



Joint Council for Economic Opportunity
of Clinton and Franklin Counties, Inc.

Dear Applicant,

Enclosed you will find the necessary papers for the completion to determine your eligibility for the **FREE** Weatherization Program and/or EmPower NY Program at JCEO. Please refer to these instructions when completing the application.

Please note that our current waiting list is about 18-24 months long. If your phone number is updated before we have scheduled your energy audit, you must provide us with the new number so that we are able to contact you.

If you are a renter, your landlord will need to fill out a homeowner's packet and if he/she agrees to participate in the program will be responsible for 35% of the cost of Weatherization. If your landlord has income within our guidelines then the fee may be waived as long as they can provide proof of income. If you live in a building with more than one apartment, all units must apply, there are **NO** exceptions.

A checklist is provided to ensure that you have provided all necessary information and paperwork. Please make copies of everything on the checklist that applies to you and everyone in your household. Please return the copied documents and the completed application to the below address. Should you send original documents rather than copies, we can copy and return them to you at your request, however **please note that we are not responsible for documents being lost in the mail**. This does occasionally happen, so please be cautious about sending original documents that may be of importance.

If you have any questions, please feel free to contact us at (518) 561-6310. Thank you!

Sincerely,

Laurie Brown
Energy Services Clerk
lbrown@jceo.org
(518)561-6310 ext 335

 **CLINTON COUNTY**

54 Margaret Street | Plattsburgh, NY 12901
Phone: 518-561-6310 | Fax: 518-562-2947
www.jceo.org

 **FRANKLIN COUNTY**

17-19 Webster Street | Malone, NY 12953
Phone: 518-483-7022 | Fax: 518-483-3129
www.jceo.org



Clinton County

54 Margaret Street
Plattsburgh, NY 12901

Call: 518-561-6310
Fax: 518-562-2947

JCEO FOOD PANTRY

54 Margaret Street, Plattsburgh
Ashley Bijeau
Russell Ducharme

Mon 1:00 - 3:30, Tues-Fri 12:00 - 3:30

WALK-INS WELCOME

Community Outreach Workers

Sarah Laware
slaware@jceo.org

Ryan Casey
rcasey@jceo.org

ALTONA OUTREACH

Madison LeClair

3124 Miner Farm Road, Altona
P. 518-236-7035(ext. 107) / F. 518-236-7621
altonaor@jceo.org

Thursday & Friday 8:30a - 4:00p

AUSABLE OUTREACH

Madison LeClair

1908 Route 22, Keeseville
P. 518-834-9043 / F. 518-834-5510
keesevilleor@jceo.org

Mon, Wed, Th 8:30a - 4:00p

BLACK BROOK OUTREACH

Dale Buskey Bouchard

Ausable Forks Town Hall

18 North Main Street, Ausable Forks
P. 518-647-5411 (ext. 3) / F. 518-647-1294
keesevilleor@jceo.org

Tuesday & Thursday 8:30a - 4:00p

CHAMPLAIN OUTREACH

Julie Bouchard

1104 Route 9, Champlain
P. 518-298-2373
champlainor@jceo.org

**M, W, Th 10:00a - 2:30p
Tues 10:00a - 3:30p**

Program Director

Lisa Goodrow
lgoodrow@jceo.org

CHAZY OUTREACH

Michele Laurin

9631 State Route 22, West Chazy
P. 518-493-3491 / F. 518-493-3491
chazyor@jceo.org

**Tues, Wed, Thurs 11:30a - 4:00p
Fri 12:00p - 4:00p**

Clinton County Coordinator

Shirley McIlwain-Koch
smcilwain@jceo.org

Franklin County Coordinator

Karissa Matott
kmatott@jceo.org

DANNEMORA OUTREACH

Richard Whittaker

44 Emmonds Street, Dannemora
P. 518-492-7357
dannemoraor@jceo.org

Thurs 7:30a - 5:00p Fri 7:30a - 4:30p

ELLENBURG OUTREACH

Dale Buskey-Bouchard

Municipal Building Ellenburg
16 Edmunds Way, Ellenburg Center
P. 518-594-3007 / F. 518-594-7414
ellenburgor@jceo.org

Mon, Wed, Fri 8:30a - 4:00p

PERU OUTREACH

April Wright

Peru Town Hall

3036 Main Street, Peru
P. 518-643-8455 / F. 518-643-8455
peruor@jceo.org

M-T-Th-F 8:30a - 4:00p

SARANAC OUTREACH

Richard Whittaker

3668 Route 3, Saranac
P. 518-293-6661 / F. 518-293-6661
saranacor@jceo.org

Tues 7:30a - 4:30p Wed 7:30a - 5:00p

Franklin County

43 Valco Drive
Malone, NY 12953
Call: 518-319-4028

Community Outreach Workers

Shelly Boyea
boyeas@jceo.org

Darlene McQuinn
dmcquinn@jceo.org

Megan Trombley
mtrombley@jceo.org

SARANAC LAKE OUTREACH

Saranac Lake High School, Door 17
79 Caranas Avenue, Saranac Lake
P. 518-897-1446

Monday and Thursday 8:30a - 3:00p

SCHUYLER FALLS OUTREACH

Sarah Laware

997 Mason Street, Morrisonville
P. 518-563-1129 ext. 7697
sfallsor@jceo.org

Tues 8:00- 3:30 Wed 8:30a - 1:00p

PLATTSBURGH OUTREACH

Tammy Wells

1349 Military Turnpike, Plattsburgh
P. 518-825-0742 / 518-563-6301 (ext. 6)

Monday - Thursday 8:30a - 4:00p

Medical Transport Worker

Katie Savard
medtransworker@jceo.org
P. 518-561-4289 | Cell 518-593-0075



Joint Council for Economic Opportunity
of Clinton and Franklin Counties, Inc.



Hours are subject to change.

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 & F)

- Verify that all required fields are completed.

OWNERS ONLY:

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

- Current Property/School Tax Bill
- 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



Joint Council for Economic Opportunity
of Clinton and Franklin Counties, Inc.

REQUIRED DOCUMENTATION:

- **Proof of income for all household members**
 - o **If Social Security – we will need most recent Social Security Award letter or if direct-deposited, we will need last 2 consecutive months bank statements**
 - o **If paid weekly – we will need last 4 consecutive weeks paystubs**
 - o **If paid bi-weekly – we will need last 2 consecutive weeks paystubs**

- **Proof of ownership – please send in 1 of the following:**
 - o **Copy of most recent land / school tax bill**
 - o **Copy of deed**
 - o **Copy of mortgage**

- **NYSEG bill pages 1 & 3 or National Grid bill**

- **12 month fuel usage from your fuel dealer (if applicable)**

- **Copy of most recent HEAP and/or SNAP Award letter**

CLINTON COUNTY

54 Margaret Street | Plattsburgh, NY 12901
Phone: 518-561-6310 | Fax: 518-562-2947
www.jceo.org

FRANKLIN COUNTY

17-19 Webster Street | Malone, NY 12953
Phone: 518-483-7022 | Fax: 518-483-3129
www.jceo.org



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 _____
		State	
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: _____



Joint Council for Economic Opportunity
of Clinton and Franklin Counties, Inc.

Weatherization Comparison Signature Sheet

I, _____, will allow JCEO to remain in contact with my electric and fuel suppliers for the next twelve (12) months after Weatherization services have been received. This will allow them to compare my usage before Weatherization services were performed with my usage after the Weatherization.

Signature: _____
Date: _____

CLINTON COUNTY

54 Margaret Street | Plattsburgh, NY 12901
Phone: 518-561-6310 | Fax: 518-562-2947
www.jceo.org

FRANKLIN COUNTY

17-19 Webster Street | Malone, NY 12953
Phone: 518-483-7022 | Fax: 518-483-3129
www.jceo.org





Joint Council for Economic Opportunity
of Clinton and Franklin Counties, Inc.

Authorization to Represent

I authorize JCEO to represent me in dealing with government and private agencies.

Client Signature: _____
Date: _____

Weatherization Assistance Program Application

I, _____ state the following members of my household
are not employed or are not receiving income from any source.

Client Signature: _____
Date: _____

CLINTON COUNTY

54 Margaret Street | Plattsburgh, NY 12901
Phone: 518-561-6310 | Fax: 518-562-2947
www.jceo.org

FRANKLIN COUNTY

17-19 Webster Street | Malone, NY 12953
Phone: 518-483-7022 | Fax: 518-483-3129
www.jceo.org





Joint Council for Economic Opportunity
of Clinton and Franklin Counties, Inc.

Clinton County
54 Margaret St. Plattsburgh, NY 12901
Phone (518) 561-6310 Fax (518) 562-2947

Franklin County
17-19 Webster St. Malone, NY 12953
Phone (518) 483-7022 Fax (518) 483-3129

www.jceo.org

SS#:		Last Name:			First Name:			MI:	Alias:				
D.O.B		Gender:		Male	Female	Unspecified	Other		Marital Status:				
Ethnicity:		H-Hispanic/Latino		N- Non Hispanic/Latino		Race:		Black	White	Asian	Hispanic	Native American	Other
Home Type:		Own	Rent	Homeless	Other:	Family Type:		Single Parent	2 Parent HH	2 Adults, no children		Other	Single
Mailing Address:							Telephone: ()						
Street Address:					City:			State:		Zip:			
Military Status:		Veteran	Active Military	Unknown/ Not Reported		No Military Status	Spouse of Veteran	Food Stamps/ Amount:		Yes \$	No		
Health Insurance Type: (See Key)		Education Level: (See Key)			Disabled:		Yes	No	Farmer:		Yes	No	

HEALTH INSURANCE TYPE: (A= Medicaid) (B=Medicare) (C= State Children's Health Insurance Program) (D= State Health Insurance For Adults) (E= Military Health Care) (F= Direct Purchase) (G= Employment Based) (H=Unknown/Not Reported)

EDUCATION LEVEL: (A= 0-8) (B= 9-12) (C=HS) (D= GED) (E=Some College/In College) (F= College Grad)

DISCONNECTED YOUTH: Ages 14-24 (N= Not Working/ Not In School) (W= Working/ Not In School) (I= In School/Not Working)

HOUSEHOLD MEMBERS:

Name: (LAST, FIRST)	D.O.B	SS #:	Relationship to Applicant:	Ethnicity:	Race:	Edu. Level	Gender:	H.I.	Type	Vet.	Farmer	Disabled	Disconnected Youth (See Key)

INCOME:

Name: (LAST, FIRST)	Wages	TANF	SSI	SSDI	SS	Private Disability	Workers Comp.	Retirement Income	Pension	Child Support	VA	Other
Total Monthly Income:						\$						

HOW DID YOU HEAR ABOUT JCEO AND OUR SERVICES?

NON-CASH BENEFITS:

<u>NAME: (LAST, FIRST)</u>	<u>SNAP</u>	<u>CHILD CARE VOUCHER</u>	<u>HOUSING VOUCHER</u>	<u>HUD</u>	<u>WIC</u>	<u>HEAP</u>	<u>OTHER</u>

I certify to the best of my knowledge, all of the above information is correct.

Client Signature: _____ Date: _____

Worker Signature: _____ Office: _____

ALL INFORMATION IS CONFIDENTIAL. NO PERSONAL INFORMATION MAY BE RELEASED WITHOUT THE ABOVE CLIENT'S PERMISSION.

AUTHORIZED TO REPRESENT

I AUTHORIZE _____

To represent me in dealings with Government and Private Agencies.

Consumer Signature: _____ Date: _____

Witness: _____ Date: _____

Consent Valid Through September 30, 20__

Please indicate which Agency, if Any, Information **SHOULD** not be released to:

This page intentionally left blank.

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: