Assisted Home Performance with ENERGY STAR®
SUBSIDY APPLICATION

Assisted Home Performance with ENERGY STAR provides an income-based subsidy (Assisted Subsidy) to building owners and tenants with a total household income less than 80% of the State Median Income (SMI) or Area Median Income (AMI), whichever is greater. To be eligible for the Assisted Subsidy, please complete this application in its entirety and provide the requested documentation. For more information about Assisted Home Performance with ENERGY STAR, including the income eligibility limits, please visit **nyserda.ny.gov/assisted-home-performance**.

SECTION A - HEAD OF HOUSEHOLD INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. Last Name First Name Middle Initial

Installation Address Unit # City State ZIP Code County

Daytime Phone Number Ext. Evening Phone Number Ext. Mobile Phone Number Email Address

SECTION B - PROPERTY INFORMATION

SELECT ONE:
☐ Owner Occupied
☐ Rental Unit

Number of People Living in Household:

Number of Units in Building:

Electricity is paid by:
☐ Owner
☐ Tenant

Heat is paid by:
☐ Owner
☐ Tenant

IF RENTAL UNIT, ENTER BUILDING OWNER INFORMATION:

☐ Mr. ☐ Mrs. ☐ Ms. Last Name First Name Middle Initial

Owner's Address (If different from installation address) Mailing Address City State ZIP Code County

Owner's Primary Phone Number Owner's Email Address

SECTION C - ENERGY SUPPLIER INFORMATION

Provide a copy of your most recent electric and/or gas (if applicable) utility bills to support the following:

Electric Utility Name: Account Number: Name on Account:

Natural Gas Utility Name (If Applicable): Account Number: Name on Account:

☐ Indicate here if you purchase oil/propane from different suppliers or are a cash on delivery customer. Otherwise, provide the following:

Oil/Propane Supplier Name (If Applicable): Account Number: Name on Account:

SECTION D - PROJECT INFORMATION

Home Performance Contractor Name (If Known):

Constituency-Based Organization Name (If Applicable):

Are you currently on a waiting list or scheduled to receive services through:
☐ EmPower New York
☐ Weatherization Assistance Program (WAP)
☐ Other: _____

SECTION E - INCOME DOCUMENTATION

Complete the following table listing the names of all household members over age 18 and indicate whether each member filed a Federal Income Tax Return.

Last Name	First Name	Age	REQUIRED TO FILE A FEDERAL INCOME TAX RETURN? (Check one)
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

The applicant will be required to provide documentation of income to meet eligibility requirements for the Assisted Subsidy. There are two ways the applicant can meet documentation requirements. **Please select one of the following options:**

☐ **Option 1. For households where one or more of the household members listed above filed a Federal Income Tax Return. Attach a copy or transcript of the most recent Federal Income Tax Return (Form 1040/1040-A/1040-EZ) for each household member who filed a return. This option is not available if no household members filed a return.**

You do not need to provide the Schedules or Forms filed with the return. Social Security Numbers, routing and account numbers, and any PINs may be blackened-out of these documents. If you do not have a copy of your return, you may request a transcript of your return to be mailed to you free of charge by completing IRS Form 4506-T or by going to **IRS.gov** and clicking on "Order a Transcript" or by calling 1-800-908-9946.

☐ **Option 2. If no household members filed a Federal Income Tax Return, or if your current annual income is less than your prior year tax return and this reduced income qualifies you for the Assisted Subsidy, you may complete the table below.**

Please list **all income received** during the last twelve months for each household member age 18 or older, who is not a full-time student, including income from wages, self- employment, rent, Social Security, pensions, IRAs, 401(k)s, disability, unemployment compensation, alimony, etc. Income received by student heads of household must be listed. If any household member did not earn income, list none. Please use additional pages, if needed.

Name of Adult Household Member	Sources of Income	Date Received	Annual Amount
		Total Income Received During The Past 12 Months:	

Provide a copy of the most recently filed Federal Income Tax Return, along with all W-2 and 1099 statements for each household member listed. If you do not have a copy of your return, you may request a transcript of your return to be mailed to you free of charge by completing IRS Form 4506-T or going to **IRS.gov** and clicking on "Order a Transcript" or by calling 1-800-908-9946. In addition, you must provide the following documentation for each source of income listed above (contact EFS for required documentation for other sources of income):

Wage Income	Copy of two most recent pay stubs showing year-to-date gross earnings, or letter from employer stating gross year-to-date earnings
Self-Employment	Copy of most recent Federal Income Tax Return with Schedule C, E or F; or profit & loss statement for past 12 months prepared by independent accountant
Pension/Social Security	Copy of award letter for current year or copy of bank statement showing deposit sources and amounts
401(k)/IRA/Interest Earnings	Copy of brokerage/account statements showing year-to-date of distributions
Rental	Record of year-to-date deductible expenses AND copy of current lease, or copies of 6 consecutive rent checks
Alimony	Copy of divorce decree or court order that established the support

SECTION F - CONSENT AND SIGNATURES

I certify, under the penalties of law, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and are true and complete. I understand that my signature on this form gives permission for NYSERDA, or its designee, to verify records necessary to assure my eligibility for Assisted Home Performance with ENERGY STAR and/or EmPower New York*. I understand that if I give false information or withhold information in order to make myself eligible for benefits that I am not entitled to, I can be prosecuted to the fullest extent of the law.

I understand that this application 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 applicants received, the remaining funding available and the priorities to be met by the program.

NOTE: *If your total household income is at or below 60% of the State Median Income, you may be eligible for free energy efficiency services through NYSERDA's EmPower New York Program. Please call toll free 1-800-263-0960 or visit **nyserda.ny.gov/residential** for more information.

All adult household members are required to sign and date this application, below.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Submit Completed Applications to:
Energy Finance Solutions
431 Charmany Drive
Madison, WI 53719
Fax: 608-249-5788

For more information, please contact Energy Finance Solutions (EFS) Toll Free: 1-800-361-5663
Email: **efs@energyfinancesolutions.com**
Or visit **nyserda.ny.gov/assisted-home-performance**