



ENERGY

Savers INC. Saving you money.

NYSERDA

Assisted Home Performance with ENERGY STAR

Application

To be eligible for the Assisted Home Performance with ENERGY STAR work scope subsidy, applicants must fully complete this application and provide the requested documentation.

Applicant Name				Project #		
Applicant Address Street		City	County	Zip Code	Apt # or Floor	
Telephone Numbers						
Day ()			Evening ()			
Type of ___ Owner Occupied ___ Single Family Home ___ Rental Unit						
Residence # of units ___ Age of Home ___ If Rental Unit, Electricity Paid by ___ Owner ___ Tenant						
Owner's Name (if different from listed above) _____						
Owner's Address (if different from listed above) _____						
Total Number of Household Members: ___		Total Income: Complete the following table listing the income received by each household member 16 or older who is not a full-time student: and the names and ages for all members of the household.				
Names	SEX	AGE	Source(s) of Income	Amount in Dollars		
				Weekly	Monthly	Yearly
				Totals		

Salaried Applicants and Salaried Household Members

- Copy of 1st two pages of previous year's Federal Income Tax Return (Tax Returns must be signed). If previous year's Federal Income Tax Return have not been completed, please submit prior year's W2's. (If you file Schedule C or D include that.)
- Copy of two most recent consecutive paycheck stubs indicating year-to-date income.
- Proof of Social Security/Disability/Pension (Award letters), Child Support, Alimony (if you don't file income taxes and this is your only income – please add a statement with that information – make sure you sign and date the statement.)
- Copy of Utility Bills

Applicants/Household Members who are Self-Employed or Receive Rental Income

- Copy of previous year's Federal Income Tax Return, (signed) including all schedules and attachments. If previous year's Federal Income Tax Returns have not been completed, please submit a signed year to date Profit and Loss Statement.



HOMEOWNER CONTRIBUTION

The Maximum work scope incentive available from Assisted Home Performance with ENERGY STAR is 50% of the approved work scope. The maximum work scope is \$5,000. For a single family home and \$10,000. For 2-4 family residences. Where other public funds are available to defray the homeowner contribution, the homeowner contribution must not be less than 10% of the approved Assisted Home Performance with ENERGY STAR work scope or \$500 whichever is less. The Assisted Home Performance with ENERGY STAR work scope incentives may not be combined with the federally funded Weatherization Assistance Program.

Identify the source and amount of the homeowner contribution 50%: (Savings, Loan, Credit, etc.)

ENERGY SUPPLIER INFORMATION RELEASE AUTHORIZATION

I hereby authorize the energy suppliers named below to release information on my energy use to NYSERDA for two years prior to and two years after completion of the work.

Electricity Supplier: _____ **Account number:** _____

Heating Fuel Supplier: _____ **Account number:** _____

SITE VISITS

NYSERDA reserved the right, for NYSERDA or its agents, to make a reasonable number of visits during the installation and for up to 24 months following project completion. Such visit(s) will be at a time convenient to the Applicant. The purpose of the visit(s) is to provide NYSERDA with an opportunity to ensure that the eligible energy efficient measures are installed consistent with the program standards and to assess the energy savings.

APPLICANT AFFIRMATION

I certify, under the penalties of law, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and are true and complete. I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given.

I understand that this application does not guarantee that assistance will be granted but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the number of applications received, the remaining funds available and the priorities to be met by the program.

Applicant's Signature _____ **Date** _____

Co-Applicant's Signature _____ **Date** _____

OFFICE USE ONLY

INCOME GUIDELINES FOR A HOUSEHOLD OF _____ MEMBERS \$ _____
DOCUMENTATION ATTACHED ON THE BASIS OF THE ABOVE INFORMATION, HOUSEHOLD
____ IS _____ IS NOT INCOME ELIGIBLE

Intake Worker's Signature: _____ Date _____