



Assisted Home Performance with ENERGY STAR[®] Application

To be eligible for the Assisted Home Performance with ENERGY STAR work scope subsidy, applicants must fully complete this application and provide the requested documentation.

APPLICANT NAME				Project #		
APPLICANT ADDRESS	Street	City	County	Zip Code	Apt# or Floor	
TELEPHONE NUMBERS						
Day ()			Evening ()			
DIRECTIONS TO THE HOME						
TYPE OF RESIDENCE <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Single Family Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Rental Unit # of units _____ Age of Home _____ If Rental Unit, Electricity Paid By: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant						
OWNER'S NAME Owner's Address (if different from address listed above)						
Total Number of Household Members: _____		TOTAL INCOME: Complete the following table listing the income received by each household member 16 or older who is not a full-time student; and the names and ages for all members of the household.				
Name	SEX	AGE	SOURCE(S) OF INCOME	AMOUNT IN DOLLARS		
				WEEKLY	MONTHLY	YEARLY
TOTALS						

Salaried Applicants and Salaried Household Members

- Copy of 1st two pages of previous year's Federal Income Tax Return (Tax Returns must be signed). If previous year's Federal Income Tax Return have not been completed, please submit prior year's W2's.
- Copy of most recent paycheck stub indicating year-to-date income.
- Proof of Social Security/Disability/Pension (Award Letters), Child Support, Alimony

Applicants/Household Members who are Self-Employed or Receive Rental Income

- Copy of previous year's Federal Income Tax Return, (signed) including all schedules and attachments. If previous year's Federal Income Tax Return have not been completed, please submit a signed year to date Profit and Loss Statement.

Remit to:
 Energy Finance Solutions
 211 S. Paterson St. 3rd Fl., Madison, WI 53703
 800-361-5663 ph/(608) 249-5788 fax

HOMEOWNER CONTRIBUTION

The maximum work scope incentive available from Assisted Home Performance with ENERGY STAR is 50% of the approved work scope. The maximum work scope incentive is \$5,000 for a single family home and \$10,000 for 2-4 family residences. Where other public funds are available to defray the homeowner contribution, the homeowner contribution must not be less than 10% of the approved Assisted Home Performance with ENERGY STAR work scope or \$500 whichever is less. The Assisted Home Performance with ENERGY STAR work scope incentives may not be combined with the federally funded Weatherization Assistance Program.

Identify the source and amount of the homeowner contribution:

ENERGY SUPPLIER INFORMATION RELEASE AUTHORIZATION

I hereby authorize the energy suppliers named below to release information on my energy use to NYSERDA for two years prior to and two years after completion of the work.

Electricity Supplier: _____ Account Number: _____

Heating Fuel Supplier: _____ Account Number: _____

SITE VISITS

NYSERDA reserves the right to make a reasonable number of visits during the installation and for up to 24 months following project completion. Such visit(s) will be at a time convenient to the Applicant. The purpose of the visit(s) is to provide NYSERDA with an opportunity to ensure that the eligible energy efficient measures are installed consistent with the program standards and to assess the energy savings.

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 and 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.

I understand that this application does not guarantee that 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 applications received, the remaining funds available and the priorities to be met by the program.

Applicant's Signature _____

Date _____

Co-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	1 IS	1 IS NOT	INCOME ELIGIBLE
Intake Worker's Signature:	Date		

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ELIGIBILITY - INCOME DOCUMENTATION

INCOME SOURCES	Acceptable Documentation
Alimony	Court order; pertinent pages of separation agreement or divorce decree that identify client and amount of alimony. (If court ordered payments are not being received by the client, a notarized statement to this effect will be accepted.)
Annuities	Statement from issuing organization
Child Support	Court order; pertinent pages of agreement that identify the client and amount of support. (If court ordered payments are not being received by the client, a notarized statement to this effect from the Court, the Child Support Collection Unit, or the spouse required to pay will be accepted.)
Direct Deposits	Copy of two or more bank statements listing the date and amount of deposit; letter from local bank stating source and amount of direct deposit income; verification of income from benefit source.
Dividends and Interest, as Regular Source of Income	Statement from bank or brokerage firm.
Estates and Trusts, as Regular Source of Income	Fiduciary statement or current statement from bank or brokerage firm.
Insurance Proceeds or Dividends, as Regular Source of Income	Statement from insurance company.
HUD FORM 50059	Copy of the current form for the tenant.
Pensions, Government or Private	Award letter; copy of checks; a letter from administrative agency.
Rents	Income tax form; rent receipts; notarized statement from applicant listing each apartment and the rent received per month, as well as the description and amount of deductible expenses. When the tenant is a family member and is paying no rent to the owner, a notarized statement should be received from the tenant and signed by the owner stating that no rents are being collected.
Royalties	Income tax return; current statement from company issuing checks.
Self Employment Income	Business records for three months prior to the date of application; IRS form for income from previous year (for gross income only); notarized statement of gross adjusted income, including list of deductions and amounts, for previous three months.
Social Security Benefits	Award letter; checks; statement from bank or brokerage firm (if direct deposit); SSA form 2458 (Report of Confidential Social Security Benefit Information).
Strike Benefits	Award letter; copy of checks; letter from union.
Training	Award letter, copy of checks; letter from appropriate administrative agency.
Unemployment	Notice of Benefit Rate letter (Form Benefits L0403x)
Veterans Benefits	Award letter from Veterans Administration or Department of Defense; copy of check.
Wages and Salaries Before Deduction	Letter from employer on company's stationary; wage, earnings, or pay stubs; any combination of the above to document total earnings for the 4 weeks prior to date of application.
Workers Compensation	Award letter from Workers Compensation Board; current check.



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2006 Income Guidelines

Household Size	80% of Median
1	\$28,848
2	\$37,728
3	\$46,608
4	\$55,488
5	\$64,352
6	\$73,232
7	\$74,896
8	\$76,560
9	\$78,224
10	\$79,888
11	\$84,368
Each Additional	\$6,528

*Effective 11/01/05

All **New York Energy \$martSM** programs are funded by a System Benefits Charge (SBC) paid by electric distribution customers of Central Hudson, Con Edison, NYSEG, Niagara Mohawk, Orange and Rockland, and Rochester Gas and Electric. NYSEDA, a public benefit corporation established by law in 1975, administers SBC funds and programs under an agreement with the Public Service Commission.

New York Energy \$martSM programs are designed to lower electricity costs by encouraging energy efficiency as the State's electric utilities move to competition. The programs are available to electric distribution customers (residential, commercial, institutional, and industrial) who pay into the System Benefits Charge (SBC).