



# City of Rensselaer

## Building and Planning

62 Washington St. Rensselaer NY 12144  
518-465-1693

To: Applicants of the Residential Rehabilitation Program  
From: Richard Van Vorst, Rehabilitation Specialist  
Date: May 6, 2020  
Subject: Updated Information

Dear Applicant,

This notice is to inform you that the funds of the current housing rehabilitation grant for the City of Rensselaer have been consumed with the successful completion of 15 rehabilitation projects over the past two years. The program was a resounding success.

As you may or may not know, the City has been successful in receiving a new grant from the New York State Office of Community Renewal. The new grant is through the HOME Program and is called the "Proud Neighborhood Initiative". While this new grant is similar to the previous grant, there is some additional documentation that will be required from all applicants. This grant will focus on single family, owner occupied homes with household income levels at 80% or less of the Median Income for our geographic area. Additional consideration will be given to persons who are frail and/or elderly and/or persons with a physical disability/Traumatic Brain Injury.

You are on the current eligibility list, and your position/status may or may not be affected based on your response and/or actions, or lack thereof to this communication. I have included in this packet, a letter identifying all information that is required as part of the revised application process. Please submit all requested information to the Building and Planning Office at your earliest convenience. **Even if you have submitted some or all of this documentation before, it is necessary to re-submit with updated information.** Your position on the list is determined by a score that you will receive based on the information that is included in the documentation that is submitted. Your final score can not be determined until ALL requested documentation has been submitted and verified. Once the application is complete, you will be notified whether you meet the eligibility requirements.

In addition to the basic requested documents, additional confirmations that will be required will include a Floodplain Management Worksheet; After Re-Hab Assessment Value; Tier 2 Site Specific Statutory Checklist; an Energy Audit; and a Lead Assessment.

I am looking forward to working with you on your project. If you have any questions, please don't hesitate to contact me at 518-462-4840.

Richard Van Vorst  
ReHab Specialist  
Rick.vanvorst@rensselaer.ny.org

# City of Rensselaer

Proud Neighborhood Initiative

HOME

SHARS 20193083

Date: May 6, 2020

Dear Home Owner:

Thank you for your interest in the City of Rensselaer Proud Neighborhood Initiative 2019, using federal HOME Investment Partnerships Program funding administered by the NYS Housing Trust Fund Corporation. Enclosed are the relevant Program Guidelines and an Application form for your consideration.

To start the process, fill out and return the attached **Application** along with copies of ALL of the requested household income information and ownership and mortgage verification.

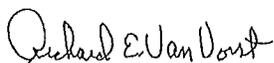
This information includes the following:

- Copy of the recorded **Deed**, including the legal description
- Copy of your Driver's License
- Signed copy of the most recent **Federal Income Tax Return**
- Copy of at least four (4) recent **W-2 Statement(s)** regarding wages earned by any Household member age 18 or older
- Most recent **Bank Statements** (for checking, savings, any investment accounts – IRAs)
- Copy of award letters, benefit letters, or copies of received checks, concerning regular or special Social Security, disability, workers' compensation, VA or other retirement pensions, unemployment insurance, child support, and any other public benefits received by the Household
- **Property Tax Receipts** - (County, City, School) and proof of payment for the most recent Water and Sewer bills
- Most recent **Mortgage Statement** (if applicable), showing payment history and current balance

*Please note that your Application is not complete, and you may not be Eligible for assistance, without proof of all applicable household income sources and review of all other Application materials. An incomplete Application will not be processed by the City.*

Please feel free to contact me at (518) 462-4840 with any questions.

Sincerely,



Richard E. Van Vorst  
Re-Hab Specialist

Applicants Documentation Checklist

Your application will not be deemed complete, and action on it will not begin until ALL of the listed documents are received

- Completed and signed application
- Copy of Driver's License
- Proof of Ownership of Home
- Completed and signed Income Statement
- All Income Documentation (most recent tax return; Social Security letter of benefits; Pensions; disability; unemployment; child care; alimony, etc for EVERY member of the household).
- Current Home Owners Insurance and Flood Insurance if required
- Proof of Paid Taxes, including; Property, School, Water, Sewer, & Solid Waste
- Mortgage/Equity Statement
- Past two months of Bank Statements
- Household monthly budget
- Completed Weatherization Application
- Last Utility Bill



City of Rensselaer  
 Department of Building and Planning  
 Proud Neighborhood Initiative - HOME 2019  
 62 Washington Ave., Rensselaer NY 12144

**Application must be complete when submitted or will be returned to sender**

DATE: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ SS #: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ SS #: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Military Veteran? YES / NO

Does any occupant have a physical disability? YES / NO

Have you ever received a Grant prior from the City? YES / NO

Are you an official, employee or agent of the City of Rensselaer? YES / NO

Are you a relative of any official, employee or agent of City? YES / NO

Do you have any business ties with any official, employee or agent of city? YES / NO

If you answered Yes to any of the above questions please explain: \_\_\_\_\_

What is your household's annual income? (Include all sources) \$ \_\_\_\_\_

**Property Information:**

Parcel ID# \_\_\_\_\_ # of Units: \_\_\_\_ Taxes/Water Paid YES / NO Solid Waste Paid YES / NO

What is the current Market Value of the property? \_\_\_\_\_ Assessed value? \_\_\_\_\_

Is the property located in a Floodplain? YES / NO If yes, submit proof of flood insurance.

Work Requested to be completed on property: \_\_\_\_\_

Owner Unit: # of Occupants \_\_\_\_ Name of Owner(s): \_\_\_\_\_

# of Bedrooms: 1 2 3 4 Names and ages of ALL occupants \_\_\_\_\_

Tenant Unit: # of occupants: \_\_\_\_ Name of Tenant (s) \_\_\_\_\_

# of Bedrooms: 1 2 3 4 Rent/month \$ \_\_\_\_\_ Phone # of Tenant \_\_\_\_\_

Name and ages of ALL occupants \_\_\_\_\_

**I swear that all information is complete and correct** \_\_\_\_\_

Signature / Date



**Instructions for submission**  
**Applications will not be accepted without all of the following:**

1. Proof of Ownership: Provide a copy of the **RECORDED** deed to the property.
2. Proof of Home Owners Insurance: Provide a copy of up to date Policy with expiration date.
3. Provide income verification of:
  - Applicant (copies of tax returns, SSI letters, pay stubs, etc.)
  - Applicant's spouse (copies of tax returns, SSI letters, pay stubs, etc.)
  - All members of Household (copies of tax returns, SSI letters, pay stubs, etc.)
  - ALL TENANTS** (copies of tax returns, SSI letters, pay stubs, etc.)
4. Proof of paid property taxes, including Water/Sewer and Solid Waste.
5. Proof that all mortgage(s) are up to date.

**Guidelines:**

- A. The applicant certifies that all information in this application and all information provided in support of this application is given for the purpose of obtaining financial assistance under the Neighborhood Proud Investment Program 2019, and is true and complete to the best of his/her knowledge and belief. Verification of any of the information contained in this application may be obtained from any source contained herein.
- B. The applicant further certifies to the ownership of the property described in this application and that any funds disbursed through the Neighborhood Proud Investment Program will be used only for the work and materials set forth in the scope of work.
- C. The applicant agrees not to discriminate on the basis of race, age, sex, handicap, creed or national origin in the sale, lease, rental, use or occupancy of the real property rehabilitated with the assistance of Neighborhood Proud Investment Program funds. Moreover, the applicant agrees not to discriminate against a tenant because he/she is receiving rental subsidies.
- D. The applicant agrees that if any temporary relocation of tenants is necessary during rehabilitation, any cost associated with the relocation will be his/her responsibility.
- E. The applicant agrees that only a unit occupied (or to be occupied) by a low-moderate-income household is eligible for rehabilitation through the Program and that if said unit is or becomes vacant within a three-year period from the date of completion of the work it will be rented to a low-moderate income household at a rent at or below the Fair Market Rent determined by the U.S. Department of Housing and Urban Development for the Albany-Schenectady-Troy Area.
- F. The applicant agrees to allow program rehabilitation personnel access to the building during the construction period for inspection and administrative purposes. Moreover, information on rental charges will be provided when requested by the City of Rensselaer Planning Agency Grant Administrator for a period of one year following the completion of the project.
- G. The applicant hereby certifies that she/he has read and agrees to the Neighborhood Proud Investment Program Guidelines.
- H. The applicant further understands that U.S.C, Title 18, Section 1001, provides the following penalty for false or fraudulent statements; "Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies ...or makes any false, fictitious or fraudulent statements or representations, or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

**Applicant Income Statement**

Name: \_\_\_\_\_

Project No: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**This Form (including the tables on Pages 2-5) MUST be completed for each adult (18 or older) in any household applying for assistance under this Program.**

I am certifying that my Household Income, based on documents I have submitted to the City, for the next 12 months from the date I sign this Certification, is:

\$ \_\_\_\_\_ (Refer to Table 1)

\_\_\_\_\_ # of People (including all Children) in this Household

Circle the applicable **Income Limit** with the Total Persons in the Household below:

Total Persons in Applicant Household  
(including **all** Children)

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Annual Income:	\$40,700	\$46,600	\$52,400	\$58,200	\$62,800	\$67,600	\$72,200	\$76,900

(60% of the Area Median Income – April 2020)

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**Certification**

I certify that all of the information on this Form and the attached supporting documentation are complete and accurate to the best of my knowledge and belief.

Signed: \_\_\_\_\_

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

**NOTE:** U.S. Law provides a penalty of \$10,000 fine and 5 years imprisonment for false, fraudulent or misleading statements under this federally-funded program (U.S.C. Title 18, Section 1001).

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**Table 1**  
**Income Summary**

<b>Income Sources</b>	<b>Income from the Prior Year</b>	<b>Current Amounts</b>	<b>Projected Income (Next 12 Months)</b>
Salary or Wages, Tips, etc.	\$	\$ /(wk/mo/yr)	\$
Social Security (incl. Medicare)	\$	\$ /(wk/mo/yr)	\$
Pensions or Annuities	\$	\$ /(wk/mo/yr)	\$
Unemployment Compensation	\$	\$ /(wk/mo/yr)	\$
Disability Compensation	\$	\$ /(wk/mo/yr)	\$
Child Support Payments	\$	\$ /(wk/mo/yr)	\$
Other	\$	\$ /(wk/mo/yr)	\$
Other	\$	\$ /(wk/mo/yr)	\$
Other	\$	\$ /(wk/mo/yr)	\$
Household Assets (Table 2)	\$		\$
Real Estate Income (Table 3)	\$		\$
Business Income (Table 4)	\$		\$
<b>Totals</b>	\$		\$

**NOTE:** U.S. Law provides a penalty of \$10,000 fine and 5 years imprisonment for false, fraudulent or misleading statements under this federally-funded program (U.S.C. Title 18, Section 1001).

**Table 2**  
**Household Assets**

	Current Value	Income from Prior Year	Current Amounts	Projected Income *
Bank Accounts / CDs (Name):	\$	\$	\$ /(mo/yr)	\$
Bank Accounts / CDs (Name):	\$	\$	\$ /(mo/yr)	\$
Stocks & Bonds	\$	\$	\$ /(mo/yr)	\$
Stocks & Bonds	\$	\$	\$ /(mo/yr)	\$
Real Estate (Not the Primary Residence)	\$	\$	\$ /(mo/yr)	\$
Retirement Accounts	\$	\$	\$ /(mo/yr)	\$
Insurance Policies	\$	\$	\$ /(mo/yr)	\$
Other	\$	\$	\$ /(mo/yr)	\$
Other	\$	\$	\$ /(mo/yr)	\$

\* Projected Income for the next 12 months will be imputed at the current passbook savings rate for assets that generate no current or recurring income.

Attach all Statements and related Source Documentation for figures entered into this Table 2.

**NOTE:** U.S. Law provides a penalty of \$10,000 fine and 5 years imprisonment for false, fraudulent or misleading statements under this federally-funded program (U.S.C. Title 18, Section 1001).

**Table 3**  
**Real Estate Income**

Does the Home Owner own any *Investment Properties* in or outside the City of Rensselaer, including seasonal properties, camps, or other types of real estate that could generate income to the Applicant?

YES / NO

List **ALL** rental properties (in or outside the City of Rensselaer) owned by the Home Owner; Do **NOT** list the Property occupied by the Owner as their primary residence and being considered for rehabilitation assistance.

Property Address	Gross Rent	Cash Expenses	Net Income
	\$ /month	\$ /month	\$

Notes or Comments:

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**NOTE:** U.S. Law provides a penalty of \$10,000 fine and 5 years imprisonment for false, fraudulent or misleading statements under this federally-funded program (U.S.C. Title 18, Section 1001).

**Table 4**  
**Business Income**

Use the most recently filed Schedule C and related information from the Owner Applicant's Federal Income Tax Return to fill in the requested information:

Income from Business Activities (Line 3, Schedule C, Form 1040)		\$
Cost of Goods Sold (Line 4, Schedule C, Form 1040)	\$	
Advert., Bad Debts, Car/Truck, Fees (Lines 8-11 Schedule C, Form 1040)	\$	
Benefits, Insurance, Interest (Lines 14-16, Schedule C, Form 1040)	\$	
Legal, Professional; Office (Lines 17-18, Schedule C, Form 1040)	\$	
Rent or Lease Expenses (Line 20, Schedule C, Form 1040)	\$	
Repairs, Supplies, Taxes, Entertain. (Lines 21-24, Schedule C, Form 1040)	\$	
Utilities (Line 25, Schedule C, Form 1040)	\$	
Wages (Line 26, Schedule C, Form 1040)	\$	
Other Expenses (Line 27, Schedule C, Form 1040)	\$	
<b>Total Cash Expenses</b> related to Business Activities		\$
<b>Net Business Income</b>		\$

**Note:** Non-cash expenses (including depreciation or amortization) will not be included here; and expenses that are not justified or not directly related to the business activity (eg: personal or household expenses that are considered not directly related or reasonable for the business) will be deducted from the amounts listed on the federal tax return, at the discretion of the City.

Attach the latest **Schedule C** and related source documentation to this Table.

## Income Fact Sheet

Eligibility for assistance under the City of Rensselaer Proud neighborhood Initiative Program is determined on the basis of household size and income. Each Applicant must provide complete documentation, as requested by the City, of all income sources for every adult member of each household in the property to be repaired. If there are rental apartments in the property, complete income documentation must be provided for each tenant household. No Application can move forward without a determination by the City of the income eligibility of each Applicant household.

A complete, signed copy of the latest federal tax return with all schedules and attachments and worksheets (W-2, 1099, etc.) should be provided as basic income documentation. However, the tax return does not document current income; and it might not include some income sources that are not taxable, but which the City must consider as part of the household income for this Program. The following source documentation should be provided for different types of income. The City will maintain **confidentiality** of all income information.

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**SALARY or WAGES** - copies of at least 3 to 4 current payroll stubs, statements from employers or other documentation, as required to establish the current wage income for each working adult.

**SOCIAL SECURITY** - a statement of benefits for the current year with copies of current checks or direct deposits to establish the gross benefit (before deductions for Medicare insurance).

**PENSIONS** - statements detailing the payments received during the preceding calendar year and current monthly or annual payments for pensions, IRA's, annuities and any other retirement benefits.

**UNEMPLOYMENT or DISABILITY** - statements detailing the payments received during the preceding calendar year and copies of checks received for unemployment, disability or worker's compensation. Adjustments may be required to reflect temporary conditions that are not an accurate reflection of the current or potential household income.

**PERSONAL ASSETS** - details of all personal assets including documentation of current values and income generated during the previous year. Income will be projected for the current year and may be imputed for those assets that do not generate any current interest or dividends.

**INCOME FROM REAL ESTATE** - details of all income from investment rental properties owned by the Applicant in Rensselaer or elsewhere. The net amount of that income after deducting actual cash expenses related to each property must be included in the household income.

**BUSINESS INCOME** - details of all income from business activities, including documentation of revenues and expenses must be provided. Net business income will be calculated on a cash basis without deductions for non-cash expenses including depreciation, amortization, etc. Adjustments may be made to offset personal or household expenses charged to the business.

**OTHER INCOME** - details of all income from any other source (such as: alimony, child support, rent supplements, education benefits, recurring lottery payments, etc.) received by or on behalf of any adult member of the household during the preceding calendar year and projected for the current year.

# City of Rensselaer

Proud Neighborhood Initiative Program

HOME 20193083

## Household Budget Information

Name: \_\_\_\_\_ Project # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Income Information

Provide information regarding all forms of income for each household members, including; Salaries, Pensions, Social Security, Disabilities, Unemployment benefits, Alimony, Child support, etc.

Household Member	Form of Income	Monthly Amount

Provide information requested below regarding current debts and major household expenses that you (and any Co-Applicant) are obligated to pay on a *periodic* or *regular* basis (including mortgages, Equity loans, Vehicle payments, etc.). This information will be used to verify current debt obligations and any expenses that could be excluded from consideration of your income for eligibility purposes, with City approval.

### Recurring Debt Payments

Type	Lender Name	Balance	Required Payment


Include all outstanding debts for you and any Co-Applicants, including credit cards, store accounts, personal loans, child support, alimony payments, auto loans, liens and judgments, and any other periodic or regular installment type debt.

**Monthly / Routine Living Expenses**

Type	Monthly Payment	Is this the Minimum Payment?
Home Owner Insurance (if not included above in a Mortgage Escrow Payment)		YES / NO
Credit Cards		YES / NO
Auto Insurance		YES / NO
Utilities (heat, electricity)		YES / NO
Alimony / Child Support		YES / NO
Medical Expenses / Prescriptions (Out of Pocket)		YES / NO
Food / Meals / Incidentals (Average per Month)		
Other (specify)		YES / NO
Other (specify)		YES / NO
Other (specify)		YES / NO

I attest to the accuracy of the above given information to the best of my knowledge.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date.

## APPLICATION CHECKLIST

# 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 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.

### Applicant Affirmation (Section G)

- Read and sign

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

- Keep for your records



# Homes and Community Renewal

ANDREW M. CUOMO  
Governor

RUTHANNE VISNAUSKAS  
Commissioner/CEO

## MEMORANDUM

To: All Weatherization Subgrantees

From: Dan Henkin, Weatherization Assistance Program Director

Date: October 18, 2019

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.

### 2019-20 WEATHERIZATION INCOME THRESHOLD

Household Size	Monthly Income	Annual Income
1	\$2,494	\$29,928
2	\$3,262	\$39,144
3	\$4,030	\$48,360
4	\$4,797	\$57,564
5	\$5,565	\$66,780
6	\$6,332	\$75,984
7	\$6,501	\$78,020
8	\$7,238	\$86,860
9	\$7,975	\$95,700
10	\$8,711	\$104,540
11	\$9,448	\$113,380
11+	\$737	

# 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 Security Number	
Address		Apt #	
City		NY	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**

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 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: \_\_\_\_\_

## 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
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
<b>Total Income for the Household</b>					\$ 0.00	\$ 0.00	\$ 0.00

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, 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.

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  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: \_\_\_\_\_



## **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<sup>®</sup> 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,

# 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 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.

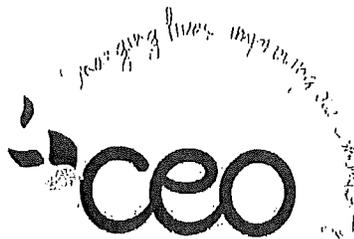
**Effects of not providing the requested information:**

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:**



**Please Mail Application and Documentation to:**

Commission on Economic Opportunity

2331 5<sup>th</sup> Ave.

Troy, NY 12180

(518) 272-6012 EXT. 290

Attn: Housing Program

