

Seneca County Weatherization

1310 Waterloo-Geneva Rd.

Waterloo, NY 13165

(315)539-4263 Phone

(315)539-0558 Fax

Dear Applicant:

The enclosed is an application for weatherization assistance, and does not guarantee that assistance will be granted. If you are eligible for the program, you will be contacted for the next step in the process.

Weatherization activities allowed by Federal Law and regulations include the following: Tune and clean of furnace as needed, wall and attic insulation, glass and window repair or replacement, storm windows and panels, caulking and weatherstripping.

VERY IMPORTANT!!! Please read the following instructions carefully. Failure to return required documentation will delay the processing of your application.

To establish eligibility, you must provide the following:

A. PROOF OF INCOME

This includes all gross cash receipts (before taxes) for employment, Dividends, interest on savings, rents received, regular payments from Social Services, Social Security, Unemployment and any other benefits (pensions, alimony, child support, military allotments and any other regular support or income). ***You must obtain a copy of all documents which substantiates all income reported on the application for ONE MONTH.*** Your gross family income for the last month must be within the income guidelines established by the Department of Energy.

B. PROOF OF OWNERSHIP

1. **HOMEOWNER** – must provide a copy of school or property tax.
2. **RENTER** – landlord must provide a copy of school or property tax. Landlord must also sign a Weatherization Agreement (available upon request).
3. **MOBILE HOME OWNERS LIVING ON A RENTED LOT** – must provide proof of ownership for the mobile home (copy of valid bill of sale) and a copy of the school or property tax for the lot.

C. A COPY OF YOUR NYSEG BILL Include page 3. POD number.

D. A COPY OF YOUR FUEL BILL IF OTHER THAN NATURAL GAS.

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

WEATHERIZATION APPLICATION

APPLICANT NAME	Social Security #.	Home Phone	Cell, Message, Work Phone		
Applicant Address	Street	City	County	Zip Code	Apt or Floor

Directions to the Home

Type of Residence: Owner Occupied Manufactured Housing Single Family Home Room
 Rental Unit Multiple Dwelling Unit Group Home/Shelter
 (if rental unit) Heat paid by Owner Tenant

Landlord Name and address:

Owner Name and 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:	Age	Sex	Source(s) of Income	Weekly	Monthly	Yearly
				\$	\$	\$
Totals:				\$	\$	\$

Indicate the number in the household who:

Are 60 years of age or older _____
 Are Persons with disabilities _____
 Are Black _____
 Are Hispanic _____
 Are Children under 17 _____

Are Asian or Pacific Islanders _____
 Are Female Head of Household _____
 Are unemployed _____
 Are Native American _____
 Are full-time Students _____

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Revised March 2011

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 _____ (type 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

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	WE GUIDELINES FOR A HOUSEHOLD OF _____ MEMBERS: \$ _____ <input type="checkbox"/> DOCUMENTATION ATTACHED GORICAL ELIGIBILITY: <input type="checkbox"/> SSI Recipient <input type="checkbox"/> HEAP Recipient <input type="checkbox"/> Public Assistance Recipient <input type="checkbox"/> NPA Food Stamp Recipient IE BASIS OF THE ABOVE INFORMATION, HOUSEHOLD <input type="checkbox"/> IS <input type="checkbox"/> IS NOT ELIGIBLE
Worker's Signature: _____	Date _____

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
ESB # 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" or each occupied unit

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 gas):

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

Niagara Mohawk (NMPC) Orange & Rockland (O&R)
 Long Island Power Auth. (LIPA) Rochester Gas & Electric (RGE)
 Consolidated Edison (Con Ed) NYS Electric & Gas (NYSEG)
 Central Hudson Gas & Electric (CH) Other _____

Electric Account number:

Customer Authorization for Release of Fuel/Energy Bills (past 2 years and next two years):

To: Fuel & Electric Energy 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.

Name of Weatherization Subgrantee	Number and street	City	Zip code
Seneca County Weatherization	1310 Waterloo-Geneva Rd.	Waterloo	13165

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

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?..... Yes No

* If yes, please give the name, address and telephone number of the service maintenance provider.

Name	Number and Street	Telephone

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
ESB # 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.



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Client Authorization

This form authorizes the Weatherization/WRAP Program to act on behalf of the client and also authorizes the release of information from service providers or agencies to determine eligibility, complete applications or document energy savings.

I, _____ Currently residing at

hereby give permission for, and request that the Weatherization/WRAP program for Seneca County Office for the Aging do the following:

- Make inquiries and appointments for me;
- Prepare benefit application on my behalf;
- Request, review and duplicate any files, records utility or fuel accounts, or other data pertaining to me or my home which are necessary for me to obtain energy related services and home repairs under the Weatherization/WRAP program.

I give my permission to release pertinent data or records in order for me to apply for benefits under the Weatherization/WRAP program or any other Programs or funding source needed to secure the funds and workscope for my home.

All information will be kept confidential and used only to apply for program benefits or general reporting purposes.

I understand that:

- The Weatherization/WRAP liaison is only assisting me to apply for programs and benefits.
- The Weatherization/WRAP liaison, Seneca County Office for the Aging, the New York State Office for the Aging and NYS DHCR do not have control over final approval of benefit or program applications.
- I may or may not be eligible for, or may be denied the benefits for programs applied for since eligibility is based on individual program guidelines and receipt of benefits is contingent upon availability of funds.

I agree to cooperate in providing complete and accurate information relevant to determine my eligibility.

The permission that is hereby granted shall expire 1 year from the date below.

Date

Client Signature

Weatherization/WRAP Liaison