

EmPower New York

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, fax or email the application to the address below.

APPLICANT/HOMEOWNER INFORMATION

First Name	Middle Initial	Last Name	County
			NY
Home Address		City	State Zip
Mailing Address		City	State Zip
()	()		
Home Phone	Cell Phone	Best time to call	Email Address
Name:		Phone: ()	

If you would like us to contact a friend or family member to assist you in participating in EmPower, please provide their name and phone number above.

ELECTRIC UTILITY

Company Name: _____ Account #: _____ (If NYSEG or RG&E - POD #)

GAS UTILITY

Company Name: _____ Account #: _____ (If NYSEG or RG&E - POD #)

OTHER FUEL SUPPLIER

Company Name: _____ Phone #: () _____

INSTRUCTIONS FOR APPLYING

1. Sign and return this application.
2. Provide income documentation consisting of one of the following:
 - a. A copy of a HEAP award letter dated within the past 12 months.
 - b. A copy of a bill from your utility or fuel supplier documenting a HEAP payment received within the past 12 months, or documentation of participation in a utility low-income payment assistance program.
 - c. A copy of a Food Stamp award letter in your name received within the past 12 months.
 - d. A copy of notification of a Public Assistance award letter in your name received within the past 12 months.
 - e. A copy of a Supplemental Security Income payment or award letter in the name of the EmPower New York applicant, received within the past 12 months.
3. Only if none of the above (2a - e) are available, provide a completed, signed Income Documentation Form (attached) along with proof of income. See the form for details.

If a review indicates that you are eligible for any of these services, you will be contacted to set up a meeting at your home. If you have any questions, or need assistance in filling out the application, you may contact EmPower toll-free at 1-800-263-0960.

MAIL TO: A-1 STATE INC. 144-04 LIBERTY AVE, JAMAICA NY 11435
OR FAX TO: (718) 739-0041 OR EMAIL TO: A1STATE0039@GMAIL.COM

Customer
Name: _____

SERVICE HISTORY

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. About how old do you think your home is? _____ years
3. How many people live in the household? _____
4. (Check appropriate box) I own dwelling I rent
5. I have lived here _____ years

IF YOU RENT: CERTAIN MEASURES REQUIRE LANDLORD PERMISSION. PLEASE COMPLETE THE FOLLOWING LANDLORD INFORMATION:

Landlord's Name _____ ()
Phone _____

Landlord's Address _____ Apt# _____ City _____ State _____ Zip _____

HOME HEATING & DOMESTIC HOT WATER

6. I heat with (check all that apply):

- Electric Heat Natural Gas Propane
- Oil Kerosene Other _____

Estimated annual propane/oil/kerosene usage: _____ gallons

7. My water heater is:

- Electric Heat Natural Gas Propane
- Oil Other _____ Don't know

8. Do you use space heaters?

- Yes If yes: Electric portable space heaters Kerosene or propane space heaters
- No

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? _____ years

A separate freezer? Yes No

If yes, about how old is it? _____ years

13. Do you run an electric clothes dryer? Yes No

If yes, 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 we need to be aware of.

ELIGIBILITY DECLARATION

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.

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.

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.

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.

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.

X _____

Customer Signature

Date

Please note: Application cannot be processed without signature and utility account number(s).



EmPower New York

NOTE: This form is not required if you provide documentation listed under #2 of the instructions on Page One of the EmPower New York On-Line Application.

Applicant Name	Phone Number
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1. Please list the TOTAL income for all household members 18 or older who are not full-time students.
2. List the names and ages of ALL household members.
3. Provide proof of all listed income. Proof of income may consist of: Pay stubs for the 4 most recent weeks of work; copy of checks for Social Security, VA, Pension, Interest income, Rental income, Alimony, Child Support, or unemployment; bank statement for direct deposit of Social Security. Call 1-800-263-0960 for information on additional forms of acceptable income documentation.
4. Provide this form and income documentation to EmPower New York (see page 1 of the online application for instructions).

NAME	SEX	AGE	SOURCE(S) OF INCOME	AMOUNT IN DOLLARS		
				WEEKLY	MONTHLY	YEARLY
			TOTALS:			

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 are true and complete, and that all income for all household members 18 or older who are not full-time students is listed here. I understand that by signing this application. I consent to any other inquiry to verify or confirm the information I have given.

X _____
Applicant's Signature **Date**

**A-1 STATE INC
 EMPOWER PROGRAM
 144-04 LIBERTY AVE. JAMAICA NY 11435**