

APPLICATION

National Fuel Gas Conversion

National Fuel and the New York State Energy Research and Development Authority (NYSERDA) are working together to assist eligible households with the cost of converting their current heating and water heating system to natural gas. Choosing natural gas for your home offers many benefits and advantages that will help you save money, improve the environment, and increase your comfort. To be eligible, you must:

1. Own and reside in the home, or be a tenant responsible for the utility bill
2. Live in National Fuel's Western New York service territory
3. Currently use any fuel other than natural gas to heat your home
4. Qualify as income-eligible

Submit your application

Complete and email the application to applications.residential@nyserda.ny.gov, or mail to EmPower New York, 2 Wall Street, Albany, New York 12205.

APPLICANT/HOMEOWNER INFORMATION (Please complete all fields, sign and date this application)

First Name	Last Name	County	
		NY	
Home Address	City	State Zip	
Mailing Address (if different)	City	State Zip	
Primary Phone (include area code)	Secondary Phone (include area code)	Best time to call	Email Address

If you would like us to contact a friend or family member to assist you in participating, please provide their name and phone number.

Name	Phone (include area code)
Do You Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent	

ENERGY INFORMATION

ELECTRIC UTILITY

Company: National Grid NYSEG RG&E Account #: _____

GAS UTILITY

Do you have a National Fuel account? No Yes If yes, account #: _____

MAIN FUEL SOURCE

Oil Propane Kerosene Electric Other _____

Supplier: _____ Supplier Phone # (include area code): _____



ENERGY INFORMATION (continued)

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 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: _____

ELIGIBILITY DECLARATION

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, installations 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/Homeowner Signature

Date

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

