



NYS Energy Audits, Inc.

HIC License# 1362631
NAT - 75442-1

1767 Bath Avenue • Brooklyn, NY 11214

(718) 372-3000

(718) 339-8331

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, air sealing 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**



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- 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.

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.
- Proof of ownership

(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 (*summary of Usage in therms*)
- Contact National Grid directly at (718) 643-4050 and request a (1) page *12-month Summary* of your USAGE

*If your carrier is **not** National Grid, please contact your utility provider directly for summary of Usage in **therms or gallons**. **Please note** – We are **ONLY** interested in your heating bills – **NOT** cooking Gas bills.*

(4) **Please provide** 12 month summary of your Electric Usage in kilowatts (kwh)

- If your 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 your carrier is **not** Con Edison, please contact your utility provider directly for summary of Usage in kwh*



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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.

INCOME ELIGIBILITY GUIDELINES

Household Size	(2022-2023) Monthly	(2022-2023) Annual
1	\$ 2,852	\$34,224
2	\$ 3,730	\$44,760
3	\$4,608	\$55,296
4	\$5,485	\$65,820
5	\$6,363	\$76,356
6	\$7,241	\$86,892
7	\$7,405	\$88,860
8	\$7,570	\$90,840
9	\$7,734	\$92,808
10	\$7,899	\$94,788



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NOTE: If you are *over-income* for EmPower New YorkSM – you may want to consider NYSDERDA’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.



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COMBINED RESIDENTIAL APPLICATION

EmPower New York and Assisted Home Performance with ENERGY STAR®



NYSERDA

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):

Sign 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

PLEASE RETURN APPLICATION

TO:

NYS Energy Audits, Inc.
1767 Bath Avenue, 2nd Fl
Brooklyn, NY 11214

Email: info@save123.org

The following information will help determine which services and programs are most appropriate for you. In some situations, EmPower New York 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. This application can be completed online at nyserdera.ny.gov/ahp-empower. Completing the application online is the fastest for NYSERDA to review and approve your application.

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

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

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 aware of:

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

NYS Energy Audits, Inc.

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: _____

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 for the purposes of assisting me to utilize the programs, determining eligibility for NYSEDA's residential programs and financial incentives, eligibility for the WAP, for estimating energy savings, and for evaluation purposes.

Customer Signature: _____ Date: _____

SECTION E: PARTNER INFORMATION

If you would like to work with a specific participating program contractor in NYSEDA'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.

Contractor Name: NYS Energy Audits, Inc.

NYSERDA maintains a network of professional energy advisors who may already be assisting you with this program and other NYSEDA programs, utility offerings, and other local resources. If you are currently working with a NYSEDA energy advisor, 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.

NYSERDA Energy Advisor Name: _____

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

- A. Geo-Eligibility: You may be eligible to qualify for incentives based on your address. Visit nyserdera.ny.gov/ahp-empower for more information. If you are in a Geo-eligibility area, please check the box.
- B. 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 ID#: _____

- C. 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
- D. If A, B, or C 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 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

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? _____

Include the following information for each household member.

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

SECTION H: DEMOGRAPHICS

To assist NYSERDA understand 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: _____ Veteran: _____

Indicate if a member of the household 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"/> Hispanic or Latinx | <input type="checkbox"/> White |
| <input type="checkbox"/> Native American / First Nation / Alaskan Native | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black or African American | |

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 to the following: NYSERDA 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.

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 AHP Only 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

Title

Date