

Energy Services Pre-Application

Contact information:

Name: _____

Address: _____

County: _____

Phone: _____

Email (optional): _____

Please check how you prefer to be contacted: phone mail email

Please answer the following questions to help us determine the best energy efficiency program for you:

Are you a: Homeowner? Renter?

Rental property owner looking to make apartments more efficient? _____

Is your roof currently leaking? Yes No

Is there mold present in your home? Yes No

Has your home ever been weatherized? Yes No **If Yes, when?** _____

Have you ever participated in the Empower New York Program? Yes No

Are you a NYSEG or National Grid electric customer? Yes No

Are you concerned about your utilities being shut off or that your fuel is running out? Yes No

Please check the work you would like performed on your home:

Door replacement

Window replacement

Furnace cleaning and/or repair

Water heater repair

Insulation

Sealing air leaks

Duct work

Appliances you need, or would like replaced:

Air conditioner

Dishwasher

Washing machine

Refrigerator

Freezer

Furnace

Hot water heater

Other needs: _____

Number of people in the household: _____

Estimated gross annual income (total for entire household): _____

Thank you for your interest. A TCAction representative will contact you soon to discuss your service options and how to apply for our programs.