



NYSERDA

EmPower New York

Supplemental Data Collection - REQUIRED for non-EmpCalc Users

Customer Name: _____

Contractor Name: _____

EmPower ID #: D0

Date: _____

in household: _____ Heated Sqft: _____

Annual Electric Usage: _____ kWh

Annual Gas Usage: _____ Therms

Heating Fuel Type: _____ Unit Cost: _____ / _____

Annual Usage: _____

Dryer Conversion - Electric To Natural Gas:

Est. Loads/Week: _____

New Dryer Make: _____

Replacement Cost: _____

New Dryer Model: _____

Insulation:

Surface Type	Siding Type	Existing Insulation Type	Sqft	Inches	Condition	Proposed Inches	Proposed Type

Other Description:

Sqft	Inches
R-Value	Cost/sqft

Airsealing:

of bedrooms: _____ Building Exposure: _____ Pre-CFM: _____ @50 Fan Pressure: _____ Pa

Description of Measure and Material	Est. Hrs	Labor Rate	Labor \$	Material \$	Total Cost

Post-CFM: _____ @50

TOTAL _____