

COMBINED RESIDENTIAL APPLICATION

EmPower New York and Assisted Home Performance with ENERGY STAR®



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 served basis.

General Applicant Information (Sections A, B & C) – Verify that all required fields are completed (unless marked as “optional”).

RENTERS ONLY:

Landlord Name, Address and Phone Number provided in Section C

UTILITY 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 F & G):

Verify that all required fields are complete

DEMOGRAPHICS (SECTION H): *Optional*

Optional

APPLICANT AFFIRMATION (SECTION I):

Read and sign

PLEASE RETURN APPLICATION TO:

Energy Audit Application
2 Wall Street
Albany, NY 12205

The following information will help determine which services and programs are most appropriate for you. In some situations, EmPower New York services are provided by agencies of the Weatherization Assistance Program (WAP). In these instances, this application will serve as an application for the WAP and may be forwarded to your local agency for these services. Please print clearly and provide as much information as possible. This application can be completed online at nyserdera.ny.gov/ahp-empower. Completing the application online is the fastest for NYSERDA to review and approve your application.

SECTION A: APPLICANT INFORMATION

Applicant Name

Address

Apartment #

NY

City

State

Zip

County

Phone Number *(include area code)*

Secondary Phone *(include area code)*

Email Address

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

Single-Family Multifamily _____ # of units Manufactured/mobile home Group home/shelter

SECTION C: OWNER INFORMATION

Owner's Name

Phone Number *(include area code)*

Email Address

Is the Owner's Address the same as the building address? Yes No – If "No" please complete the address below.

Address

OPTIONAL: Please add any information that we may find helpful in reducing your energy consumption and list occupant health issues or special needs we need to aware of:

EMPOWER CONTRACTORS AND REFERRING AGENCIES: Print your business or agency name.

Primetime Energy Services

SECTION D: UTILITY INFORMATION

My main 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: _____

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: _____

CUSTOMER AUTHORIZATION for Release of Fuel/Energy Bills (for previous two years and future three years)

My signature certifies that I am financially responsible for the account(s) listed on this application. I hereby consent and authorize the electricity and fuel suppliers named in this application to release any and all energy usage information, including account number(s), related to the above property address, to representatives of the New York State Energy Research and Development Authority (NYSERDA), and the Weatherization Assistance Program (WAP), and/or its designated representatives for the period beginning two years prior to the application date and ending three years after program participation. I understand that this information will be kept confidential, to the extent permitted by law, and used for the purposes of assisting me to utilize the programs, determining eligibility for NYSERDA's residential programs and financial incentives, eligibility for the WAP, for estimating energy savings, and for evaluation purposes.

Customer Signature: _____ Date: _____

SECTION E: PARTNER INFORMATION

If you would like to work with a specific participating program contractor in NYSERDA's energy efficiency programs, please indicate below. We will work to accommodate your request, but final selection is based on the participating program contractor's availability and acceptance of your project. If you are not working with a program contractor, we will assign the next available participating program contractor from our approved list.

Contractor Name: Primetime Energy Services

NYSERDA maintains a network of professional energy advisors who may already be assisting you with this program and other NYSERDA programs, utility offerings, and other local resources. If you are currently working with a NYSERDA energy advisor, please indicate which one below. The program will share limited project information with them so they can continue to assist you each step of the way.

NYSERDA Energy Advisor Name: _____

SECTION F: INCOME DOCUMENTATION - Please select one of the following

- A. Geo-Eligibility: You may be eligible to qualify for incentives based on your address. Visit nyserdera.ny.gov/ahp-empower for more information. If you are in a Geo-eligibility area, please check the box.
- B. Referral letter: If you received a letter from NYSERDA with a referral code, enter it below. If you have a referral code, no additional income documentation is required.

Referral ID#: _____

- C. 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
- D. If A, B, or C above do not apply, then provide income documentation under one of the options below:

Option 1

- Pay stubs: all household gross income for the last 60 days. To calculate 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

Option 2

- Tax returns: This option is only available if all household members who were required to file a tax return did so. If documenting income with tax returns, all sources of income must be documented with tax returns. Returns must be the most recent Federal Income Tax Return (Form 1040, 1040A, or 1040EZ). If documenting rental, business or farm income – you must submit corresponding schedules (Schedule C, E, and F).

SECTION G: INCOME INFORMATION

Total number of members in the household? _____

Include the following information for each household member.

| Full Name | Gender (optional) | Age | Student (Yes or No) | Source(s) of Income | Weekly | Monthly | Yearly |
|---------------------------------------|-------------------|-----|---------------------|---------------------|--------|---------|--------|
| | | | | | \$ | \$ | \$ |
| | | | | | \$ | \$ | \$ |
| | | | | | \$ | \$ | \$ |
| | | | | | \$ | \$ | \$ |
| | | | | | \$ | \$ | \$ |
| | | | | | \$ | \$ | \$ |
| | | | | | \$ | \$ | \$ |
| | | | | | \$ | \$ | \$ |
| Total Income for the Household | | | | | \$ | \$ | \$ |

SECTION H: DEMOGRAPHICS

To assist NYSERDA understand the impacts of our programs on local communities, please complete the below demographic questions. Answering these questions is optional and does not affect your program eligibility.

Indicate the number of household members who are:

60 years of age or older: _____ Disabled: _____ 17 years of age or younger: _____ Veteran: _____

Indicate if a member of the household is: (select at least one, and as many as applicable)

- Prefer Not to Answer
- Hispanic or Latinx
- Native American / First Nation / Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Unknown
- Other

SECTION I: APPLICANT AFFIRMATION

I authorize release of my contact information, dwelling information, and income documentation to representatives of NYSERDA, to the NYS Weatherization Assistance Program (WAP) and/or its designated representatives, to any community-based organizations working on behalf of NYSERDA programs, and to my utilities. I understand that the information provided by me will be used for the purposes of assisting me to utilize the programs, determining eligibility for NYSERDA's residential programs and financial incentives, determining eligibility for the NYS WAP, for estimating energy savings potential, and for evaluation purposes. I understand that all information will be kept confidential to the extent permitted by law. I understand that if services are provided to me through NYSERDA's residential programs or the no-cost NYS WAP, that my 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 agree to provide NYSERDA representatives, the NYS WAP 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, Quality Assurance, and evaluation 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 NYS 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 NYS WAP, and their designees to assure my eligibility for NYSERDA's programs and the NYS WAP. 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.

Applicant Signature

Date

Applicant Representative Signature

Date

Your contact information may be shared with other residential programs within NYSERDA. To opt out of this, please initial here. _____

INTERNAL 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 AHP Only 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:

Empower Representative Signature

Title

Date

