

APPLICATION

National Fuel Gas Conversion

Income-eligible customers in New York's National Fuel service territory may complete this application to apply for a grant to convert existing heating systems that use oil, propane, or electricity to natural gas. The applicant must own and reside in the home or be a renter who is responsible for the utility bills.

APPLICANT/HOMEOWNER INFORMATION (Please complete all fields, sign and date this application)

First Name	Last Name	County	
		NY	
Home Address	City	State Zip	
Mailing Address (if different)	City	State Zip	
Primary Phone (include area code)	Secondary Phone (include area code)	Best time to call	Email Address
<i>If you would like us to contact a friend or family member to assist you in participating, please provide their name and phone number below.</i>			
Name	Phone (include area code)		

ELECTRIC UTILITY

Company: National Grid NYSEG RG&E Account #: _____

GAS UTILITY

Do you have a National Fuel Gas account? No Yes If yes, account #: _____

MAIN HEATING FUEL

Oil Propane Kerosene Electric Other _____
Supplier: _____ Supplier Phone # (include area code): _____

ELIGIBILITY DECLARATION

My signature below certifies that I am financially responsible for the account(s) listed above. I hereby consent and authorize the above listed utility and other fuel suppliers to release any and all energy consumption information, including account number(s), related to the above property address, to the New York State Energy Research and Development Authority (NYSERDA) and/or its designated representatives, for the period beginning two years prior to the application date and ending three years after participation in the NYSERDA Program. I understand that the information will be used only for the purposes of determining eligibility for NYSERDA programs and financial incentives, evaluating energy usage, estimating savings, and for NYSERDA program evaluation. Confidentiality will be strictly protected, to the extent permitted by law.

I additionally authorize release of my contact information and income documentation to NYSERDA and/or its designated representatives for the purpose of determining my eligibility for energy efficiency upgrades. I understand that such information will be kept confidential, to the extent permitted by law, and used only for the purpose of determining program eligibility.

I understand that if energy efficiency services are provided to me, there will be no cost to me and that participation in this program will not affect my social security, public assistance, or any other income. I also understand that I will not be eligible to receive financial incentives or rebates from an electric or natural gas utility for measures provided at no cost by NYSERDA.

I agree to provide NYSERDA and its independent participating contractor access to my dwelling, at times that are mutually acceptable, to perform program activities including energy inspections, installation of measures, and Quality Assurance activities.

I understand that the participating contractors are independent contractors and provide a one-year warranty on labor for work completed. I further understand that contractors and vendors will provide appropriate warranties on any equipment provided.

X _____
Applicant/Homeowner Signature

Date

