

Most New York homeowners can receive a home energy assessment for free or at a reduced-cost through the Home Performance/Assisted Home Performance with ENERGY STAR® program. The assessments are available on a first come, first served basis. **Save time and apply online at [nyserdera.ny.gov/apply-online](http://nyserdera.ny.gov/apply-online)**

**To qualify, you need to meet these requirements:**

1. You must be the owner, or be authorized to sign for the owner, of a 1- to 4-unit residential building.\*
2. Your total household income must meet the guidelines on page 2.
3. You must not have previously received a free or reduced-cost assessment on the building listed below.

## SECTION A: APPLICANT INFORMATION

First Name	Middle Initial	Last Name		
Building Address	City	County	State	Zip
Mailing Address (if different than the above)	City		State	Zip
( )	( )	Email Address		

Is your home greater than 3,500 square feet?  Yes  No

Residential Building Type (5+ units do not qualify)\*  
 Single Family  2-Unit  3-Unit  4-Unit  
 Mobile Home

Electric Utility Name:  
*(PSEG Long Island electric customers may apply for an energy assessment directly through their utility)*

## SECTION B: HOUSEHOLD INCOME RANGE

Is your household income less than \$41,360?  Yes  No

If no, then please refer to attached chart and indicate your annual household income range below.  
 ≤ 80% AMI\*\*  ≤ 200% AMI  ≤ 250% AMI  ≤ 300% AMI  ≤ 350% AMI  ≤ 400% AMI

## SECTION C: HOW DID YOU HEAR ABOUT HOME PERFORMANCE WITH ENERGY STAR? (Optional)

Please select all that apply:

Print Ad  TV  Radio  Internet  Event/Home Show  Neighbor/Friend/Family  Contractor  
 Clean Energy Community Coordinator  Real Estate Professional  Town, Village, City, County  NYSERDA  
 Constituency-Based Organization (CBO) Name:

## SECTION D: ELIGIBILITY DECLARATION

By signing below, I certify that the information listed on this form is true and accurate to the best of my knowledge and belief. I understand that my signature on this form gives permission for NYSERDA, or its designee, to verify my eligibility for a free or reduced-cost assessment. I understand that false or withheld information may result in penalties.

X

**Applicant/Homeowner's Signature**

When complete, please mail, fax, or email the signed application to:  
**Mail: Home Energy Assessments PO Box 12129 Albany, NY 12212**  
**Fax: (866) 335-6306**  
**Email: [HPwES-Audit@clearesult.com](mailto:HPwES-Audit@clearesult.com)**

**Date**

\*Condo, co-op, not-for-profit, or mobile home owners please call (855) 838-7818 to see if you are eligible.  
\*\*Area Median Income (AMI) represents the statistical midpoint in household earnings for each county.  
**Need Help? Call (855) 838-7818**

Please send a copy of my home energy assessment Reservation Number to the Home Performance Contractor that I have chosen below. NYSERDA does not assign contractors.

**Total Comfort Home Energy Solutions**



Contractor Name