

Final PAYMENT for New York State Energy Star® Homes

Name of Eligible Installer: _____

NYSERDA Installer Number: _____ Customer Number: _____

Billing Address for Eligible Installer: _____

Taxpayer Identification Number or Federal Identification Number for Eligible Installer: _____

Eligible Installer Phone Number: _____ E-mail: _____

Customer Name: _____

Installation Address: _____

Total Approved Incentive Amount: \$_____

Final Incentive Payment Requested: \$_____

CHECKLIST: (This form will be returned if the following are not included)

___ Proof of Energy Star® Home Confirmation

CERTIFICATION STATEMENT: Review and sign for NYSERDA's review.

I certify that all information provided in this form, including all attachments, are true and correct to the best of my knowledge.

Installer Signature: _____ Date: _____

Company Signature: _____ Date: _____

All installation and interconnection responsibilities have been completed by the installer as agreed to in the Customer Purchase Agreement.

Customer Signature: _____ Date: _____

All forms and Attachments should be sent to:
New York State Energy Research and Development Authority
Accounts Payable
17 Columbia Circle
Albany, NY 12203-6399