An Independent Contractor to:
nyserda
Energy. Innovation. Solutions.

EmPower New York℠
PO Box 2489, Syracuse, NY 13220
Toll Free 1-800-263-0960

Special Assistance to Households Affected by Tropical Storms Irene and Lee

If your home was damaged by tropical storms Irene or Lee, and you meet the eligibility criteria below, you may be eligible for special assistance through NYSERDA's EmPower New York program. Services include:

- ✓ Replacement of primary refrigerators
- ✓ Replacement of heating systems
- ✓ Replacement of water heaters
- ✓ Energy efficiency services

These services are provided at no cost. Households affected by the storms who were previously served through EmPower will be eligible for these additional services.

To be eligible for this special assistance:

1. Households must have incomes at or below 60% of State median income (i.e., HEAP eligibility; see below).

2. Households must be customers of Con Edison, Central Hudson, National Grid, NYSEG, Orange and Rockland, Rochester Gas & Electric, or heat with oil or propane.

3. Only homes that are viable for continued habitation may be served with EmPower funds.

4. Households who are provided with measures through EmPower may not access other NYSERDA programs (such as the New York State Appliance and Equipment Rebates Program; see below) for the same measures.

5. Appliances and equipment provided must be for replacement purposes only. You must attest that you are not receiving financial reimbursement through homeowner's or renter's insurance and/or Federal Emergency Management

Agency (FEMA) relief for the measures provided by EmPower. Audits to verify insurance claims and/or FEMA assistance may be conducted.

If you are interested in applying, please complete the following:

1. **Fill out and sign** the enclosed Energy Services Application.
2. **Provide income documentation** consisting of ***one*** of the following:

   a. Certification from a Community Based Organization that has verified your income eligibility on the back of the application.
   b. A copy of a HEAP award letter dated within the past 12 months.
   c. 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.
   d. A copy of a Food Stamp award letter in your name received within the past 12 months.
   e. A copy of notification of a Public Assistance award letter in your name received within the past 12 months.
   f. A copy of a SSI payment or award letter in the name of the EmPower New York applicant, received within the past 12 months.
   g. ***Only if none of the above (a – f) are available,*** complete the enclosed Income Documentation Form.

3. **Send the completed application to EmPower by November 30, 2011**, in one of the following ways:

   - Mail to: **EmPower New York, P.O. Box 2489, Syracuse, New York 13220**
   - FAX to: **(315) 463-7393**
   - Scan and email to: ACSempower.applications@honeywell.com

You will be notified regarding eligibility. 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.

For additional information you may contact EmPower at 1-800-263-0960 or visit **http://www.getenergysmart.org/empower/**

Income Eligibility Guidelines

The current income guidelines for EmPower New York are set at 60% of the State Median Income, effective October 1, 2011.

HEAP Guidelines 2011 - 2012

Household Size	Monthly	Annual
1	$2,146	$25,752
2	$2,806	$33,672
3	$3,466	$41,592
4	$4,127	$49,524
5	$4,787	$57,444
6	$5,447	$65,364
7	$5,571	$66,852
8	$5,695	$68,340
9	$5,818	$69,816
10	$5,942	$71,304
11	$6,136	$73,632
11+	+478	$5,736

NOTE: If you are over-income for EmPower New York℠, you may still be eligible for equipment rebates through the New York State Appliance and Equipment Rebates Program and a 50% grant through Assisted Home Performance with ENERGY STAR®.

For more information, please call 1-877-NY-SMART or visit:

www.nysappliancerebates.com

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Income Documentation Form

NOTE: This form is not required if you provide documentation listed under #2 of the instructions for completing the application included in the cover letter.

APPLICANT NAME					TELEPHONE NUMBER
APPLICANT ADDRESS	Street	City	County	Zip Code	Apt# or Floor

Total Number of Household Members:_____	TOTAL INCOME: Complete the following table listing the income received by each household member 18 or older who is not a full-time student; and the names and ages for all members of the household.

Name	AGE	SOURCE(S) OF INCOME	AMOUNT IN DOLLARS		
			WEEKLY	MONTHLY	YEARLY
		TOTALS			

Proof of Income: 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.

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. I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given.

Applicant's Signature_____ Date_____

OFFICE USE ONLY

INCOME GUIDELINES FOR A HOUSEHOLD OF_____MEMBERS: $_____1 DOCUMENTATION ATTACHED
ON THE BASIS OF THE ABOVE INFORMATION, HOUSEHOLD ❑ IS ❑ IS NOT INCOME ELIGIBLE

Intake Worker's Signature: Date