

EmPower New YorkSM Energy Services Application

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.

	Name		County	
Service Address	Address			Apt #
	City		Zip	
	Phone	Cell/ Other	Best time to call?	
Mailing Address	Address			Apt #
	City		Zip	

Additional Contact Person and Phone # (if needed)

Electric Utility	Account # (If NYSEG or RG&E - POD #)
Gas Utility	Account # (If NYSEG or RG&E - POD #)
Other Fuel Supplier	Phone #

I hereby authorize my energy supplier(s) to release energy use information to NYSERDA and/or its designee. I understand that such information will be kept confidential and used only for the purpose of determining program eligibility and energy savings. I hereby authorize release of contact and income documentation to NYSERDA and its designee for the purpose of determining my eligibility for EmPower New York. I understand that such information will be kept confidential 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.

Application cannot be processed without signature and account number(s).

(Customer Signature)

(Date)

Optional:

I agree to allow NYSERDA and its designated contractors to share information related to the energy services provided by EmPower New York with the Building Performance Institute for the purpose of providing Quality Assurance on the work performed.

Customer Initials (Optional)

(Date)

**Mail to: Community Action of Greene County, Inc. 53 South Jefferson Ave, Catskill, NY 12414
Phone: 518-943-9205 Fax: 518-943-0343**

Name

DWELLING INFORMATION

I live in a: House Mobile Home Apartment - # of units in bldg.

Age of home? years How many people live in the household?

I (check whatever is appropriate) Own dwelling and lot Own mobile home, rent lot
 Rent Rent with option to buy

I have lived here years My dwelling is currently for sale? Yes No

I am planning to move within the next year? Yes No

If you rent: Certain measures require landlord permission. Please complete the following information:

Landlord Information	Name	Phone	
	Address	Apt #	
	City	Zip	

HOME HEATING

I heat with: Natural Gas Propane Electric Heat Oil
 Other Approximate Age of Heating System years

Main source of heat:

Furnace / Warm air registers Electric baseboard Heat Pump
 Hot Water / Steam - Radiators or Baseboard Other

Check if you use the following:

Electric portable space heaters Kerosene or propane space heaters

Has your home been insulated by your county's Weatherization Program?

Yes No If yes, about how long ago? years

Name

HOT WATER TANK

My water heater is:

Electric Natural Gas Oil Propane Other Don't know

Does your water heater leak? Yes No Don't know

If your water heater is electric, do you have to push the reset button often? Yes No

APPLIANCES & LIGHTING

What is the approximate age of your refrigerator? years Don't know

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

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?

Do you run an electric clothes dryer? Yes No

How many loads per week?

How many heated waterbeds do you have?

How many Torchiere Floor Lamps do you have?

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.

Agency Certification - Official Use ONLY

WAP Referrals: Landlord Agreement negotiated by WAP

I Certify that the customer listed above:

- Was determined to be eligible for HEAP within the past 12 months Receives public assistance
- Has income at or below HEAP guidelines Receives food stamps
- Was determined to be eligible for the Weatherization Assistance Program

Agency Representative Signature

Agency

Date

