



Help Starts Here.

LifeWorks is a community of neighbors helping neighbors.

The LifeWorks team of compassionate staff and volunteers is here to help neighbors facing economic hardship and accompany families on their journey to a brighter tomorrow.

The goal is simple: Empower neighbors to build secure futures filled with opportunity. To do this, staff and volunteers work hand-in-hand with families, addressing immediate needs and coordinating services here at LifeWorks and throughout the community.

LifeWorks takes a unique whole-person and whole-family approach to service coordination. We have a strong network of programs available to help neighbors overcome the wide range of challenges they may face including hunger, utility costs, child care, and language barriers. If LifeWorks doesn't offer a service, we'll provide the appropriate referrals to another agency.

# WEATHERIZATION ASSISTANCE PROGRAM

## EmPower New York



## Services

After an application for the Weatherization Assistance Program is approved, Energy Services schedules an appointment for a comprehensive home energy audit. Expert technicians evaluate the home to determine the weatherization measures and energy upgrades that will have the greatest impact.

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

1. **Heating efficiency measures:** To improve the heating system in the home, which may include a cleaning and tuning of the heating appliance; repairs, modifications, and replacements as needed; and work on the heating distribution system.
2. **Infiltration measures:** To keep warm air in and cold air out of the home.
3. **Conduction measures:** Insulation measures to reduce the conduction of heat from the interior to the exterior of the home.
4. **Repairs:** Any repairs that are needed to preserve or protect the weatherization materials installed.
5. **Health and safety:** Mitigation of health and safety concerns in the home or, at least, to notify residents of their presence.
6. **Base load measures:** To reduce electrical consumption.

**After developing a customized plan, our trained crew will install the necessary improvements.**

**Services may include:**

- Air sealing to reduce heat loss
- Insulation in walls and/or attic
- Heating system evaluation
- Indoor air quality assessments
- Energy-efficient lighting and baseload reduction
- Incidental repairs to protect installed measures

**These services, an average investment of \$8,000, are provided at no cost.** After work is completed, a final inspection is done to ensure the quality of the services.



## 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

### Include ONE of the following as Proof of Ownership:

#### OWNERS ONLY:

- ☐ Current Property 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) – All Applicants - 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



# 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		State	Zip
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
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Total Income for the Household					\$ 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: \_\_\_\_\_

**Homes and  
Community Renewal**

**NYSERDA**



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## **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® 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:**

Send completed applications to:

LifeWorks Community Action

Energy Services

P.O. Box 169, 39 Bath St.

Ballston Spa, NY 12020

PH# (518) 288-3206

Fax# (518) 288-3236







KATHY HOCHUL  
Governor

# Homes and Community Renewal

RUTHANNE VISNAUSKAS  
Commissioner/CEO

## Memorandum

TO: All Weatherization Subgrantees

FROM: Chris Chimento, Assistant Commissioner / Assistant Vice President

DATE: December 18, 2024

SUBJECT: Updated WAP Income Eligibility Limits Revised Effective Immediately

The Income thresholds have been updated and are now in effect for the Weatherization Assistance Program. Please contact your assigned program representative if you have any questions.

### 2024-25 WEATHERIZATION INCOME THRESHOLD

Household Size	Monthly Income	Annual Income
1	\$3,322	\$39,864
2	\$4,345	\$52,140
3	\$5,367	\$64,404
4	\$6,390	\$76,680
5	\$7,412	\$88,944
6	\$8,434	\$101,208
7	\$8,626	\$103,512
8	\$8,818	\$105,816
9	\$9,683	\$116,200
10	\$10,580	\$126,960
11	\$11,477	\$137,720
12	\$12,373	\$148,480
13	\$13,270	\$159,240
13+	add \$10,760 for each added HH member	
NOTE: For household size 9 or more you use the higher 200% of poverty level figure from the DOE WPN table for the Annual Income limit in the Weatherization Income Limit Chart (see NYS WAP Annual Plan)		

