

# PathStone



Connecting You to Opportunities

Housing Rehabilitation and Energy Services

400 East Avenue

Rochester, NY 14607

Phone: 585.442.2030 x202

Fax: 585.442.2039

E-mail: [cgockley@pathstone.org](mailto:cgockley@pathstone.org)

---

Dear Neighbor:

PathStone is excited to offer a **FREE** program called **EmPower New York<sup>SM</sup>**. The focus of **EmPower New York<sup>SM</sup>** is on **FREE** cost-effective electric reduction measures, some homes will possibly be eligible for **FREE** heating reduction measures as well.

To apply for these free services you will need to complete the application and submit it with documents that verify;

- 1) Household members (birth certificate or social security card).
- 2) Income for the last 30 days (pay stubs, documents for other sources, foster children payments, rent payments, etc...).
- 3) Property ownership (deed or property tax statement).
- 4) A copy of your utility company electric bill.
- 5) A copy of you utility company printout for the last year's worth of electricity and gas usage.

Please also complete the enclosed personal profile intake form. Send all of the information to my attention at 400 East Avenue, Rochester, NY 14607. If you have any questions about the application you can contact me at 442-2030 x202.

Sincerely,

Christine Gockley  
Program Information Coordinator

# EmPower New York<sup>SM</sup> Energy Services Application

The following information will help us to determine the most appropriate services for you. Please print clearly and provide as much information as possible. Please mail or fax the application to the address below. Please note that this application does not guarantee that energy services will be provided. Whether or not an applicant will be provided with energy services will depend on the number of applications received, the remaining funds available, and the priorities to be met by the program.

	Name	County	
Service Address	Address		Apt #
	City		Zip
	Phone	Cell/ Other	Best time to call?
Mailing Address	Address		Apt #
	City		Zip
Additional Contact Person and Phone # (if needed)			
Electric Utility		Account # (If NYSEG or RG&E - POD #)	
Gas Utility		Account # (If NYSEG or RG&E - POD #)	
Other Fuel Supplier		Phone #	

I hereby authorize my energy supplier(s) to release energy use information to NYSERDA and/or its designee. I understand that such information will be kept confidential and used only for the purpose of determining program eligibility and energy savings. I hereby authorize release of contact and income documentation to NYSERDA and its designee for the purpose of determining my eligibility for EmPower New York. I understand that such information will be kept confidential and used only for the purpose of determining program eligibility and providing service to me.

I understand that if energy services are provided there will be no cost to me and that participation in this program will not affect my social security, public assistance or any other income. 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 to me through EmPower New York.

**Application cannot be processed without signature and account number(s).**

\_\_\_\_\_  
(Customer Signature)

\_\_\_\_\_  
(Date)

Optional:  
I agree to allow NYSERDA and its designated contractors to share information related to the energy services provided by EmPower New York with the Building Performance Institute for the purpose of providing Quality Assurance on the work performed.

\_\_\_\_\_  
Customer Initials (Optional)

\_\_\_\_\_  
(Date)

**Mail to: PathStone, Attn: Christine Gockley, 400 East Avenue, Rochester, NY 14607**

**Or fax to: (585) 442-2039**

Name

**DWELLING INFORMATION**

I live in a:  House  Mobile Home  Apartment - # of units in bldg.

Age of home?  years How many people live in the household?

I (check whatever is appropriate)  Own dwelling and lot  Own mobile home, rent lot  Rent  Rent with option to buy

I have lived here  years My dwelling is currently for sale?  Yes  No

I am planning to move within the next year?  Yes  No

**If you rent:** Certain measures require landlord permission. Please complete the following information:

Landlord Information	Name	Phone	
	Address	Apt #	
	City	Zip	

**HOME HEATING**

I heat with:  Natural Gas  Propane  Electric Heat  Oil  Other  Approximate Age of Heating System  years

**Main** source of heat:

Furnace / Warm air registers  Electric baseboard  Heat Pump  Hot Water / Steam - Radiators or Baseboard  Other

Check if you use the following:

Electric portable space heaters  Kerosene or propane space heaters

Has your home been insulated by your county's Weatherization Program?

Yes  No If yes, about how long ago?  years



Name

**HOT WATER TANK**

My water heater is:

- Electric
- Natural Gas
- Oil
- Propane
- Other
- Don't know

Does your water heater leak?  Yes  No  Don't know

If your water heater is electric, do you have to push the reset button often?  Yes  No

**APPLIANCES & LIGHTING**

What is the approximate age of your refrigerator?  years  Don't know

Do you own your refrigerator?  Yes  No

If yes, did you purchase it new?  Yes  No

If yes, is it on a rent-to-own contract?  Yes  No

Do you currently use:

a second refrigerator?  Yes  No If yes, about how old is it?

a separate freezer?  Yes  No If yes, about how old is it?

Do you run an electric clothes dryer?  Yes  No

How many loads per week?

How many heated waterbeds do you have?

How many Torchiere Floor Lamps do you have?

**Please add any comments that we may find helpful in reducing your energy use or any special needs that we need to be aware of.**

Agency Certification - Official Use ONLY

WAP Referrals:  Landlord Agreement negotiated by WAP

I Certify that the customer listed above:

- Was determined to be eligible for HEAP within the past 12 months
- Receives public assistance
- Has income at or below HEAP guidelines
- Receives food stamps
- Was determined to be eligible for the Weatherization Assistance Program

Agency Representative Signature

Agency

Date



New York State  
Homes and Community Renewal

**M E M O R A N D U M**

**To:** All Weatherization Subgrantees

**From:** Tom Carey, Director  
Weatherization Assistance Program

**Date:** August 31, 2012

**Subject:** Notice of New HEAP Income Eligibility  
Guidelines Effective October 1, 2012

The HEAP Income Eligibility Guidelines for the 2012-2013 HEAP Program have been updated and are effective as of October 1, 2012. In accordance with the HCR/WAP Program 2012-2013 State Plan, we intend to continue to use the HEAP income eligibility guidelines for determining WAP income eligibility. These guidelines are based on 60% of state median income and family size. Please note that the eligibility criteria for the 2012-2013 program year is slightly higher than last year.

Effective October 1, 2012 WAP subgrantees must begin to implement the new guidelines for determining WAP eligibility. Referrals to WAP subgrantees from local departments of Social Services, and or Area Aging Agencies will reflect these new guidelines. The implementation of these guidelines as of October 1, 2012 will assure that the WAP Program and the HEAP Program maintain compatibility in the area of income eligibility.

Listed below are the new guidelines as of October 1, 2012:

<b>Household Size</b>	<b>(2012-2013) Monthly</b>	<b>(2012-2013) Annual</b>
<b>1</b>	<b>\$ 2,138</b>	<b>\$25,656</b>
<b>2</b>	<b>\$ 2,796</b>	<b>\$33,552</b>
<b>3</b>	<b>\$3,453</b>	<b>\$41,436</b>
<b>4</b>	<b>\$4,111</b>	<b>\$49,332</b>
<b>5</b>	<b>\$4,769</b>	<b>\$57,228</b>
<b>6</b>	<b>\$5,427</b>	<b>\$65,124</b>
<b>7</b>	<b>\$5,550</b>	<b>\$66,600</b>
<b>8</b>	<b>\$5,673</b>	<b>\$68,076</b>
<b>9</b>	<b>\$5,797</b>	<b>\$69,564</b>
<b>10</b>	<b>\$5,920</b>	<b>\$71,040</b>
<b>11</b>	<b>\$6,346</b>	<b>\$76,152</b>
<b>11+</b>	<b>+495</b>	