



Name Address

Enrollment ID Contractor

To reduce my monthly energy costs, I will take the following actions:

Action 1: _____

Action 2: _____

Action 3: _____

Action 4: _____

Direct Install Measures Installed: Yes No

| Measured Installed | Amount |
|--------------------|--------|
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Contractor: I, _____ attest that all measures installed meet EmPower+ guidelines and for all EmPower+ projects, I have conducted the appropriate Combustion Appliance Zone (CAZ) testing and left the home in a safe condition as per program requirements.

Contractor Signature Date

APPLIANCE REPLACEMENT

Auditor recommends an appliance replacement:

Yes – Appliance Exchange Agreement required

No – Reason: _____

Customer Initials: _____

ENERGY USAGE

Electric Utility account number: _____

Electric Utility: _____

Estimated Yearly Usage: _____

Fuel Account number: _____

Fuel Provider: _____

Fuel Type: Natural Gas Oil Propane Wood Pellets Coal Kerosene Other: _____

I understand that participating EmPower+ contractors are independent contractors and provide a one-year warranty on labor and materials for work completed. I further understand that contractors and vendors will provide information on all existing manufacturer warranties for any equipment installed.

I certify that the energy usage information provided above is accurate to the best of my knowledge. I understand that NYSERDA requires 12 to 24 months of energy usage data in order to provide the most accurate savings and payback information for all proposed work to my home. All materials that include savings, calculations, payback schedules, or that are derived from my current energy usage will not necessarily reflect actual savings. I consent that NYSERDA and its designees have the authority to estimate my energy usage information.

I attest that my home was left in good condition. I will make my best effort to complete the energy savings actions that I listed above. As part of the comprehensive home energy assessment, the contractor installed the energy saving and/or direct install measures listed above unless I declined or there was no opportunity to install the specific measure requirements.

Customer Signature

Date

PROPERTY OWNERSHIP

Is the customer the owner of this property? Yes No

If yes, customer must sign below.

_____ certify that I am the owner of the property located at:

_____ and I further certify that I have given permission for New York Energy Research Development Authority (NYSERDA) and/or its independent contractors to work on the property listed above. NYSERDA retains the right to require proof of building ownership from the customer in the future and if requested I will provide that documentation.

Customer Signature

Date

