



# EmPower New York

## Energy Services Application

The following information will help us determine the most appropriate services for you. Please print clearly and provide as much information as possible. Please mail or fax the application to the address below. Please note that this application does not guarantee that energy efficiency services will be provided

Service Address	Name		County		
	Address			Apt #	
	City		Zip		
	Phone	Cell/ Other	Best time to call?		
	E-Mail				
Mailing Address	Address			Apt #	
	City		Zip		
Additional Contact Person and Phone # (if needed)					
Electric Utility		Account # (If NYSEG or RG&E - POD #)			
Gas Utility		Account # (If NYSEG or RG&E - POD #)			
Other Fuel Supplier		Phone #			
<p>My signature below certifies that I am financially responsible for the account(s) listed above. I hereby consent and authorize the above listed utility and other fuel suppliers to release any and all energy consumption information, including account number(s), related to the above property address, to the New York State Energy Research and Development Authority (NYSERDA) and/or its designated representatives, for the period beginning two years prior to the application date and ending three years after participation in the NYSERDA Program. I understand that the information will be used only for the purposes of determining eligibility for NYSERDA Programs and financial incentives, evaluating energy usage, estimating savings, and for NYSERDA Program evaluation. Confidentiality will be strictly protected, to the extent permitted by law.</p> <p>I additionally authorize release of my contact information and income documentation to NYSERDA and/or its designated representatives for the purpose of determining my eligibility for EmPower New York. I understand that such information will be kept confidential, to the extent permitted by law, and used only for the purpose of determining program eligibility.</p> <p>I understand that if energy efficiency services are provided to me through EmPower New York there will be no cost to me and that participation in this program will not affect my social security, public assistance, or any other income. 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 EmPower New York.</p> <p>I agree to provide NYSERDA and its independent participating contractor access to my dwelling, at times that are mutually acceptable, to perform program activities including energy inspections, installation of measures, and Quality Assurance activities.</p> <p>I understand that the EmPower New York participating contractors are independent contractors and provide a one-year warranty on labor for work completed. I further understand that contractors and vendors will provide appropriate warranties on any equipment provided</p>					
<p><b>Please note: Application cannot be processed without signature and utility account number(s).</b></p>					
			(Customer Signature)	(Date)	

**Mail to: EmPower New York, P.O. Box 2489, Syracuse, New York 13220-2489**  
**or Fax to: (315) 463-7393**

## Customer Name

My home (check if appropriate)  was previously served by:  is on a waiting list for:  
 EmPower New York  (Assisted) Home Performance with ENERGY STAR or Green Jobs / Green New York  
 Weatherization Assistance Program  Other \_\_\_\_\_  Don't Know  
If previously served, about how long ago? \_\_\_\_\_ years

## DWELLING INFORMATION

1. I live in a:  House  Mobile Home  Apartment - # of units in bldg. \_\_\_\_\_  
2. Age of home? \_\_\_\_\_ years  
3. How many people live in the household? \_\_\_\_\_  
4. I:  Own dwelling and lot  Own mobile home, rent lot  
(check whatever is appropriate)  Rent  Rent with option to buy  
5. I have lived here \_\_\_\_\_ years

**If you rent:** Certain measures require landlord permission.  
Please complete the following information:

Landlord Information	Name	Phone
	Address	Apt #
	City	Zip

## HOME HEATING & DOMESTIC HOT WATER

6. I heat with:  Natural Gas  Electric Heat  Other \_\_\_\_\_  
 Propane  Oil  Kerosene Estimated annual propane/oil/kerosene usage: \_\_\_\_\_ gallons  
-----  
7. My water heater is:  Natural Gas  Oil  Propane  Other  Don't know  
 Electric  
-----  
8. I use:  Electric portable space heaters  Kerosene or propane space heaters

**Customer Name**

**APPLIANCES & LIGHTING**

9. Do you currently use Compact Fluorescent Light (CFL) bulbs?

Yes About how many? \_\_\_\_\_  No  Don't know

10. What is the approximate age of your refrigerator? \_\_\_\_\_ years  Don't know

11. Do you own your refrigerator?  Yes  No

If yes, did you purchase it new?  Yes  No

If yes, is it on a rent-to-own contract?  Yes  No

12. Do you currently use: a second refrigerator?  Yes  No If yes, about how old is it? \_\_\_\_\_

a separate freezer?  Yes  No If yes, about how old is it? \_\_\_\_\_

13. Do you run an electric clothes dryer?  Yes  No How many loads per week? \_\_\_\_\_

**How did you hear about EmPower New York?**

**Please add any comments that we may find helpful in reducing your energy use or any special needs that we need to be aware of.**

**Certifying Agency - Official Use ONLY**

**NO-HEAT EMERGENCY**

**Y**  **N**

WAP Referrals:  Coordinated Project / co-funded by WAP

Landlord Agreement negotiated by WAP

OFA and  
Other Referrals:

Customer also referred to WAP

I certify that the Customer listed above:  Was determined to be eligible for HEAP within the past 12 months

Has income at or below HEAP guidelines

Was determined to be eligible for the Weatherization Assistance Program

Agency Representative

Phone Number

Agency Representative Signature

Agency

Date