EmPower New York℠

Energy Services Application **STORM RELIEF 2011**

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, e-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 #

Homeowners/Renters Insurance Information: (NYSERDA reserves the right to contact your insurance company and/or FEMA to verify that you are not receiving any form of relief, product replacement, or financial compensation for any measures paid for by EmPower New York).

Insurance Company _____ Agent Name _____

Policy Number _____ Phone Number _____

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.

I consent to allow FEMA and/or my insurance company to provide information concerning coverage for product replacement or financial compensation to NYSERDA and/or its contractors.

Application cannot be processed without signature and account number(s). _____ (Customer Signature) (Date)

Mail to: EmPower New York, P.O. Box 2489, Syracuse, New York 13220-2489
or Fax to: (315) 463-7393 or scan and E-mail to: ACSempower.applications@honeywell.com

Continue to the NEXT Page ----->

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

☐ Heating System needs to be replaced due to storm damage

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

Continue to the NEXT Page ----->

Name

HOT WATER TANK

☐ Hot Water System needs to be replaced due to storm damage

My water heater is:

☐ Electric ☐ Natural Gas ☐ Oil ☐ Propane ☐ Other ☐ Don't know

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

APPLIANCES & LIGHTING

☐ Refrigerator needs to be replaced due to storm damage

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? ☐

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