



570 South Avenue
Rochester, NY 14620
585-325-4170
Fax 585-325-2587
www.nwrochester.org

Home Performance with Energy Star® Application Checklist

This will serve as a guide for applicants to help complete the application. The applicant will need to submit the below listed documents with the attached application for the application to move forward through the program.

Submit everything listed below to:

Attn: Energy Services, 570 South Avenue, Rochester, NY 14620
or fax to 585-325-2587.

Check List

- Application** – completed and signed

- RG&E bill**

- Need one of the below listed **Income documents** needed to prove eligibility.
 - 1) A set of documents proving household income;
 - a. Federal tax return - 1st two pages (page 2 must be signed and dated)
 - i. If operating a business – submit applicable federal tax documents
 - b. Recent pay stubs showing last months earnings

And/Or

- c. One set of below listed documents showing income source for each income earner in the household
 - i. SSI award letters,
 - ii. Bank statement with direct deposit of SSI,
 - iii. Other – contact us

- Child support settlement (as applicable)

Call us at 325-4170 x329 with any questions

NYSERDA

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.

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: \$ DOCUMENTATION ATTACHED
ON THE BASIS OF THE ABOVE INFORMATION, HOUSEHOLD IS IS NOT INCOME ELIGIBLE

Intake Worker's Signature: _____

Date _____