EmPower+ Initial Interview Form

Applicant Name:	icant Name: Date:				
Technician Name & Company EmPower+ ID:					
Question & Answer Session – To be filled out with participation of the applicant					
What fuel do you use for your cook stove and oven?					
Have you ever used your cook stove or oven for heat during the winter?		Yes 🗌	No		
Does ice buildup in your attic or on your roof?		Yes 🗌	No 🗌	Unsure	
Does your roof leak?		Yes 🗌	No 🗌	Unsure	
How many people in your home are smokers?					
How many pets live here?					
Do your any of your pipes freeze during the winter months?		Yes 🗌	No 🗌	Unsure	
Are there any moisture issues in the home (such as condensation) including in your b	asement? Pleas	se explai	n.		
List any areas where you are concerned about the presence of or have previously treat	ated mold or m	ildew:			
Health & Safety Concerns Are there members of your household with any medical condition(s) that may be affect materials, such as insulation?	cted by commo	n weath	erizatio	n	
Contractors can provide further information regarding the materials to be used upon your Other Concerns Noted by Contractor Unvented combustion space heater Peeling, cracked, or chipped paint in pre-1978 homes Potential electrical concerns (i.e. knob and tube wiring, sparks, etc.)	request.		Yes Yes	□ No □ No	
Excessive debris or clutter		<u>L</u>	Yes	□No	
Other (describe below)		<u>L</u>	Yes	□No	
Please provide details for any "yes" answers or other observations that are relev	ant to the wor	k to be p	erform	ed:	
have participated in the Question & Answer Sessions answers reported above are reflective of what was discussed with the contractor. I un health or safety concerns may impact the availability of some measures and EmPower where concerns exist. The participating contractor has explained to me the proposed measures to be provided to me, if approved, through EmPower+ New York. The participating contractor has explained any out-of-pocket costs, if applicable to me.	derstand that i r+ may deny or measures and I	n some i delay th agree to	nstance e meas o allow	es, ures these	
Applicant Signature:					
	Date:				