



# EmPower New York

## Energy Services Application - **STORM RELIEF**

The following information will help us to 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 services will be provided. Whether or not an applicant will be provided with energy services will depend on the number of applications received, the remaining funds available, and the priorities to be met by the program.

<b>Service Address</b>	Name		County		
	Address			Apt #	
	City		Zip		
	Phone	Cell/ Other	Best time to call?		
	E-Mail				
<b>Mailing Address</b>	Address			Apt #	
	City		Zip		

Additional Contact Person and Phone # (if needed)

Electric Utility	Account # (If NYSEG - POD #)
Gas Utility	Account # (If NYSEG - POD #)
Other Fuel Supplier	Phone #

**Homeowners/Renters Insurance Information:** (NYSERDA reserves the right to contact NYSHCR, your insurance company, and/or FEMA to verify that you are not receiving any form of relief, product replacement, or financial compensation for any measures paid for by EmPower New York).

Insurance Company \_\_\_\_\_ Agent Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby authorize my energy supplier(s) to release information on my energy use, including account numbers, to NYSEKDA and/or its designee, for two years prior to the application date and three years after the installation of an eligible measure. I understand that such information will be kept confidential to the full extent of the law and used only for the purpose of determining program eligibility and energy savings.

I hereby authorize release of contact and income documentation to NYSEKDA and/or its designee for the purpose of determining my eligibility for EmPower New York. I understand that such information will be kept confidential to the full extent of the law and used only for the purpose of determining program eligibility and providing service to me.

I understand that if energy services are provided 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 to me through EmPower New York.

I consent to allow NYSHCR, FEMA, and/or my insurance company to provide information concerning coverage for product replacement or financial compensation to NYSEKDA and/or its contractors.

**Application cannot be processed without signature and utility account number(s).** \_\_\_\_\_ (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. How many people live in the household? \_\_\_\_\_
3. I:  Own dwelling and lot  Own mobile home, rent lot  
(check whatever is appropriate)  Rent  Rent with option to buy
4. My dwelling is deemed habitable?  Yes  No  Not Yet Determined

**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

5. I heat with:  Natural Gas  Electric Heat  Other \_\_\_\_\_  
 Propane  Oil  Kerosene Estimated annual propane/oil/kerosene usage: \_\_\_\_\_ gallons

6. Check all that apply:

- Heating System needs to be replaced due to storm damage
- Hot Water System needs to be replaced due to storm damage
- Insulation has been damaged by the storm

**Customer Name**

**APPLIANCES & LIGHTING**

**Primary Refrigerator needs to be replaced due to storm damage**

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

8. 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

9. 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? \_\_\_\_\_

**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 or Organization - Official Use ONLY**

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
- Receives public assistance
- Receives food stamps

Agency Representative Signature

Agency

Date