



Helping People. Changing Lives.
A Community Action Partnership

Do you live in Columbia County? Are you wondering how to save money on your energy bills and make your home feel warmer?

Homeowners and renters may apply for the Weatherization Assistance

Program and EmPower New York through Columbia Opportunities, Inc. (COI).

Please complete and sign the attached application and return with, the client questionnaire and required documentation to: Columbia Opportunities, Inc., 540 Columbia Street, Hudson, NY 12534.

These programs are **FREE** for income eligible homeowners and renters.

Landlords with income eligible tenants will be asked to pay for a portion of the cost to weatherize their building. Please see the income eligibility guidelines on the back of this flyer. Please call our office at (518) 672-7268 or 1-877-889-3331 for complete details.

Tina Sharpe, Executive Director
540 Columbia Street, Hudson, NY 12534
Phone: 518.828.4611 TDD Number 7-1-1 www.columbiaopportunities.org 
Columbia Opportunities, Inc. is an Equal Opportunity Provider and Employer

Columbia Opportunities, Inc.

Weatherization Income Guidelines for November 2021-October 2022

Household size	Monthly Income Limit	Annual Income Limit
1	\$2,729	\$32,748
2	\$3,569	\$42,828
3	\$4,409	\$52,908
4	\$5,249	\$62,988
5	\$6,088	\$73,056
6	\$6,928	\$83,136
7	\$7,086	\$85,032
8	\$7,443	\$89,320
9	\$8,200	\$98,400
10	\$8,957	\$107,480
• Each additional person per household		*\$9,080

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

Income Information (Section E)

- Complete table listing all household members and their income.

Income (Section F)

(Gross income calculations and required documentation documents are listed on page 4).

- Complete award letter for ONE of the following: HEAP, SNAP (Food Stamps), TANF (Temporary Assistance for Needy Families) or Supplemental Security Income dated within the past 12 months Or

All household gross income for the last month:

- Pay stubs
- Social Security and Social Security Disability
- All forms of income including disability, worker's compensation, unemployment, pension, maintenance, annuities, Veteran's benefits and all other income
- Self Employment

OWNERS ONLY:

Include ONE of the following as Proof of Ownership:

- Current Property/School Tax Bill (This document is required for the Weatherization Program)
- Deed
- Bill of Sale for mobile/manufactured homes
- Mortgage Statement

RENTERS ONLY:

- Landlord Name, Address and Phone Number provided in Section B

Applicant Affirmation (Section G)

- Read and sign

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

- Keep for your records

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 _____		State NY	Zip _____
County _____	Primary Phone (include area code) _____	Secondary Phone (include area code) _____	
Email _____			
Mailing Address (if different from above) _____			
Additional Contact Person _____		Relationship to Applicant _____	Phone Number (include area code) _____

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 (include area code): _____

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
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Total Income for the Household					\$	\$	\$

☐ 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, 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

Reviewed 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: _____

Agency: _____

Homes and
Community Renewal

NYSERDA

Columbia Opportunities; Incorporated Weatherization Program
Client Questionnaire Form

Is your home for sale?	YES	NO
Did your household receive HEAP in the past 12 months?	YES	NO
What is the age of your home?	Years	
How long have you lived there?	Years	
Has the property ever been weatherized by Columbia Opportunities, Inc.	YES	NO
If it has been weatherized when?		
Are you aware of any construction or remodeling projects that are about to begin on the home?	YES	NO

If Yes please explain:

What type of heating system do you have in your home?	Forced Warm Air Steam Boiler Hot Water Boiler Electric Baseboard Wood Stove Space Heaters
What type of fuel does your heating system use?	Natural Gas Wood Electric Oil Kerosene Propane

Do you have fuel right now?	Yes No
What is the approximate age your heating system?	Years
What is the make and model of your refrigerator?	

What are your concerns you would like the weatherization program to address? _____
