of units in building _____ Complete "Energy Information – B" for each occupied unit

| | |
|---|---|
| Heating fuel: | |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ | |
| Secondary Heating fuel (if any) that you sometimes use: _____ | |
| Name and address of Heating fuel supplier: _____ | |
| | |
| Account Number (if gas): _____ | |
| Electric Utility: (check the one that provides your electric service) | |
| <input type="checkbox"/> Niagara Mohawk (NMPC) | <input type="checkbox"/> Orange & Rockland (O&R) |
| <input type="checkbox"/> Long Island Power Auth. (LIPA) | <input type="checkbox"/> Rochester Gas & Electric (RGE) |
| <input type="checkbox"/> Consolidated Edision (Con Ed) | <input type="checkbox"/> NYS Electric & Gas (NYSEG) |
| <input type="checkbox"/> Central Hudson Gas & Electric (CH) | <input type="checkbox"/> Other _____ |
| Electric Account Number: _____ | |

Customer Authorization for Release of Fuel/Energy Bills (past 2 yrs. and next 2 yrs.)

| | | | |
|---|-----------------------------|----------------|--------------|
| To: Fuel and Electric Suppliers listed above: I hereby authorize you to release information on my fuel bills, both past and future, to the following subgrantee or its designee. | | | |
| <u>Albany County Opportunity, Inc. D/B/A Albany Community Action Partnership</u> | <u>333 Sheridan Avenue,</u> | <u>Albany,</u> | <u>12206</u> |
| Name of Weatherization Subgrantee | Number and Street | City | Zip Code |
| I understand that this information is being made available to help to evaluate my energy use patterns in order to identify potential and actual energy savings resulting from work performed or services offered through the weatherization assistance program. | | | |
| _____ | _____ | _____ | _____ |
| Customer Name | Customer Signature | Date | |
| _____ | _____ | _____ | _____ |
| Number and Street | City | Zip Code | |
| Note: If there are account numbers in addition to those identified above, please attach a list of the numbers. | | | |

| | | | |
|--|-------------------|-----------|-------|
| Service Agreement for Heating System: | | | |
| Do you currently have a service maintenance agreement for your heating system?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please supply name, address and phone number of the service maintenance provider. | | | |
| _____ | | _____ | |
| Name of Service Provider | Number and Street | | |
| _____ | _____ | _____ | _____ |
| City | Zip Code | Telephone | |

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
DHCR # 5B**

**MULTI-FAMILY BUILDING
ENERGY INFORMATION – B**

(Must be Completed for Each Occupied Unit to be Weatherized)

Heating fuel:

Natural Gas Electric Propane Oil Wood Other _____

Secondary Heating fuel (if any) that you sometimes use: _____

Name and address of Heating fuel supplier:

Account number, if applicable (not required if heat is supplied by a central system):

Electric Utility: (check the one that provides your electric service)

- | | |
|---|---|
| <input type="checkbox"/> Niagara Mohawk (NMPC) | <input type="checkbox"/> Orange & Rockland (O&R) |
| <input type="checkbox"/> Long Island Power Auth. (LIPA) | <input type="checkbox"/> Rochester Gas & Electric (RGE) |
| <input type="checkbox"/> Consolidated Edison (Con Ed) | <input type="checkbox"/> NYS Electric & Gas (NYSEG) |
| <input type="checkbox"/> Central Hudson Gas & Electric (CH) | <input type="checkbox"/> Other _____ |

Electric Account number:

Customer Authorization for Release of Fuel/Energy Bills (past 2 yrs. and next 2 yrs.)

To: Fuel and Electric Suppliers listed above:

I hereby authorize you to release information on my fuel bills, both past and future, to the following subgrantee or its designee.

| | | |
|---|---------------------|---------------|
| Albany County Opportunity, Inc. D/B/A Albany Community Action Partnership | 333 Sheridan Avenue | Albany, 12206 |
| Name of Weatherization Subgrantee | Number and Street | City Zip Code |

I understand that this information is being made available to help to evaluate my energy use patterns in order to identify potential and actual energy savings resulting from work performed or services offered through the weatherization assistance program.

| | | |
|---------------|--------------------|-------|
| _____ | _____ | _____ |
| Customer Name | Customer Signature | Date |

| | | |
|-------------------|-------|----------|
| _____ | _____ | _____ |
| Number and Street | City | Zip Code |

Note: If there are account numbers in addition to those identified above, please attach a list of the numbers.

**Weatherization Income Guidelines
2009 - 2010 Program Year**

*Household income is calculated based on
GROSS income.

| # of Household Members | Monthly Income | Annual Income |
|-------------------------------|-----------------------|----------------------|
| 1 | \$2,030.00 | \$24,360.00 |
| 2 | \$2,654.00 | \$31,848.00 |
| 3 | \$3,279.00 | \$39,348.00 |
| 4 | \$3,903.00 | \$46,836.00 |
| 5 | \$4,528.00 | \$54,336.00 |
| 6 | \$5,152.00 | \$61,824.00 |
| 7 | \$5,269.00 | \$63,228.00 |
| 8 | \$5,386.00 | \$64,632.00 |
| 9 | \$5,503.00 | \$66,036.00 |
| 10 | \$5,620.00 | \$67,440.00 |
| 11 | \$6,029.00 | \$72,348.00 |
| Each Additional Person | +\$468.00 | |

* Effective October 1, 2009