

SECTION A – APPLICATION REQUEST

This is not a loan application, nor does it lock you into any commitment with a contractor. If you wish to apply for a loan, please complete the NYSERDA Residential Financing and Income Screening Application.

What are you applying for? Income Screening for Reduced Loan Interest Rate Incentive Both

Clean Energy Project Type (Select all that apply)

- Energy Efficiency Upgrades Solar Electric System Pellet Stove
 Solar Hot Water System Ground Source Heat Pump Air Source Heat Pump

Only complete this application if you occupy the installation property. Information provided in this application may be used to determine the interest rate available to borrower(s) who submit a Credit Application for a loan to pay for the installation of a clean energy project to the property you occupy. Information provided will also be used to determine eligibility for an incentive to further help pay for the installation. Eligibility is based upon the total gross annual income of each household unit that completes an income screening application. Installation properties of up to four units may apply. Each household unit should complete a separate income screening application.

Income-eligible applicants may qualify for the following incentives:

- An incentive for **energy efficiency upgrades** through the Assisted Home Performance with ENERGY STAR® Program. To learn more visit www.nyserda.ny.gov/assisted-home-performance.
- An incentive for income-eligible homeowners for a **solar electric installation** through the Affordable Solar Program. To learn more visit www.ny-sun.ny.gov/affordablesolar.
- A rebate for the purchase of a **Pellet Stove** for income-eligible homeowners through the Pellet Stove Program. To learn more visit www.nyserda.ny.gov/pelletstove.

If you need additional information, call 1-866-NYSERDA.

SECTION B – PROPERTY INFORMATION – Installation address where the clean energy improvement(s) will be made.

Mr./Mrs./Ms.	Last Name	First Name	Middle Initial	Jr./Sr./II/III
Primary Phone No.	Ext.	Secondary Phone No.	Ext.	Email Address
Street				Unit #
City		State	Zip	County
Select One: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental Unit				
No. of Units (5+ does not qualify):				
<input type="checkbox"/> Single Family <input type="checkbox"/> 2-Family Home <input type="checkbox"/> 3-Family Home <input type="checkbox"/> 4-Family Home <input type="checkbox"/> Mobile Home				

SECTION C – PROPERTY OWNER INFORMATION – Complete this section only if the property owner is different than the applicant.

Mr./Mrs./Ms.	Last Name	First Name	Middle Initial	Jr./Sr./II/III
Primary Phone No.	Ext.	Secondary Phone No.	Ext.	Email Address
Mailing Address (if different than installation address)				Unit #
City		State	Zip	County

SECTION D – PROJECT PARTNER INFORMATION

Contractor Name (if known) _____

Community Energy Advisor Name (if applicable) _____

SECTION E – ENERGY SUPPLIER INFORMATION

Electric Utility Name _____

Account Number _____

Name on Account _____

Electricity is paid by: Owner Tenant

Natural Gas Utility Name (if applicable) _____

Account Number _____

Name on Account _____

Heat is paid by: Owner Tenant

Indicate here if you purchase oil, propane, kerosene, wood pellets, coal, or wood.

If you are a PSEG Long Island Customer, please answer the following questions:

How is your home heated? (example: propane)

Does your home currently have Central Air Conditioning or will you be adding Central Air Conditioning as part of your Energy Efficiency Project?

Yes No

Are you completing a conversion to Natural Gas Service?

Yes No

***PSEG Long Island Customers must also submit copy of PSEG Audit Completion in order to be income screened for incentives or reduced interest rates on loan applications.**

SECTION F – INCOME SCREENING FOR INTEREST RATE AND INCENTIVE

Income information and documentation is required. Complete the chart below listing all household members. Provide all types of current gross annual income for all residents of the household, age 18 and over, who are not full-time students. If listing income from self-employment, business, rental, or farming income, list the net income after operating expenses. Please use additional pages, if needed.

Household Occupant Income	Last Name	First Name	Age	Full-Time Student (Y/N)	Income Type (ex. Wages)	Current Annual Income Amount
Household Income Earner 1						\$
						\$
						\$
Household Income Earner 2						\$
						\$
						\$
Household Income Earner 3						\$
						\$
						\$
Household Income Earner 4						\$
						\$
						\$
List All Non-Income Earning Household Members						

Total number of people in the household _____

Are you currently eligible for, or have you received within the past 12 months, services through:

NYSERDA's EmPower New York Program, the New York State Weatherization Assistance Program, HEAP, SNAP/food stamps, or supplemental security income. If your household receives any of these sources of income, please provide the service award letter. You do not need to provide any additional income documentation other than the award letter.

If your household has not received these services, you may meet the income documentation requirements by either providing tax returns, or by documenting current sources of income for each household member.

Social Security Numbers, Routing and Account Numbers, and any PINs must be blackened-out on these documents.

Tax Returns: Provide a copy of the most recent Federal Income Tax Return (Form 1040, 1040A, or 1040EZ). If the borrower and co-borrower are providing tax returns to document income, all additional household members must also document income by providing tax returns. This option is only available if all household members required to file a return did file a return. If earning rental/self-employment income, submit Schedule C, E

and F along with the return. If you do not have rental/self-employment income, you do not need to provide the Schedules or Forms filed with the return. If you do not have a copy of your return, you may request a transcription of your return to be mailed to you free of charge by completing IRS Form 4506-T or by going to IRS.gov and clicking on "Get a tax transcript", or by calling 1-800-908-9946.

OR

Individual Income Sources: If your current income is significantly different from the income on your last filed tax return, or if you have sources of income not included on your tax return, provide documentation of income for each individual listed in the table above per the table below.

Wages/Salary/Commission	Copy of two most recent paystubs showing year-to-date gross earnings, or letter from employer stating gross year-to-date earnings
Pension/Social Security	Copy of award letter for current year or copy of bank statement showing deposit sources and amounts
401(k)/IRA/Interest Earnings	Copy of brokerage/account statements showing regular pattern of distributions
Alimony	Copy of divorce decree or court order that established the support
Self-Employment/Business Income/Rental Income/Farming Income	Copy of most recent Federal Income Tax Return with Schedule C, E, or F, or profit & loss statement for past 12 months. Alternatively, for rental income, you may also list income as 75% of the gross annual leases for the property, and submit a schedule listing the property units and the gross annual lease amounts.

G – INCOME-ELIGIBLE INCENTIVE CONSENT AND SIGNATURES

By Signing below, I/we certify that all information provided on this application, including statements and documents submitted in connection with this application, are correct and complete to the best of my knowledge. I acknowledge that NYSERDA has retained Energy Finance Solutions ("EFS"); services offered by Slipstream Inc. ("Slipstream"), to process and underwrite my/our income qualification application. If necessary, I further agree to provide additional information to EFS and Slipstream to underwrite my/our income screening application.

I further acknowledge and agree that NYSERDA and EFS may share with and disclose to, orally and/or in writing, the project partner(s) identified by me above, or as subsequently identified by me to EFS, the following information regarding this application: whether the application has been pre-approved by EFS, and any additional items requested by EFS in order to complete my income qualification application; whether the application has been approved by EFS, and the approved incentive amount so that my project partner(s) can proceed with scheduling the work; and whether my application has been denied, so that the project partner(s) can determine whether I intend to proceed.

I understand that my signature on this form gives permission for NYSERDA, or its designee, to verify records necessary to assure my program eligibility. I understand that if I give false information or withhold information in order to make myself eligible for benefits that I am not entitled to, I can be prosecuted to the fullest extent of the law.

I understand this application does not guarantee assistance will be granted but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the number of applicants received, the remaining funding available, and the priorities to be met by the program.

Whether or not the undersigned have elected to sign this document electronically, EFS, and or any subsequent holders of this document, shall have the right to convert and store the manual signature electronically, and the undersigned consents to the use of the electronically stored version in the same manner as an original signed copy.

I understand and intend that a legal signature is formed by entering my name on this and other documents provided to me, and by entering my name on this and other documents provided in relation to this transaction I intend for my electronic signature to have the same force and effect as my manual signature. If any of the parties do not wish to sign this document electronically, all must opt out together and request a paper copy to sign manually.

By entering my name below, I am creating a legally binding signature and confirm that I agree and accept the electronic signature terms and conditions.

One household member listed in Section F is required to sign and date below. All income earning household members may sign and date below.

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

Submit completed application to Energy Finance Solutions through one of the following methods:

Mail: Energy Finance Solutions
431 Charmany Drive
Madison, WI 53719

Fax: 608-249-5788

Email: efs@energyfinancesolutions.com

For more information, please contact Energy Finance Solutions (EFS):

Toll Free: 1-800-361-5663 or visit www.nyserda.ny.gov.