

# Special Project Consideration

## Low to Moderate Income Programs



**NYSERDA**

NYSERDA's Low to Moderate Income (LMI) Programs serves income eligible 1-to-4 Family Homes. Please complete this form to provide supplemental project information to assist Program staff in determining the eligibility of a non-standard project.

### PROPERTY OWNER

Property Owner/Company Name

Contact: Last Name

First Name

Contact Title

Address

City

State

ZIP+4

County

Primary Phone Number

Secondary Phone Number

Email Address

Ownership type:  Private (for profit)  Private (non-profit)  Public/Municipal  Co-operative

### PARTICIPATING CONTRACTOR (if known)

Company Name

Primary Contact for this Project

Primary Phone Number

Email Address

### PROJECT DETAILS

Project Name

Project Address

City

State

ZIP

Total # of buildings in project \_\_\_\_\_ Total # of units in project \_\_\_\_\_ Estimated start/completion dates \_\_\_\_\_ - \_\_\_\_\_

Building types (Town Homes, Apartments, Other) \_\_\_\_\_

Building(s) contains fire wall separations resulting in groupings of 8 units or less?  Yes  No

Building(s)/unit groupings can be served by residential-scale equipment with a maximum rating of 300,000 Btus?  Yes  No

Building(s) is constructed using building techniques common to 1-4 family homes?  Yes  No

Existing DHW system:  Central  Unitary

Existing HVAC system:  Central  Unitary

Fuel type: \_\_\_\_\_

Fuel type: \_\_\_\_\_

Is a fuel switch anticipated as part of the work scope?  Yes  No If Yes, to what fuel type? \_\_\_\_\_

## PROJECT WORKSCOPE

Provide a brief description of existing conditions and planned improvements or include an attachment outlining the proposed work scope. Please provide as much details as possible to assist the Program in determining project eligibility. Attach additional information as needed:

## RESIDENT DETAILS

Building # or Name	# Stories	# Units	# Units Between Fire Wall Separations	Estimated # Moderate Income Units <sup>1</sup>	Estimated # Low Income Units <sup>2</sup>	Estimated # Market Rate Units <sup>3</sup>	# Vacant Units
<b>Totals:</b>							

<sup>1</sup>Moderate Income Tenants earn between 60 and 80% of the Area or State Median Income, whichever is higher.

<sup>2</sup>Low Income Tenants earn less than 60% of the State Median Income

<sup>3</sup>Market Rate Tenants earn greater than 80% of the Area or State Median Income

Following the Program approval for a non-standard project to proceed, income verification must be performed in accordance with to qualify tenants for either Assisted Home Performance or EmPower, New York incentives. In certain instances, Program will accept proxy information if deemed sufficient to meet Program requirements.

If needed, please provide additional information on tenant incomes below:

## BUDGET AND FUNDING SOURCE DETAILS

Budgeted cost of energy-related work: \_\_\_\_\_

Owner's contribution to the budgeted cost of energy-related work: \_\_\_\_\_

Related Non-NYSERDA Programs: Do you expect to receive funding under any other energy efficiency program or housing/community grants?  Yes  No

Please indicate the anticipated/confirmed funding amount: \_\_\_\_\_

If Yes, select all that apply (currently or in the future): Utility Program\* (Name of Utility) \_\_\_\_\_

Other \_\_\_\_\_

**\*A Utility Rebate and a NYSERDA Incentive cannot be applied to the same energy efficiency measure.**

Other NYSERDA Programs: Have any of the buildings in this project participated in another NYSERDA Programs?  Yes  No

If Yes, select all that apply:  Assisted Multifamily Program (AMP)  Residential Technical Assistance (ResTech)

Comprehensive Energy Management (CEM)  EmPower New York  Multifamily Performance Program (MPP)

Home Performance/Assisted Home Performance with ENERGY STAR Program  Weatherization Assistance Program (WAP)

Assisted Home Performance with ENERGY STAR Low-Rise Program

Other (indicate Program or PON#/Solicitation #) \_\_\_\_\_

When did the past project(s) take place? \_\_\_\_\_

## UTILITY INFORMATION

\_\_\_\_\_  
Electric Utility Company

\_\_\_\_\_  
Natural Gas Utility Company

Primary Heating Source Fuel Type: \_\_\_\_\_

Secondary Heating Source Fuel Type (if Applicable): \_\_\_\_\_

Tenant Pays for Electric  Yes  No

Tenant Pays for Heat  Yes  No

## SUPPORTING DOCUMENTATION

In addition to this form, please include photographs from the north, south, east and west elevations of each unique building type. If available, an aerial photograph of the project location (i.e. Google Maps if available) should be provided indicating the buildings included as part of this Project. Also, the contractor shall include photographs of the existing DHW and HVAC systems and, if accessible, photographs of representative unit types, attic spaces, basement areas and other scope-relevant areas as needed.

Please complete and scan this form and any additional information considered pertinent to Erik Gilbert at [erik.gilbert@nyserda.ny.gov](mailto:erik.gilbert@nyserda.ny.gov).