

# Community Action of Greene County, Inc.

53 South Jefferson Avenue, Catskill, New York 12414  
Telephone: 518.943.9205 Fax: 518.943.0343

Dear Weatherization Customer:

Thank you for your interest in the Weatherization Program. Attached is the Weatherization application. The application must be completed and returned to our office before we can proceed with your Energy Audit. If you have any questions or need help completing the application please call our office at 518-943-9205 between the hours of 8:30 AM - 4:30 PM.

The steps of Weatherization are as follows:

1. **Application** is completed and approved for Weatherization.
2. **The Energy Audit** is performed on your home. This is an Energy Inspection of your home that takes 2-4 hours to complete. We ask that you be present for the Energy Audit.
3. **Weatherization Work** is performed on your home. Skilled Weatherization staff and subcontractors perform work.
4. **Post-Inspection** all work is inspected after completion.

## PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

### 1. NAMES AND AGES FOR ALL MEMBERS OF HOUSEHOLD.

### 2. PROOF OF INCOME FOR ALL MEMBERS OF HOUSHOLD – This may be in the form of any of the following:

- a. Pay Stubs – If employed the previous 4 weeks from date of application.
- b. Statement from Social Security Administration.
- c. Statement or Interagency Referral from the Department of Social Services.
- d. Interagency Referral from Department of the Aging.
- e. Unemployment Benefits – Stubs from the previous 4 weeks.
- f. Retirement Benefits – Copy of award notice.
- g. Dividends, interest, and rents are considered income.

### 3. COPY OF FUEL BILL AND ELECTRIC BILL.

### 4. PROOF OF OWNERSHIP OF THE PROPERTY – Which could be in the form of a Deed or Bill of Sale.

### 5. LAND TAX BILL OR LOT I.D. #.

Sincerely,



Robert Rock, Weatherization Director

# *Community Action of Greene County, Inc.*

---

53 South Jefferson Avenue, Catskill, New York 12414  
Telephone: 518.943.9205 Fax: 518.943.0343

## WEATHERIZATION PROGRAM SURVEY

### EDUCATION:

**How many Adults (Age 24+) Completed Grades?**

0-8 \_\_\_\_\_  
9-12/non-graduate \_\_\_\_\_  
High-school graduate/GED \_\_\_\_\_  
12+ some post secondary \_\_\_\_\_  
2 or 4-year college graduate \_\_\_\_\_

### OTHER CHARACTERISTICS:

**How Many People in the Family?**

Have Health Insurance \_\_\_\_\_  
Do Not Have Health Insurance \_\_\_\_\_  
Are Disabled \_\_\_\_\_  
Are Not Disabled \_\_\_\_\_

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

**WEATHERIZATION APPLICATION**

{Use 'Tab' to navigate to next fillable field}

APPLICANT NAME		Social Security #	TELEPHONE NUMBER			
		JOB #	( ) - ext.			
APPLICANT ADDRESS:	Number	Street	City	County		
				Zip Code		
				Apt # or Floor		
DIRECTIONS TO THE HOME						
TYPE OF RESIDENCE <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Manufactured Housing <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 NAME: Landlord Address:						
OWNER NAME: Owner 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 {M/F}	AGE	SOURCE(S) OF INCOME	AMOUNT IN DOLLARS		
				WEEKLY	MONTHLY	YEARLY
<b>TOTALS</b>						

Indicate number in household who:

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| Are 60 years of age or older ____  | Are Asian or Pacific Islanders ____ |
| Are persons with disabilities ____ | Are Female Head of Household ____   |
| Are Black ____                     | Are unemployed ____                 |
| Are Hispanic ____                  | Are children 17 or younger ____     |
| Are Native American ____           | Are full-time students ____         |

Subgrantee Agency Code, Address & Telephone Number:

Community Action of Greene County, Inc.  
53 South Jefferson Avenue, Catskill, NY 12414

(518) 943 - 9205 ext.

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  
(Print / type name)

\_\_\_\_\_  
(Print / type 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**

(Use 'Tab' to navigate to next fillable field)

For a 1 to 4 Family House?  Yes  No      For a Multifamily Building?  Yes  No  
Number of units in building \_\_\_\_\_ Complete A Energy Information - B0 for each occupied unit

**Heating fuel:**

Natural Gas  Electric  Propane  Oil  Wood  Other

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

Natural Gas  Electric  Propane  Oil  Wood  Other

**Name and address of Heating fuel supplier:**

**Account Number (if gas):**

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

- |   |   |
|---|---|
| <input type="checkbox"/> National Grid (NGG)                | <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.

Community Action of Greene County, Inc.

Name of Weatherization Subgrantee

53 South Jefferson Avenue, Catskill, NY 12414

Number and Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

I understand that this information is being made available to help 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 Signature

\_\_\_\_\_  
Date

Customer Name

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?  Yes  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)  
{Use 'Tab' to navigate to next fillable field}

<p><b>Heating fuel:</b> <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</p> <p><b>Secondary Heating fuel (if any) that you sometimes use:</b> <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</p> <p><b>Name and address of Heating fuel supplier:</b></p> <p><b>Account number, if applicable (not required if heat is supplied by a central system):</b></p>								
<p><b>Electric Utility:</b> (check the one that provides your electric service)</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> National Grid (NGG)</td><td><input type="checkbox"/> Orange &amp; Rockland (O&amp;R)</td></tr><tr><td><input type="checkbox"/> Long Island Power Auth. (LIPA)</td><td><input type="checkbox"/> Rochester Gas &amp; Electric (RGE)</td></tr><tr><td><input type="checkbox"/> Consolidated Edison (Con Ed)</td><td><input type="checkbox"/> NYS Electric &amp; Gas (NYSEG)</td></tr><tr><td><input type="checkbox"/> Central Hudson Gas &amp; Electric (CH)</td><td><input type="checkbox"/> Other</td></tr></table> <p><b>Electric Account number:</b></p>	<input type="checkbox"/> National Grid (NGG)	<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
<input type="checkbox"/> National Grid (NGG)	<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							

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

<p><b>To: Fuel and Electric Suppliers listed above:</b> I hereby authorize you to release information on my fuel bills, both past and future, to the following subgrantee or its designee.</p> <p>Community Action of Greene Co., Inc.   53 South Jefferson Ave.   Catskill   12414 Name of Weatherization Subgrantee   Number and Street   City   Zip Code</p> <p>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.</p> <table style="width: 100%;"><tr><td style="width: 50%; border-top: 1px solid black;">Customer Signature</td><td style="width: 50%; border-top: 1px solid black;">Date</td></tr><tr><td> </td><td> </td></tr><tr><td>Customer Name</td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td>Number and Street</td><td>City</td><td>Zip Code</td></tr></table>				Customer Signature	Date			Customer Name				Number and Street	City	Zip Code
Customer Signature	Date													
Customer Name														
Number and Street	City	Zip Code												
<p><b>Note: If there are account numbers in addition to those identified above, please attach a list of the numbers.</b></p>														

**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**

{Use 'Tab' to navigate to next fillable field}

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:**

The 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:**

Community Action of Greene County, Inc,  
Subgrantee Name/Contact

53 South Jefferson Avenue  
Number and Street

Catskill  
City

12414  
Zip Code

(518) 943-9205  
Telephone Number (with area code)

# Community Action of Greene County, Inc.

53 South Jefferson Avenue, Catskill, New York 12414  
Telephone: 518.943.9205 Fax: 518.943.0343

## Weatherization Program Income Guidelines for 2011-2012

Household Size	Monthly Income Limit	Annual Income Limit
1	\$2,146	\$25,752
2	\$2,806	\$33,672
3	\$3,466	\$41,592
4	\$4,127	\$49,524
5	\$4,787	\$57,444
6	\$5,447	\$65,364
7	\$5,571	\$66,852
8	\$5,695	\$68,340
9	\$5,818	\$69,816
10	\$5,942	\$71,304
11	\$6,136	\$73,632

### Each Additional Person Add \$478

All amounts above are, Gross Wages earned monthly or annually. You must be at or below the income listed to qualify for the Weatherization Program. If you are over income please call our office, there may be another program you could be eligible for.