

SUBSIDY APPLICATION

Assisted Home Performance with ENERGY STAR®



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](https://www.nyserda.ny.gov/empower-overview) for more information.

SECTION A - PROPERTY INFORMATION

Installation Address (location of home energy improvements):

NY

Street Address _____ Unit # _____ City _____ State ZIP _____ County _____

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 in household _____ (include full time student(s) whether living in household or not)

SECTION B - APPLICANT INFORMATION

Mr./Mrs./Ms. Last Name _____ First Name _____ Middle Initial _____

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Primary Phone Number _____ Ext. _____ Secondary Phone Number _____ Ext. _____ Email Address _____

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 _____

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Primary Phone Number _____ Email Address _____

SECTION D - ENERGY SUPPLIER INFORMATION

Provide a copy of your most recent electric and 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 heat with oil, propane, or wood.

SECTION E - PROJECT INFORMATION

Classic Cozy

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.
 If Yes, you may provide an award letter to satisfy the documentation requirements of the options below.

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](https://www.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, business, or rental income, 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 |
|--------------------------|--------------------------------------|-----------------------|
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| Total: | | |

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 |
| Alimony | Copy of divorce decree or court order that established the support |
| Self-Employment/Business Income/ Rental Income | Copy of most recent Federal Income Tax Return with Schedule C, E or F; or profit & loss statement for past 12 months |

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 acknowledge that NYSERDA has retained Energy Finance Solutions (EFS), a service offered by Wisconsin Energy Conservation Corporation (WECC), to process and underwrite my/our Assisted Home Performance application. I authorize EFS and WECC to release to an income verification service company, chosen by EFS and WECC, my/our financial or other information that I/we have supplied to EFS and WECC in connection with determining eligibility for a financial discount under this program. If necessary, I further agree to provide additional information to EFS and WECC to make such verification.

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

Or visit nyserdan.ny.gov/assisted-home-performance

