



Customer Name  
Customer Street Address  
Customer City, State, Zip

EmPower New York Opt-Out

I understand that I am/or may be eligible to have energy efficiency work done on my home at **no-cost to me** through the EmPower New York (EmPower) program, such as: replacing inefficient refrigerators or freezers, installing high efficiency lighting, reducing drafts, and improving attic and/or wall insulation, and conducting a thorough health and safety check.

My contractor has explained the free services available through EmPower; however, I am declining consideration for one or more of these improvements and choose instead to proceed with energy efficiency improvements offered through Assisted Home Performance with ENERGY STAR® (AHPwES). I am declining free EmPower energy efficiency improvements because... (please check all that apply):

I am okay with paying 50% of the cost of one or more energy efficiency improvements.

I prefer to work with a contractor not participating in EmPower.

I only want services that are not offered through EmPower.

Other: \_\_\_\_\_

I understand that eligible improvements installed through participation in AHPwES can receive a subsidy of 50% of the total cost, up to a maximum of \$5,000, and I will be responsible for paying the remaining cost of the energy efficiency work installed through AHPwES. I also understand that the subsidy will be paid to the certified contractor who will be performing the work. I further understand that if the improvements I want are not offered through EmPower, I can pursue them through AHPwES, while still working with my contractor to identify improvements that are available to me at no-cost through EmPower.

I understand that I may also be eligible to receive no-cost services through the NYS Weatherization Assistance Program (WAP). To find a local provider, please visit <http://www.nyhousingsearch.gov/weatherization/NYWeatherization.html> and enter your address. For questions about WAP, please call (518) 474-5700.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Customer Name (please print) \_\_\_\_\_

Contractor Name \_\_\_\_\_ Date \_\_\_\_\_  
Contractor Signature \_\_\_\_\_

Contractors: If you are working with a customer prior to the submission of the Combined Residential Application and have determined they would like to pursue improvements through AHPwES, please complete and submit this form as part of the application submission package. If the customer has already been determined to be eligible for free services through EmPower and would like to opt out, please complete this form and submit through a ticket to [support.residential@nyserdera.ny.gov](mailto:support.residential@nyserdera.ny.gov).