



EmPower New York Energy Service Application



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 the application to the address below. Please note that this application does not guarantee that energy efficiency services will be provided.

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

Additional Contact Person
and Phone # (if needed)

Electric Utility National Grid Account # _____

Gas Utility National Grid Account # _____

Other Fuel Supplier Phone #

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 NYSEDA Program. I understand that the information will be used only for the purposes of determining eligibility for NYSEDA Programs and financial incentives, evaluating energy usage, estimating savings, and for NYSEDA 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 NYSEDA 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 NYSEDA 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.

**Mail to: National Grid
EmPower New York
Consumer Advocacy C3
300 Erie Blvd West
Syracuse, NY 13202**

Customer Signature

Date

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

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. How many people live in the household? _____ 3. Age of home? _____
 4. I: Own dwelling and lot Own mobile home, rent lot
 (check whatever is appropriate) Rent Rent with option to buy


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

Landlord Information	Name		Phone		
	Address			Apt #	
	City		Zip		

HOME HEATING & DOMESTIC HOT WATER

5. I heat with: Natural Gas Electric Heat Other _____
 Propane Oil Kerosene Estimated annual propane/oil/kerosene usage: _____ gallons
 6. My water heater is: Natural Gas Oil Propane Other Don't know
 Electric
 7. I use: Electric portable space heaters Kerosene or propane space heaters

APPLIANCES & LIGHTING

8. What is the approximate age of your refrigerator? _____ years Don't know
 9. 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
 10. 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? _____
 11. Do you currently use Compact Fluorescent Light bulbs?  Yes No Don't know

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.