

EmPower+ provides incentives to low- and moderate-income households for energy improvements. This application will determine the incentives you qualify for based on your household income.

SECTION A: APPLICANT INFORMATION

Applicant Name

Address

Apartment #

NY

City

State

Zip

County

Phone Number *(include area code)*

Secondary Phone *(include area code)*

Email Address *(Required)*

Mailing Address *(if different from above)*

Additional Contact Person

Relationship to Applicant

Phone Number *(include area code)*

SECTION B: DWELLING INFORMATION

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

Single-Family Multifamily _____ # of units Manufactured/mobile home Group home/shelter

SECTION C: OWNER INFORMATION

Owner's Name

Phone Number *(include area code)*

Email Address

Is the Owner's Address the same as the building address? Yes No – If "No" please complete the address below.

Address

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

REFERRING AGENCIES AND EMPOWER+ CONTRACTORS: Print your business or agency name.

SECTION D: UTILITY INFORMATION

My main heating fuel is:

Electric Oil Kerosene Natural Gas Propane Wood Pellets I don't know

Other: _____

My secondary heating fuel is:

Electric Oil Kerosene Propane Wood Pellets Coal I do not have secondary fuel

Other: _____

ELECTRIC UTILITY: If you are responsible for the electric bill, provide the following:

Utility Name: _____

Account Number: _____ If NYSEG or RG&E – POD # _____

GAS UTILITY: If you are a natural gas utility customer and responsible for the bill, provide the following:

Utility Name: _____

Account Number: _____ If NYSEG or RG&E – POD # _____

PRIMARY FUEL SUPPLIER: if you heat by a fuel other than natural gas or electricity, provide the following:

Company Name: _____

Account Number: _____

SECTION E: PARTNER INFORMATION

If you would like to work with a specific participating program contractor in NYSERDA's energy efficiency programs, please indicate below. We will work to accommodate your request, but final selection is based on the participating program contractor's availability and acceptance of your project. If you are not working with a program contractor, we will assign the next available participating program contractor from our approved list or you can select from one of our participating contractors at nysERDA.ny.gov/Contractors/Find-a-Contractor/Empower-Plus-Contractors.

Contractor Name: _____

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.

Clean Energy Hub Name and/or Organization: _____

SECTION F: INCOME DOCUMENTATION - Please select one of the following

- A. Referral letter: If you received a letter from NYSERDA with a referral code, enter it below. If you have a referral code, no additional income documentation is required.

Referral Code#: _____

- B. 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. No additional income documentation is required.

- C. If A, or B above do not apply, then provide income documentation under one of the options below:

Option 1

- Pay stubs: all household gross income for the last 60 days. To calculate 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/or Social Security Disability: copy of award letter
- Documentation of all forms of income. This 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: 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: INCOME INFORMATION

Total number of members in the household? _____

If applying using option A or B from above, only fill in Full name, gender, age, and student. If you selected option C, complete the full table.

Include the following information for each household member. For gender please use the following:

1. Self-identified Male, 2. Self-Identified Female, 3. Other

Full Name	Gender	Age	Student (Yes or No)	Source(s) of Income	Weekly	Monthly	Yearly
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Total Income for the Household					\$ 0	\$ 0	\$ 0

SECTION H: DEMOGRAPHICS

To assist NYSERDA in understanding the impacts of our programs on local communities, please complete the below demographic questions. Answering these questions is optional and does not affect your program eligibility.

Indicate the number of household members who are:

60 years of age or older: _____ Disabled: _____ 17 years of age or younger: _____

Past/current military service members: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Prefer Not to Answer | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Native American / First Nation / Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |

Indicate if the applicant is:

- | | |
|---|---|
| <input type="checkbox"/> Hispanic, Latino, or Spanish Origins | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Not Hispanic, Latino, or Spanish Origins | <input type="checkbox"/> Prefer Not to Answer |

Indicate how many members of the household are: *(select at least one, and as many as applicable)*

<u>Number</u>	<u>Race</u>
_____	American Indian or Alaska Native
_____	Asian
_____	Black or African American
_____	Native Hawaiian or Other Pacific Islander
_____	White
_____	Multi-race (two or more of the above)
_____	Other
_____	Prefer not to answer

Indicate ethnicity of household members including primary applicant:

<u>Number</u>	<u>Ethnicity</u>
_____	Hispanic, Latino, or Spanish Origins
_____	Not Hispanic, Latino, or Spanish Origins
_____	Unknown
_____	Prefer not to answer

SECTION I: APPLICANT AFFIRMATION

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 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.

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).

Applicant Signature

Date

Applicant Representative Signature

Date

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