APPLICATION CHECKLIST

Albany, NY 12205

EmPower New York Program



This checklist will help ensure that your application will be processed in a timely manner. Please place a \square 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.

documentation is provided. Applic	cations are processed on a first come, first served basis.
General Applicant Information (unless marked as "optional")	on (Sections A, B & C) – Verify that all required fields are completed
Energy Information (Section D):	
☐ Sign Customer Fuel/Energy E	Bill Release Authorization
☐ Include a copy of complete E	electric Bill
Include a copy of complete 6 wood, or coal	Gas Utility Bill or bill from Fuel Supplier if heating by propane, oil, kerosene,
OWNERS ONLY:	
Include ONE of the following as P	Proof of Ownership:
☐ Current Property/School Tax	Bill
☐ Deed	
☐ Bill of Sale for mobile/manufa	actured homes
Mortgage Statement	
RENTERS ONLY:	
☐ Landlord Name, Address and	Phone Number provided in Section B
☐ Income Information (Section	E & F) - Verify that all required fields are completed.
Applicant Affirmation (Section G)	
Read and sign	
Attachment 1 – Fequently Asked	Questions
Keep for your records	
Please return application via one	of the following methods:
Be aware the application may conduring transmission; email at your	tain sensitive information. Emails that are not encrypted can be intercepted own risk.
1) Mail: EmPower New York 2 Wall Street	2) Email: Applications.Residential@nyserda.ny.gov

APPLICATION

EmPower New York Program



The following information will help determine which services are most appropriate for you. In some situations, EmPower 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.

Name			
Address		Apt #	
		NY	
City		State	Zip
County	Primary Phone (include area code)	Secondary Ph	NONE (include area code)
Email			
Mailing Address (if different from above	•)		
Additional Contact Person	Relationship to Applicant	Phon	e Number (include area code)
SECTION B: DWELLING INFORMATION			
□ rown □ rent I nave lived ne	re vears Approximate age of t	he home	
	re years Approximate age of the following years Approximate age of the following following years.		
☐ Single-Family ☐ Multifamily	_ # of units	ome 🖵 Group	home/shelter
☐ Single-Family ☐ Multifamily	_ # of units	ome 🖵 Group	home/shelter
☐ Single-Family ☐ Multifamily If you rent, certain upgrades require of Owner's Name:	_ # of units	ome 🖵 Group	home/shelter
☐ Single-Family ☐ Multifamily	_ # of units	ome 🖵 Group	home/shelter
☐ Single-Family ☐ Multifamily If you rent, certain upgrades require of Owner's Name: Address:	_ # of units	ome 🖵 Group	home/shelter
☐ Single-Family ☐ Multifamily If you rent, certain upgrades require or Owner's Name: Address: Phone (include area code);	# of units	ome 🖵 Group	home/shelter
☐ Single-Family ☐ Multifamily If you rent, certain upgrades require or Owner's Name: Address: Phone (include area code); Who pays for the heat at the dwelling? Who pays for the electric at the dwelling	# of units	ome 🖵 Group	home/shelter
☐ Single-Family ☐ Multifamily If you rent, certain upgrades require or Owner's Name: Address: Phone (include area code); Who pays for the heat at the dwelling? Who pays for the electric at the dwelling Does your roof leak? ☐ Yes ☐ No	# of units	ome 🖵 Group	home/shelter
☐ Single-Family ☐ Multifamily If you rent, certain upgrades require or Owner's Name: Address: Phone (include area code); Who pays for the heat at the dwelling? Who pays for the electric at the dwelling Does your roof leak? ☐ Yes ☐ No	# of units	ome Group r information bel	home/shelter
☐ Single-Family ☐ Multifamily If you rent, certain upgrades require or Owner's Name: Address: Phone (include area code): Who pays for the heat at the dwelling? Who pays for the electric at the dwelling Does your roof leak? ☐ Yes ☐ No	# of units	ome Group r information bel years years	home/shelter
☐ Single-Family ☐ Multifamily ☐ If you rent, certain upgrades require or Owner's Name: ☐ Address: ☐ Phone (include area code): ☐ Who pays for the heat at the dwelling? Who pays for the electric at the dwelling Does your roof leak? ☐ Yes ☐ No Do you own your refrigerator? ☐ Do you use a second refrigerator?	# of units	ome Group r information bel years years	home/shelter
☐ Single-Family ☐ Multifamily ☐ If you rent, certain upgrades require or Owner's Name: ☐ Address: ☐ Phone (include area code); ☐ Who pays for the heat at the dwelling? Who pays for the electric at the dwelling Does your roof leak? ☐ Yes ☐ No Do you own your refrigerator? ☐ Do you use a second refrigerator? ☐ Do you use a separate freezer?	# of units	ome Group r information bel years years	home/shelter
☐ Single-Family ☐ Multifamily ☐ If you rent, certain upgrades require or Owner's Name: ☐ Address: ☐ Phone (include area code); ☐ Who pays for the heat at the dwelling? Who pays for the electric at the dwelling Does your roof leak? ☐ Yes ☐ No Do you own your refrigerator? ☐ Do you use a second refrigerator? ☐ Do you use a separate freezer? SECTION C: HOUSEHOLD DEMOGRAP	# of units	ome Group r information bel years years	home/shelter
☐ Single-Family ☐ Multifamily ☐ If you rent, certain upgrades require or Owner's Name: ☐ Address: ☐ Phone (include area code): ☐ Who pays for the heat at the dwelling? Who pays for the electric at the dwelling Does your roof leak? ☐ Yes ☐ No Do you own your refrigerator? ☐ Do you use a second refrigerator? ☐ Do you use a separate freezer? ☐ SECTION C: HOUSEHOLD DEMOGRAP Total number of members in the houser	# of units	ome Group r information bel years years	home/shelter

SECTION C: HOUSEHOLD DEMOGRAPHICS (CONTINUED)

OPTIONAL

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

roperty Address:	
y primary fleating fuer is.	
☐ Electric ☐ Oil ☐ Kerosene ☐ Natural Ga	s 🖵 Propane 🖵 Wood
☐ Pellets ☐ I don't know ☐ Other:	
y secondary heating fuel is:	
☐ Electric ☐ Oil ☐ Kerosene ☐ Propane	☐ Wood ☐ Pellets ☐ Coal
☐ I do not have secondary fuel ☐ Other:	
econdary Supplier Name:	Account Number:
y water heater runs on:	
☐ Electric ☐ Oil ☐ Natural Gas ☐ Propane	☐ I don't know
·	
LECTRIC UTILITY: If you are responsible for the ele tility Name:	
	If NYSEG or RG&E – POD #
AS UTILITY: If you are a natural gas utility custome	r and responsible for the bill, provide the following:
tility Name:	· · · · · · · · · · · · · · · · · · ·
ccount Number:	If NYSEG or RG&E – POD #
RIMARY FUEL SUPPLIER: if you heat by a fuel othe	er than natural gas or electricity, provide the following:
ompany Name:	Account Number:
o you have a maintenance agreement for your hea	ting system? 🖵 Yes 🖵 No
vos list the name of the maintenance provider:	

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 only for the purpose of determining program eligibility, estimating energy savings, program implementation, and evaluation, including the evaluation of achieved energy savings.

Customer Signature:	Date:
---------------------	-------

SECTION E: INCOME INFORMATION

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

Check here it	f vou have r	eceived HEAP	within the	past 12 month

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

- - 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, child support, 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 NYSERDA, to the Weatherization Assistance Program (WAP) 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 NYSERDA's residential programs and financial incentives, eligibility for the WAP, 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 NYSERDA's EmPower New York program or WAP, 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.

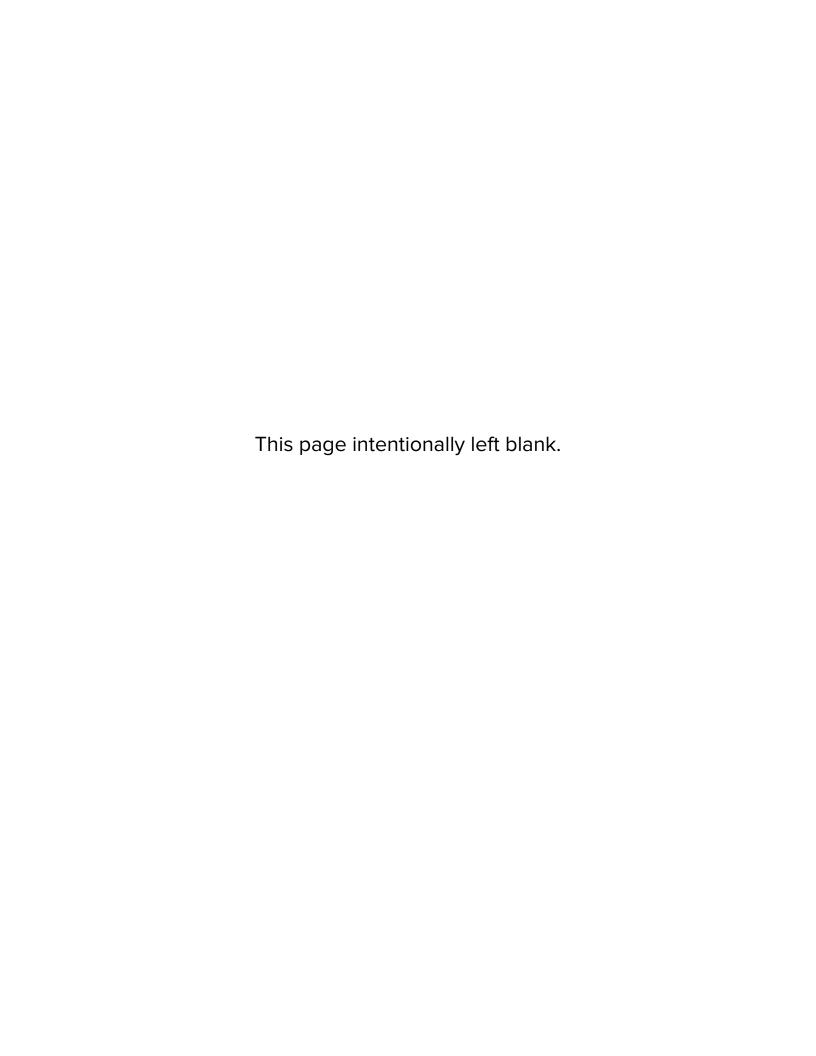
I understand that this application does not guarantee that assistance will be granted to me. Whether or not services are provided will depend on the number of applications received and the availability of funds and priorities established by the programs. I also understand that I will not be eligible to receive financial incentives or rebates from an electric or natural gas utility for measures provided at no cost through NYSERDA programs or the WAP.

I agree to provide NYSERDA representatives, the 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, 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 NYSERDA's programs and the 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).

X	
Applicant Signature	Date
V	
X Applicant Representative Signature	Date
Your contact information may be shared with other residential prog	rams within NYSERDA. To opt out of this, please initial here.
INTERNAL USE ONLY	
Reviewed By: HEAP OFA Utility Weather	rization Subgrantee 🖵 EmPower 🖵 Other:
Check all benefits that the household receives: $\ \square$ SSI	☐ HEAP ☐ SNAP ☐ TANF
On the basis of the information provided by the applicar	nt, the household is determined to be:
☐ Eligible for Weatherization ☐ NOT Eligible for Weatherization	atherization
oxed Eligible for EmPower $oxed$ NOT Eligible for EmPower	☐ EmPower eligible, but wait-listed for Weatherization
Check here if: Household was previously served by \ Household ineligible for further service	
Additional Comments:	
EmPower Representative Signature:	Date:
Title:	





ATTACHMENT 1 - Keep for Your Records

Frequently Asked Questions

NEW YORK STATE OF OPPORTUNITY.

EmPower New York and Weatherization Assistance Program

Are services really free?

Yes – State residents meeting EmPower New York or the Weatherization eligibility requirements can receive home energy services through the programs at no cost.

Do EmPower New York and Weatherization 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 EmPower New York or Weatherization 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.
- A monthly electric bill credit of between \$5-\$15 from community solar.

If I accept work from EmPower New York and/or Weatherization, 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 EmPower New York or the Weatherization Program.

Do the contractors perform code inspections?

No – EmPower New York and Weatherization 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 – EmPower New York and Weatherization cannot reimburse you for work that has already been completed.

How does the monthly electric bill credit from community solar work?

As an EmPower New York participant, you may receive credits on your monthly electric bills from community solar. There is no cost or future obligations, and this will not impact any assistance you may already be receiving from HEAP or a utility bill assistance program. Nothing is installed at your home—community solar is a group of panels that are installed at a site in your community rather than on individual roofs.