



EmPower+ No-Heat Attestation Form

Customer Contact

Name: _____ Address: _____

Phone Number: _____ Email: _____

Enrollment ID: _____

EmPower+ Contractor Contact

Company Name: _____

Phone Number: _____

Email: _____

Technician Name: _____

Existing Primary Heating Equipment

Date of Inspection: _____

Equipment Make and Efficiency: _____

Model Number: _____

Equipment Age: _____

How Equipment Was Determined to be Non-Operational:

What Components Were Determined to be Malfunctioning (i.e. Fan, Pump, Heat Exchanger, Etc.):



Steps Made to Repair Equipment:

Estimate Replacement Cost: _____

Replacement Equipment Specs:

Attestation

The EmPower+ Participating Contractor attests that the primary heating equipment at this residence has been inspected and deemed non-operational, unsafe to operate or unrepairable. The customer has been informed of replacement options and any associated costs over the EmPower+ Incentive caps. In the event the conditions of the primary heating system have been falsely represented, NYSERDA reserves the right to withhold incentives from the Participating Contractor and enforce disciplinary action per EmPower+ Program Guidelines.

Contractor Signature: _____

Date: _____

Customer Signature: _____

Date: _____