



## **WEATHERIZATION ASSISTANCE PROGRAM**

### **Check List for All Applicants**

The following documents are required to process your Weatherization Assistance Application:

#### **Tenant(s) Information: Proof of Income Documentation**

Please see the attached **HOUSEHOLD PROOF OF INCOME**

- **Utility Information:**

1. **Con Edison – (1) Copy of the Bill**
2. **National Grid – (1) Copy of the Bill**

You are required to visit the BSRC – Weatherization Assistance Program office. Located at **1360 Fulton Street, 2<sup>nd</sup> Floor (Above the Post Office and Applebee's Restaurant)**. Please allow yourself extra time, when you visit, to fill out forms pertaining to the processing of your Weatherization Assistance Application.

**If you have any question call (718) 638-5705**

## HOUSEHOLD PROOF OF INCOME

If you receive ANY federal assistance attach proof for ONE of the following		If you do not receive federal assistance, submit the following for <u>each person</u> in your household over the age of 18		PERSONS 18 AND OVER ATTENDING High School or COLLEGE FULL TIME
SSI, HEAP, Public Assistance	Just Food stamps	Employment	SS disability Social Security, Unemployment (DOI)	
An Award Letter (cannot be older than one year old) <b>OR</b> Your last two SSI showing your direct deposit bank statements	A copy of your EBT card <b>AND</b> A <u>recent</u> grocery store receipt showing your food stamp balance  <b>OR</b> An award letter not older than one year	<b>PAYSTUBS (needed)</b> <b>See Below:</b>  <b>Weekly (4 stubs)</b> <b>Bi-Weekly (2 stubs)</b> <b>Monthly ( 1 stub)</b>  Last 30 days check stubs needed for <u>each person 18 and older</u>	An award letter (cannot be older than one year)  <b>OR</b> Your last two direct deposit bank statements showing your SS/SSD/DOI deposits (see below)	Must submit a <b>school verification letter</b> . They are obtainable from the attendance, bursars and/or main office. <i>Even if they do not live in the household during the school year.</i>
<b><u>PAY STUBS &amp; RECEIPTS</u></b> Cannot be dated older than the last 30 days  <b><u>AWARD LETTERS</u></b> Cannot be dated older than one (1) year from the date you sign your WAP application. Need one mailed to you? Call and have one mailed direct to your home at <b>1-800-772-1213</b> .				<i>Please note to <b>exclude</b> income from full time dependent students 18 and over, a student verification letter is required.</i>

### UNEMPLOYED PERSONS, NOT RECEIVING BENEFITS

Call our office for a Statement/form and have it notarized, 718-638-5705

### UNEMPLOYEMENT BENEFITS

Submit last two Direct Deposit Bank Statements, an Unemployment Award letter or Benefit Payment History downloadable at <https://ui.labor.state.ny.us/UBC/login.do>

### ALTERNATE PROOF OF INCOME

You can also submit an Employer Statement on Company Letterhead, stating your weekly hours and hourly/weekly or annual salary **BEFORE TAXES** and deductions.

### DIRECT DEPOSIT STATEMENTS

If you submit Bank account statements as proof of your Social Security direct deposits, your statements must have your name and address listed. *You can block out your bank account number and all other activity.*

### PRIVACY INFORMATION ACT (on the back of page header DHCR 5B)

All of the information that you submit is private and will not be shared with your landlord or any other federal agency. It is only used to qualify you as an eligible household.

### SOCIAL SECURITY NUMBERS

We require the Social Security Number for the Head of Household

**If you have any questions please call our Intake Department at 718-638-5705**

# NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL

## WEATHERIZATION ASSISTANCE PROGRAM

PPM #4

### WEATHERIZATION APPLICATION

JOB # \_\_\_\_\_

APPLICANT NAME		SOCIAL SECURITY NUMBER		TELEPHONE NUMBER	
APPLICANT					
ADDRESS	Number	Street	Apt # or Floor	City	Zip Code
DIRECTIONS TO THE HOME					
TYPE OF <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Manufactured Housing <input type="checkbox"/> Single Family Home <input type="checkbox"/> Room RESIDENCE <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	
TOTALS					

Indicate number in household who

Are 60 years of age or older \_\_\_\_\_

Have handicapping condition(s) \_\_\_\_\_

Are Black \_\_\_\_\_

Are Hispanic \_\_\_\_\_

Are Native American \_\_\_\_\_

Are Asian or Pacific Islanders \_\_\_\_\_

Are Female Head of Household \_\_\_\_\_

Are unemployed \_\_\_\_\_

Are children 17 or younger \_\_\_\_\_

Are full-time students \_\_\_\_\_

Was household a HEAP recipient in the past twelve months? ☐ Yes ☐ No



## 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

\_\_\_\_\_.  
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: \_\_\_\_\_ EXAMINATION OF DEED

\_\_\_\_\_ CONFIRMATION BY COMMISSIONER OF DEEDS

\_\_\_\_\_ CONFIRMATION BY TAX ASSESSOR'S OFFICE

INCOME GUIDELINES FOR A HOUSEHOLD OF \_\_\_\_\_ MEMBERS \$ \_\_\_\_\_ ☐ DOCUMENTATION ATTACHED

*Check ALL applicable categories*

CATEGORICAL ELIGIBILITY: ☐ SSI Recipient ☐ HEAP Recipient ☐ Public Assistance Recipient ☐ NPA Food Stamp Recipient

ON THE BASIS OF THE ABOVE INFORMATION, HOUSEHOLD ☐ IS ☐ IS NOT ELIGIBLE

Intake Worker's Signature:

Date:



**NYS HOMES & COMMUNITY RENEWAL  
WEATHERIZATION ASSISTANCE PROGRAM  
FORM #29**

**WEATHERIZATION ASSISTANCE PROGRAM INFORMATION**

The Weatherization Assistance Program (WAP) administered by NYS Homes and Community Renewal (HCR) is committed to reducing energy 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.

WAP is funded annually by the US Department of Energy. In addition, the program also receives funds from the Low Income Home Energy Assistance Program funded by the US Department of Health and Human Services.

Application for assistance under the program is made to a local service provider, called a subgrantee, which is under contract to HCR. After approval of the application, the subgrantee will conduct a comprehensive professional building analysis of the applicant's home and, based on that analysis and available funds, will install or have installed weatherization measures in the home which have been determined to be the most cost-effective in reducing energy consumption while increasing comfort and improving health and safety standards.

The measures which 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.



**NYS HOMES & COMMUNITY RENEWAL  
WEATHERIZATION ASSISTANCE PROGRAM  
FORM #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 Homes and Community Renewal, Energy and Rehabilitation Services

**Name of the system of records:**

Weatherization Payment and Reporting System

**Agency official responsible for the records:**

Director, Energy and Rehabilitation Services  
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. 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, including the Social Security number of the applicant.

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

If information requested on the Weatherization Application (Form #4) is not provided, the applicant's dwelling is not eligible for WAP funds.

**Routine uses for the collected information:**

This information is used by NYS Homes 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. This information may also be used to perform data matches with other state and federal agencies, to verify your eligibility for WAP services.

**Subgrantee Information:**

Bedford Stuyvesant Restoration Corporation  
Weatherization Assistance Program  
1360 Fulton Street, 2nd Floor  
Brooklyn, New York 11216  
Phone # (718) 638 -5705  
Fax # (718) 857-1198