

# Assisted Home Performance with ENERGY STAR®



## APPLICATION

The Assisted Home Performance with ENERGY STAR program provides income-eligible homeowners and renters with a discount covering up to \$5,000 per project for single-family homes. Two- to four-unit residential homes with income-eligible residents may receive a discount of up to \$10,000. To qualify for this program, you must:

- Own or rent a single-family home or multifamily home with up to four units.
- Have a household income that is less than 80% of the State Median Income (SMI) or Area Median Income (AMI), whichever is greater.

**NOTE:** If your household income is at or below 60% of the State Median Income, you may be eligible for free home energy improvements through NYSEDA's EmPower New York program. Please call toll free 1-800-263-0960 or visit [nyserda.ny.gov/empower-overview](http://nyserda.ny.gov/empower-overview) for more information.

## SECTION A - PROPERTY INFORMATION

### Installation Address (location of home energy improvements):

Street Address \_\_\_\_\_ Unit # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

NY

No. of units (5+ does not qualify):  Single-Family Home  2-Family Home  3-Family Home  4-Family Home  Mobile Home

Select one:  Owner Occupied  Rental Unit **Electricity is paid by:**  Owner  Tenant **Heat is paid by:**  Owner  Tenant

No. of people living in household \_\_\_\_\_

## SECTION B - APPLICANT INFORMATION

Mr./Mrs./Ms. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_ Email Address \_\_\_\_\_

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Mailing Address (if different from installation address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

## SECTION C - PROPERTY OWNER INFORMATION

### Complete this section only if the property owner is different than the applicant.

Mr./Mrs./Ms. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address (if different from Installation Address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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## SECTION D - ENERGY SUPPLIER INFORMATION

### Provide a copy of your most recent electric and/or gas (if applicable) utility bills to support the following:

Electric Utility Name \_\_\_\_\_ Account Number \_\_\_\_\_ Name on Account \_\_\_\_\_

Natural Gas Utility Name (If Applicable) \_\_\_\_\_ Account Number \_\_\_\_\_ Name on Account \_\_\_\_\_

Indicate here if you purchase oil/propane from different suppliers or are a cash-on-delivery customer.

## SECTION E - PROJECT INFORMATION

Contractor Name (if known) \_\_\_\_\_ Constituency-Based Organization Name (if applicable) \_\_\_\_\_

Are you currently on a waiting list, scheduled to receive services through, or previously served by:

EmPower New York  Weatherization Assistance Program (WAP)

## SECTION F - INCOME DOCUMENTATION

Are you currently eligible for, or have you received within the past 12 months, services through:

HEAP, food stamps, public assistance, or supplemental security income

Complete the following table listing **all** household members. Please use additional pages, if needed.

| Last Name | First Name | Age | Full-Time Student  | Required to file a Federal Tax Return                    |
|-----------|------------|-----|--|--|
|           |            |     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|           |            |     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|           |            |     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|           |            |     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|           |            |     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|           |            |     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

The applicant will be required to provide documentation of income to meet eligibility requirements for the discount. There are two ways the applicant can meet documentation requirements. **Please select one of the following options:**

**OPTION 1.** Provide a copy or transcript of the most recent Federal Income Tax Return (Form 1040/1040-A/1040-EZ) for each household member listed above who is over 18, filed a Federal Income Tax Return, and who is not a full-time student.

**Note:** This option is only available if all household members required to file a return, did file a return.

Social Security Numbers, Routing and Account Numbers, and any PINs must be blackened-out on these documents. You do not need to provide the Schedules or Forms filed with the return. If you do not have a copy of your return, you may request a transcript of your return to be mailed to you free of charge by completing IRS Form 4506-T, or by going to [IRS.gov](http://IRS.gov) and clicking on "Order a Transcript," or by calling 1-800-908-9946.

**OPTION 2.** Use this option if your current annual income is significantly different from the income on your last filed Federal Income Tax Return, or if all household members required to file a tax return, did not do so. If listing income from self-employment or business, list the net income after operating expenses.

**Provide all current regular sources** and amounts of income below for each household member who is over 18, required to file a Federal Income Tax Return, and who is not a full-time student. Please use additional pages, if needed.

| Name of Income Recipient | Income Source (ex. Acme Tools, Inc.) | Current Annual Income |
|--------------------------|--------------------------------------|-----------------------|
|                          |                                      |                       |
|                          |                                      |                       |
|                          |                                      |                       |
|                          |                                      |                       |
|                          |                                      |                       |
|                          |                                      |                       |
|                          |                                      |                       |
| <b>Total:</b>            |                                      |                       |

### Provide the following documentation for each income source listed above:

|                                 |   |
|---------------------------------|---|
| Wage Income                     | Copy of two most recent paystubs showing year-to-date gross earnings, or letter from employer stating gross year-to-date earnings                       |
| Pension/Social Security         | Copy of award letter for current year or copy of bank statement showing deposit sources and amounts   |
| 401(k)/IRA/Interest Earnings    | Copy of brokerage/account statements showing regular pattern of distributions   |
| Rental                          | Copy of current lease, or copies of 3 consecutive rent checks   |
| Alimony                         | Copy of divorce decree or court order that established the support  |
| Self-Employment/Business Income | Copy of most recent Federal Income Tax Return with Schedule C, E or F; or profit & loss statement for past 12 months prepared by independent accountant |

## SECTION G - CONSENT AND SIGNATURES

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 and are true and complete. I understand that my signature on this form gives permission for NYSERDA, or its designee, to verify records necessary to assure my eligibility for Assisted Home Performance with ENERGY STAR and/or EmPower New York. I understand that if I give false information or withhold information in order to make myself eligible for benefits that I am not entitled to, I can be prosecuted to the fullest extent of the law.

I understand this application does not guarantee assistance will be granted but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the number of applicants received, the remaining funding available, and the priorities to be met by the program.

All adult household members are required to sign and date this application below.

**X**

Signature

Date

**X**

Signature

Date

**X**

Signature

Date

**X**

Signature

Date

**X**

Signature

Date

Submit Completed Applications to:

Energy Finance Solutions  
431 Charmany Drive Madison, WI 53719  
Fax: 608-249-5788

For more information, please contact Energy Finance Solutions (EFS), a service offered by Wisconsin Energy Conservation Corporation:

**Toll Free: 1-800-361-5663**

**Email: [efs@energyfinancesolutions.com](mailto:efs@energyfinancesolutions.com)**

**Or visit [nyserdera.ny.gov/assisted-home-performance](http://nyserdera.ny.gov/assisted-home-performance)**

