APPLICATION
EmPower+

NEW YORK STATE | NYSERDA
New York State Energy Research and Development Authority

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.

The information in the following application will help determine which services and programs are most appropriate for you. In some situations, services to low-income households 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. This application can be completed online at nyserda.ny.gov/empower-apply. Completing the application online is the fastest way for NYSERDA to review and approve your application.

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

☐ General Applicant Information (Sections A, B & C) – Verify that all required fields are completed (unless marked as "optional").

RENTERS ONLY:

☐ Landlord Name, Address and Phone Number provided in Section C

UTILITY INFORMATION (SECTION D):

☐ Signed Customer Fuel/Energy Bill Release Authorization

☐ Include a copy of complete Electric Bill

☐ Include a copy of complete Gas Utility Bill or bill from Fuel Supplier if heating by propane, oil, kerosene, wood, or coal

INCOME INFORMATION (SECTION F & G):

☐ Verify that all required fields are complete

DEMOGRAPHICS (SECTION H): *Optional*

☐ Optional

APPLICANT AFFIRMATION (SECTION I):

☐ Read and sign

HELPFUL PROGRAM LINKS:

- To learn more about the EmPower+ program and offerings, please visit nyserda.ny.gov/empower
- To apply to EmPower+ using the online application, please visit nyserda.ny.gov/empower-apply
- To find an Empower+ participating contractor, please visit nyserda.ny.gov/Contractors/Find-a-Contractor/Empower-Plus-Contractors
- For additional information and assistance, please contact a Region Clean Energy Hub at nyserda.ny.gov/All-Programs/Regional-Clean-Energy-Hubs
- For more information on income eligibility, please visit nyserda.ny.gov/empower-income

PLEASE RETURN APPLICATION TO:

TRC Companies
3 Corporate Drive, Suite 202
Clifton Park, NY 12065

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SECTION A: APPLICANT INFORMATION[1]

Applicant Name

Address | Apartment #

City | State: NY | 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.*

[1] *The applicant must be the owner if the dwelling unit is owner occupied.*

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: Provide the following:

Utility Name:_____

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

GAS UTILITY: If you are a natural gas utility customer, 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 individuals residing in the household?[2]_____

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

[2] *Household includes all individuals living in the dwelling unit, except roomers and boarders who rent a room(s) within a dwelling unit are excluded from the household count. Full-time students who can be claimed as a dependent on another's tax return are excluded from the household count for the rental unit.*

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)*

- ☐ 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: *(select at least one, and as many as applicable)*

Number	**Race**
_____	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:

Number	**Ethnicity**
_____	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, which may include 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 and the assigned EmPower+ Participating Contractor; 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).

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. _____

INTERNAL USE ONLY

Reviewed By: ☐ HEAP ☐ OFA ☐ Utility ☐ Weatherization Subgrantee ☐ EmPower ☐ Other:_____

Check all benefits that the household receives: ☐ SSI ☐ HEAP ☐ SNAP ☐ TANF

On the basis of the information provided by the applicant, the household is determined to be:

☐ Eligible for Moderate-Income Only ☐ Eligible for Weatherization ☐ NOT Eligible for Weatherization

☐ Eligible for Low-Income Services ☐ NOT Eligible for Low-Income Services

☐ Low-Income eligible, but wait-listed for Weatherization

Check here if:

☐ Household was previously served by Weatherization

☐ Household ineligible for further services through EmPower+

Additional Comments:

EmPower+ Representative Signature | Title | Date

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