



# NYS Energy Audits, Inc.

HIC License# 1362631  
NAT – 75442-1

1767 Bath Avenue • Brooklyn, NY 11214

(718) 372-3000

(718) 339-8331

If you **do not** receive *Food Stamps* or *H.E.A.P.*, it is required that you complete the enclosed ***Customer Income Documentation*** form and provide us with ***proof of your income***. **One** of the following documents is acceptable:

- Pay Check Stubs (4 weeks, current)
- Tax Return (from previous year). We only require copies of *the first (2) pages of your return*.
- A copy of notification of a Public Assistance award letter in your name received within the past 12 months.
- A copy of a SSI payment or award letter received within the last 12 months.

(3) ***Do you pay for your own Heat?***  YES or  NO.

If you answered **YES**, you may qualify for **ADDITIONAL FREE** energy-saving services.  
Please provide us with the following:

- **12 month summary of your HEATING USAGE (in therms or gallons) .**

*If your carrier is National Grid, you can do one of the following to obtain your Heating usage:*

- Provide us with 12 months of your National Grid bills.
- Contact National Grid directly at (718) 643-4050 and request a (1) page *12-month Summary* of your USAGE
- We can help you obtain your summary of USAGE. We will need your National Grid Account #, plus the last 4 digits of your Social Security #. (We need the last 4 digits of the person who holds the National Grid Account).

*If your carrier is **not** National Grid, please contact Orange and Rockland Utilities directly for summary of Usage in therms or gallons. **Please note** – We are **ONLY** interested in your heating bills – **NOT** the National Grid Cooking Gas bills.*

(4) **Please provide** 12 month summary of your Electric Usage.

If you carrier is Con Edison, please call 1-800-752-6633 and ask for 12 month summary of usage to be faxed over to you or our office directly at 718-339-8331.

If a review indicates that you are eligible for any of these services, you will be contacted to set up an appointment.

Sincerely,

Yuliya Polonsky  
NYS Energy Audits, Inc.



ACCREDITED  
CONTRACTOR





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## **FREE Energy Efficiency Services for Income-Qualified Households**

NYS Energy Audits, Inc. is offering a chance to apply for EmPower New York Program.

The Empower New York program offers **no-cost** energy services for income-qualified households. The program is funded through the New York State Energy Research and Development Authority (NYSERDA) under an agreement with the New York State Department of Public Service. Services may include:

- Replacement of old, inefficient appliances – REFRIGERATOR AND/OR FREEZER
- Installation of high-efficiency appliances – LED LIGHT BULBS
- Insulation and other home efficiency measures
- Installation of Carbon Monoxide detector and Smoke Alarm

There is **no cost to you for these services**. Funding is limited, and services will be targeted on the basis of energy usage and the potential for energy-saving measures.

In order to qualify, you must:

- Meet the income guidelines (*see next page for Guidelines*)
- Be an electric or natural gas distribution customer of one of the System Benefits Charge (SBC) participating utilities: Central Hudson, Con Edison, National Grid, NYSEG, Orange and Rockland, or Rochester Gas and Electric, and be responsible for payment of the utility bills; or be a natural gas customer of Keyspan Long Island, Keyspan New York or National Fuel Gas.
- Live in a private house or building with 100 residential units or less

If you are interested in applying, please complete the following:

- (1) Sign and return the enclosed Energy Services Application.
- (2) Provide **Income documentation** consisting of **one** of the following:

### **FOOD STAMPS RECIPIENTS:**

- A copy of your Food Stamp Benefits Award Letter - *awarded within the past 12 months*

### **HEAP Assistance RECIPIENTS:**

- A copy of your H.E.A.P. award letter dated within the past 12 months. **OR**
- A copy of a bill from your utility or fuel supplier documenting a HEAP payment received within the past 12 months, or a documentation of participation in a utility low-payment assistance program.



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## INCOME ELIGIBILITY GUIDELINES

Household Size	(2019-2020) Monthly	(2019-2020) Annual
1	\$ 2,494	\$29,928
2	\$ 3,262	\$39,144
3	\$4,030	\$48,360
4	\$4,797	\$57,564
5	\$5,565	\$66,780
6	\$6,332	\$75,984
7	\$6,502	\$78,020
8	\$7,238	\$86,860
9	\$7,975	\$95,700

**NOTE:** If you are *over-income* for EmPower New York<sup>SM</sup> – you may want to consider NYSERDA’s “ASSISTED HOME PERFORMANCE with ENERGY STAR® program.” This program provides a 50% subsidy for energy efficiency services to households with incomes below 80% of State Median Income. For additional information on Assisted Home Performance, please call (718) 266-6500 or visit our website at: [www.nysenergyaudits.com](http://www.nysenergyaudits.com).



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# APPLICATION

## EmPower New York Program



NYSERDA

The following information will help determine which services are most appropriate for you. In some situations, EmPower services 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.

### SECTION A: APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Apt # \_\_\_\_\_

City \_\_\_\_\_

NY

State \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_

Primary Phone (include area code) \_\_\_\_\_

Secondary Phone (include area code) \_\_\_\_\_

Email \_\_\_\_\_

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    I have lived here \_\_\_\_\_ years    Approximate age of the home \_\_\_\_\_

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

**If you rent, certain upgrades require owner permission. Please provide owner information below:**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (include area code): \_\_\_\_\_

Who pays for the heat at the dwelling?     I pay     Owner

Who pays for the electric at the dwelling?     I pay     Owner

Does your roof leak?     Yes     No    If yes, which rooms: \_\_\_\_\_

Do you own your refrigerator?     Yes    If yes, about how old is it? \_\_\_\_\_ years     No

Do you use a second refrigerator?     Yes    If yes, about how old is it? \_\_\_\_\_ years     No

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

### SECTION C: HOUSEHOLD DEMOGRAPHICS

Total number of members in the household: \_\_\_\_\_

Please indicate the number of household members who are:

60 years of age or older \_\_\_\_\_

Persons with disabilities \_\_\_\_\_

Native American \_\_\_\_\_

Children age 17 years or younger \_\_\_\_\_

EmPower contractors and referring agencies: Print your business or agency name in this box.

NYS Energy Audits, Inc. \*1767 Bath Avenue, Brooklyn NY 11214 \*718-372-3000 \*Fax: 718-339-8331 NY@SAVE123.ORG

**SECTION C: HOUSEHOLD DEMOGRAPHICS (CONTINUED)**

**OPTIONAL**

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

\_\_\_\_\_  
\_\_\_\_\_

**SECTION D: ENERGY INFORMATION**

Property Address: \_\_\_\_\_

My primary 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: \_\_\_\_\_

Secondary Supplier Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

My water heater runs on:

- Electric  Oil  Natural Gas  Propane  I don't know

**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: \_\_\_\_\_

Do you have a maintenance agreement for your heating system?  Yes  No

If yes, list the name of the maintenance provider: \_\_\_\_\_

**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: \_\_\_\_\_

## SECTION E: INCOME INFORMATION

Include the following information for each household member.

Name	Gender	Age	Student (Yes or No)	Source(s) of income	Weekly	Monthly	Yearly
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
<b>Total Income for the Household</b>					\$ 0.00	\$ 0.00	\$ 0.00

Check here if you have received HEAP within the past 12 months.

## SECTION F: INCOME DOCUMENTATION

A.  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

B.  Only if you cannot provide one of the documents listed under A, provide income documentation as follows:

- All household gross income for the last month: Pay stubs. To obtain 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 Social Security Disability: copy of award letter
- Documentation of all forms of income including disability, worker's compensation, unemployment, pension, maintenance, child support, annuities, Veteran's benefits and all other income
- Self Employment: IRS Report of Quarterly earnings for the last three months

## SECTION G: APPLICANT AFFIRMATION

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, installation 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). I have read and understand the provisions of the Personal Privacy Protections Law in Attachment #1.

X

Applicant Signature

Date

X

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 Weatherization  NOT Eligible for Weatherization  
 Eligible for EmPower  NOT Eligible for EmPower  EmPower 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: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_



# ATTACHMENT 1 - Keep for Your Records

## Frequently Asked Questions



### EmPower New York and Weatherization Assistance Program

#### **Are services really free?**

Yes – State residents meeting EmPower New York or the Weatherization eligibility requirements can receive home energy services through the programs at no cost.

#### **Do EmPower New York and Weatherization provide services to renters as well as owners?**

Yes – both programs provide energy services to anyone who owns or rents a home and meets all of the eligibility requirements. Owners of rental properties that receive Weatherization funds are generally required to contribute a portion of the cost of the work.

#### **What are some of the no-cost energy services that EmPower New York or Weatherization may provide?**

- Replacement of old-style light bulbs with high-efficiency lighting.
- Replacement of inefficient refrigerators and freezers with new ENERGY STAR® certified models.
- Added insulation to keep your home more comfortable.
- Strategic air sealing to reduce drafts.
- Heating system upgrades and repairs.
- Everyday strategies and tips to help you manage your energy costs.
- Minor repairs to ensure that the installed energy efficiency materials will perform correctly.
- Health and safety measures to help ensure indoor air quality.
- Identification of any hazardous conditions discovered during the energy audit.

#### **If I accept work from EmPower New York and/or Weatherization, is a lien going to be on my home?**

#### **Am I required to pay the program back if I move or my income changes?**

There is no cost or future obligation for eligible residents that participate in EmPower New York or the Weatherization Program.

#### **Do the contractors perform code inspections?**

No – EmPower New York and Weatherization contractors are not Code Enforcement Officials.

#### **Can I hire my own contractor?**

No – all work will be completed by a contractor accredited by the Building Performance Institute (BPI), a national organization that sets the technical standards for contractors in energy efficient building performance, so you know they're applying the latest knowledge and technology to the energy efficiency of your home.

#### **Can I get paid back for work I have already performed?**

No – EmPower New York and Weatherization cannot reimburse you for work that has already been completed.