

2025 PROGRAM YEAR, VERSION 1.0 – APPLICATION

Home Electrification and Appliance Rebates (HEAR) Appliance Upgrade Program



NYSERDA
New York State Energy Research
and Development Authority

OVERVIEW

The U.S. Department of Energy (DOE) has introduced the HEAR program using funding from the Inflation Reduction Act (IRA). Under HEAR, NYSERDA administers the Appliance Upgrade Program, which provides rebates to New York households below 150% AMI (State's Area Median Income) for the purchase of an ENERGY STAR® certified heat pump clothes dryer (including an all-in-one washer-dryer with a heat pump dryer), and electrical wiring and panel upgrades necessary for its installation.

PROGRAM ELIGIBILITY

To receive rebates through the Appliance Upgrade Program, you must submit this application by mail or through <https://plan.myenergy.ny.gov/s>, which confirms that the following statements are true and correct:

- You are a building owner, homeowner or renter of a single-family residential building where the household income is below 150% AMI
 - *Optional: to determine your income eligibility, visit <https://www.nyserda.ny.gov/All-Programs/Appliance-Upgrade-Program> to calculate the income limits by your county and household size, or call 866-NYSERDA*
- A heat pump clothes dryer has not yet been installed in your household

INSTRUCTIONS

Please complete all required sections and fields denoted with*

Once each required section is complete, please place a check in the corresponding box of **Section K**, and ensure all required documentation is prepared for submission (if applicable).

If you are a Participating Contractor or Regional Clean Energy Hub representative, please complete **Section E** and ensure that the resident who you are applying on behalf of signs **Section L**.

NEXT STEPS

Once your application and required documentation (including **Section I**) are received, it will take approximately 7 to 10 business days to review your application. Applications are processed on a first come, first served basis. Failure to complete required fields and provide all required documentation may result in a delay of application processing.

If your application is approved, an approval letter will be mailed to the address and/or emailed to the email address provided in **Section A and/or E**. This approval letter will contain two alphanumeric coupon codes, known as the Appliance and Participating Contractor Installation Coupons. Each will have their own expiration date indicated in your letter.

The Appliance Coupon will be specific to the Participating Retailer selected in **Section J**, so you will bring this coupon code to the store location of your choice (or online) for redemption.

If you need a Participating Contractor (discussed in **Section H**), then you will select one and present the Participating Contractor Installation Coupon to them for redemption in the MyEnergy portal. They will apply the appropriate rebate for electrical wiring and/or panel upgrades (if needed) to your invoice with them.

If your application is not approved, a letter detailing the nature of the rejection will be mailed to the address and/or emailed to the email address provided in **Section A and/or E**.

APPLICATION SUPPORT

Regional Clean Energy Hubs (discussed in **Section E**) and Participating Contractors can provide support and apply on your behalf. You can also call 866-NYSERDA (697-3732) or email AUP@nyserda.ny.gov for assistance with the following: completing this application, technical assistance with <https://plan.myenergy.ny.gov/s>, connecting with a Participating Contractor in your area, and understanding when one may be needed, connecting with a Regional Clean Energy Hub in your area, and selecting a Participating Retailer and new appliance.

ATTACHMENTS:

- Attachment A – Building Owner Certification Form (For Renters Only)
- Attachment B – Participating Retailer List
- Attachment C – Qualified Products List

SECTION A: APPLICANT INFORMATION*

Complete the fields below with your contact information and household address where the appliance will be installed. All fields with an asterisk are required fields to fill-out.

Applicant Name*

Email Address

Phone Number*

Secondary Phone Number *(include area code)*

Address*

Apartment #

City*

State*

County*

Zip*

Mailing Address* *(only complete if different than the address above)*

Additional Contact Person

Relationship to Applicant

Phone Number* *(include area code)*

Additional Contact Person Email

SECTION B: HOUSEHOLD INFORMATION*

Complete the fields below based on the household provided in this application.

Household Ownership* (select one option that best represents your household):

☐ I own ☐ I rent and pay my utilities directly ☐ I rent, and utilities are included in rental fee

Building Type* (select one option that best represents your household and enter number of units (if applicable) and bedrooms):

☐ Single-Family _____ # of bedrooms ☐ Multifamily _____ # of units _____ # of bedrooms

☐ Manufactured/mobile home _____ # of bedrooms ☐ Group home/shelter _____ # of bedrooms

SECTION C: BUILDING OWNER INFORMATION (FOR RENTERS ONLY)

If you indicated that you rent at your household in Section B, then complete the below fields.

NOTE: The Building Owner Certification (Attachment A) must be completed and signed by the Building Owner or Property Manager to allow for the appliance installation in your dwelling unit. Please include the completed and signed copy with this application.

Business Owner's Name*

Email Address

Phone Number *(include area code)*

Is the Building Owner's address the same as the household address?* ☐ Yes ☐ No

If "No", then please complete the address below.

Address

SECTION D: UTILITY INFORMATION*

Complete the utility information below for the household provided in this application.

NOTE: A utility bill(s) must be provided with your application that reflects the information entered below.

Main Heating Fuel Type* (select one for your household):

☐ Electric ☐ Coal ☐ Oil ☐ Kerosene ☐ Natural Gas ☐ Propane ☐ Wood ☐ Pellets ☐ I don't know
☐ Other: _____

Secondary Heating Fuel Type (if applicable, select one for your household):

☐ Electric ☐ Coal ☐ Oil ☐ Kerosene ☐ Natural Gas ☐ Propane ☐ Wood ☐ Pellets ☐ I don't know
☐ Other: _____

Electric Utility:*

Utility Name

Electric Utility Account Number

Heating Utility:*

Utility Name

Electric Utility Account Number

List below any occupant health issues or special requirements that the contractor needs to be aware of. Identify any immediate building concerns, such as a leaking roof, inoperable refrigerators, or faulty heating equipment. Please attach additional pages if necessary.

SECTION E: PARTNER INFORMATION

NYSERDA supports a network of professional energy advisors who may already be assisting you with this program, other NYSERDA programs, utility offerings, and other local resources. If you are currently working with a NYSERDA Clean Energy Hub, 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. A list of Hubs can be found at nyserda.ny.gov/All-Programs/Regional-Clean-Energy-Hubs.

If you are a Clean Energy Hub representative, Participating Contractor applying on behalf of a resident, or a resident who is currently working with a Clean Energy Hub, please complete the below.

If you are interested in working with a Hub and cannot access this list, please call 866-NYSERDA.

Clean Energy Hub Name and/or Organization:

Name of Hub Representative or Participating Contractor Name*

Phone Number*

Secondary Phone (include area code)

Email Address*

SECTION F: INCOME DOCUMENTATION*

Select either A or B below based on the option that best fits your household. Please make only one selection.

NOTE: Per your selection of either A or B, the respective document must be provided with your completed application.

A. ☐ **Categorical Eligibility:** (select one of the following options where you can provide a copy of the award letter dated within the past 12 months)

- ☐ **HEAP** (Home Energy Assistance Program)
- ☐ **SNAP** (Supplemental Nutrition Assistance Program/Food Stamps)/SNAP NYC
- ☐ **SSI** (Supplemental Security Income)
- ☐ **TANF** (Temporary Assistance for Needy Families)
- ☐ **WAP** (Weatherization Assistance Program)
- ☐ **PA** (Public Assistance)

B. ☐ **Income Documentation:** (if A, as listed above, does not apply, then provide income documentation under one of the options below)

- ☐ **Option 1:** (select one of the below)
 - ☐ **Paystubs:** all household gross income for the last 60 days
 - ☐ **Social Security and/or Social Security Disability:** copy of award letter
 - ☐ **Documentation of all forms of income, which can include:** disability, worker's compensation, unemployment, pension, maintenance, annuities, Veteran's benefits, and all other income
 - ☐ **Self-Employment:** IRS Report of quarterly earnings for the last three months
- ☐ **Option 2:** Tax Returns

NOTE: 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: HOUSEHOLD AND INCOME INFORMATION*

Based on your selections in Section F and the column labels below, please complete the table for each member of your household.

(If there is not enough space below for all household members, then please attach additional pages.)

If you selected A in Section F, please only complete the following fields: Full Name, Gender, Age, Student.

If you selected B in Section F, please complete all fields, but only select one of the following: Weekly Salary, Bi-Weekly Salary, Monthly Salary or Annual Salary based on your documentation selection above.

For Gender, please use the following key: 1. Self-identified Male, 2. Self-identified Female, 3. Other

Total number of people in your household: _____

Full Name (A&B)*	Gender (A&B)*	Age (A&B)*	Student (yes or no) (A&B)*	Income Source (B)*	Weekly Salary (B)*	Bi-Weekly Salary (B)*	Monthly Salary (B)*	Annual Salary (B)*
Total Income for household:								

SECTION H: APPLIANCE, ELECTRICAL AND PARTICIPATING CONTRACTOR INFORMATION*

Participating Contractors provide appliance installations, electrical wiring and panel upgrades as well as rebates for the electrical wiring and panel upgrades through the Participating Contractor Installation Coupon.

Complete the following fields based on your existing clothes dryer and electrical conditions. Your answers to these questions will help NYSERDA assist you in connecting with a Participating Contractor in your area, if needed.

If you currently have a clothes dryer, what is the fuel type?*

☐ Electric ☐ Gas ☐ Propane ☐ I currently don't have a clothes dryer

NOTE: If you selected "Gas" or "Propane", you may require a plumber to disconnect and cap your gas line before your new appliance installation. Call 866-NYSERDA or email AUP@nyserda.ny.gov for assistance with determining this need and connecting with a Participating Contractor.

If you selected "Gas", "Propane", or "I currently don't have a clothes dryer" above, answer the following questions.

Do you have a 240V outlet in the location of the current clothes dryer, or intended location if you do not have one?*

☐ Yes ☐ No ☐ Unsure

NOTE: If you selected "No" or "Unsure", you may need an electrical wiring upgrade for your appliance installation. Call 866-NYSERDA or email AUP@nyserda.ny.gov for assistance with determining this need and connecting with a Participating Contractor.

Do you know the size of your current electrical panel? If "Yes", what is the current size and number of open breaker spots?*

☐ Yes _____ amps and _____ # of open breaker spots ☐ No ☐ Unsure

NOTE: Depending on the current size of your panel, you may also need an electrical panel upgrade for your appliance installation. Call 866-NYSERDA or email AUP@nyserda.ny.gov for assistance with determining this need and connecting with a Participating Contractor.

The Participating Contractor list is also found here <https://www.nyserda.ny.gov/-/media/Project/Nyserda/Files/Programs/Appliance-Upgrade-Program/Appliance-Upgrade-Program-Participating-Contractors.pdf>

SECTION I: APPLIANCE INFORMATION – GEOTAGGED PHOTO*

A geotagged photo of your existing clothes dryer, or the location where you intend to install the new clothes dryer, is required. A geotagged photo is one that contains the data of the location where it was taken. NYSERDA needs this photo to verify that the clothes dryer referenced in Section H is in your household. NYSERDA has created a webpage where you can upload a photo from a smartphone, computer, or tablet and it will geotag that photo for you. The following questions will help NYSERDA determine if you can take and upload this photo, or if it needs to be done by Appliance Upgrade Program staff. Your ability to take and upload this photo will not impact your eligibility to the Appliance Upgrade Program.

If you provided an email address in Section A, are you able to take a photo and upload it to a webpage from a link sent to your email?*

☐ Yes ☐ No ☐ N/A

If you did not provide an email address in Section A, but did enter an Additional Contact Person, can they take and upload this photo on your behalf?*

☐ Yes ☐ No ☐ N/A

If you selected "Yes" to either question above, you or your Additional Contact Person will receive an email with the link to upload your photo and the instructions to do so. For assistance, contact AUP@nyserda.ny.gov or call 866-NYSERDA.

If you selected "No" or "N/A" to either question above, NYSERDA will contact you at the phone number provided in Section A to schedule a visit by one of the Appliance Upgrade Program staff to take this photo on your behalf.

SECTION J: PARTICIPATING RETAILER AND APPLIANCE SELECTION*

From Attachment B, select the Participating Retailer where you would like to purchase your ENERGY STAR® certified heat pump clothes dryer. At checkout, you will present your Appliance Coupon to this Participating Retailer to redeem and receive your rebate.

Which Participating Retailer would you like to choose?* (select one and input the retailer's company name, not the location you plan to visit):

NOTE: Only Participating Retailers can redeem Appliance Coupons. If you need assistance, please contact 866-NYSERDA or email AUP@nyserda.ny.gov.

The Participating Retailer list is also found here: <https://www.nyserda.ny.gov/-/media/Project/Nyserda/Files/Programs/Appliance-Upgrade-Program/AUPretailers.pdf> and updated periodically. Call 866-NYSERDA for information on any updates.

To select your ENERGY STAR® certified heat pump clothes dryer make and model, please review the Qualified Products List (Attachment C), then confirm the price and availability with your selected Participating Retailer (in-store or online). The list of Qualified Products can also be found here: <https://www.nyserda.ny.gov/-/media/Project/Nyserda/Files/Programs/Appliance-Upgrade-Program/AUPqualifiedproducts.pdf>.

SECTION K: CHECKLIST

Once the required sections have been completed, please place a check in the respective box below and ensure that required documentation, if applicable, is prepared for submission with this completed application. Required sections and documents are denoted with.*

Please include completed pages 2 through 10 with your submission and any additional that you may have needed for Section D. You may keep page 1, Attachments B and C for your records.

☐ **SECTIONS A & B: APPLICANT AND HOUSEHOLD INFORMATION***

☐ **SECTION C: BUILDING OWNER INFORMATION (FOR RENTERS ONLY):**

☐ Complete Section C with building owner information (if applicable)*

☐ Provide the completed and signed Building Owner Certification (Attachment A)*

☐ **SECTION D: UTILITY INFORMATION*:**

☐ Provide a copy of your itemized electric and gas utility bill and/or bill from a fuel supplier if heating by propane, oil, kerosene, wood, or coal*

☐ **SECTION E: PARTNER INFORMATION:**

☐ Complete if you are a Regional Clean Energy Hub representative or Participating Contractor applying on behalf of a resident

☐ **SECTION F: INCOME DOCUMENTATION*:**

☐ Provide Categorical Eligibility documents per your selection; OR

☐ Provide income documentation dated within the past 12 months

☐ **SECTION G: HOUSEHOLD AND INCOME INFORMATION***

☐ **SECTION H: APPLIANCE, ELECTRICAL, AND PARTICIPATING CONTRACTOR INFORMATION*:**

☐ Make a plan to call 866-NYSERDA or email AUP@nyserda.ny.gov if your selections indicated that you may need electrical wiring and/or panel upgrades as well as a Participating Contractor for your appliance installation.

☐ **SECTION I: APPLIANCE INFORMATION – GEOTAGGED PHOTO*:**

☐ If applicable, be prepared to schedule a visit with NYSEDA to take a photo of your existing clothes dryer (or the intended location of the new clothes dryer if you do not have one)

☐ **SECTION J: PARTICIPATING RETAILER AND APPLIANCE SELECTION*:**

☐ Select a Participating Retailer from Attachment B

☐ **SECTION K: CHECKLIST**

☐ **SECTION L: CUSTOMER ATTESTATION AND SIGNATURE***

☐ **SECTION M: HOUSEHOLD DEMOGRAPHICS***

Please mail all documents to the following address: **Appliance Upgrade Program
C/O TRC Companies
3 Corporate Dr. Suite 202
Clifton Park, NY 12065**

SECTION L: CUSTOMER ATTESTATION AND SIGNATURE*

I authorize the release of my eligibility determination and information provided on this application, supporting documents including income documentation, as well as information regarding my project status, and project information(including existing household conditions, installed measures, energy savings, and other data) to the following: NYSERDA and its representatives; to the extent my project is receiving federal funding to the U.S. Department of Energy and its representatives; the NYS Weatherization Assistance Program (WAP) and/or its designated representatives; any community-based organizations working on behalf of NYSERDA programs; my electric and natural gas utilities; and the following individuals or organizations:

_____ whom I have engaged for the purpose of assisting me with the completion and submittal of the application. Customer agrees and authorizes their utility's sharing of the participant-customer's information and/or project-level information with New York State Department of Public Service Staff and NYSERDA, including its agents or authorized representatives, consistent with NYSERDA's New York State Public Service Commission and statutorily authorized responsibilities, including, but not limited to supporting market development initiatives, and other evaluation and measurement activities. (For clarity, the term project level includes the information based on the scope of the project, including, but not limited to, aggregated and anonymized whole building, building or subsets of the project.) Participant agrees and authorizes the sharing of the participant-customer's information and/or project-level information with New York State Department of Public Service Staff and appropriate local utility, including its agents or authorized representatives, in carrying out its responsibilities under New York State Public Service Commission orders. (For clarity, the term project level includes the information based on the scope of the project, including, but not limited to, whole building, building or subsets of the project.) I understand that the information provided by me may be used to contact or assist me to utilize any current or future program offerings I may be eligible for and for the purposes of determining eligibility for NYSERDA and/or utility 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 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).

Signature

Date

I understand that my signature on this form gives permission for NYSERDA.

Your contact information may be shared with other residential programs within NYSERDA.

To opt out of this, please check here ☐

SECTION M: HOUSEHOLD DEMOGRAPHICS*

To assist NYSERDA in understanding the impacts of our programs on local communities, please complete the below demographic questions. Your answers to these questions will not impact your eligibility with the Appliance Upgrade Program.

Indicate the number of household members who are*:

Disabled: _____ Past/current military service members: _____

Indicate if the applicant is*: (select at least one, and as many as applicable)

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

Indicate if the applicant is*:

- ☐ Hispanic, Latino, or Spanish Origins ☐ Not Hispanic, Latino, or Spanish Origins ☐ Unknown ☐ Prefer Not to Answer

Indicate how many members of the household are*: (include the total number of household members based on Section F)

Number	Race
_____	American Indian or Alaska Native
_____	Asian
_____	Black or African American
_____	Native Hawaiian or Other Pacific Islander
_____	White
_____	Other
_____	Prefer not to answer

Indicate ethnicity of household members, including the applicant*:

Number	Ethnicity
_____	Hispanic, Latino, or Spanish Origins
_____	Not Hispanic, Latino, or Spanish Origins
_____	Unknown
_____	Prefer not to answer

