



NYSERDA

EmPower New York Appliance Exchange Agreement

Customer Name: _____

Contractor Name: _____

EmPower ID #: D0

Date: _____

Existing Appliances:

Appliance 1

Appliance 2

Appliance 3

Refrigerator Freezer Refrigerator Freezer Refrigerator Freezer

REQUIRED	Make			
	Model			
	Age of Unit			
	Location			
	Web-based Calculator usage			
	Space Available	H ____" W ____" D ____"	H ____" W ____" D ____"	H ____" W ____" D ____"
	Cuft Capacity			
	Ambient Temp			
	Length of Meter Run Time			
	Run Time Usage			
	Yearly Metered Usage			
	Rent-to-own Time Left			

The following appliances listed above are owned by the landlord: #('s): _____

Auditor recommendations for appliances owned by the EmPower participant (customer initials are **required** next to all recommendations below):

- _____ initials No replacement recommended. Reason: _____
- _____ Exchange appliance #(s) _____ with a brand-new white ENERGY STAR® appliance the same size.
- _____ Exchange two smaller appliances (appliance #s _____) for one larger white ENERGY STAR® appliance.
Recommended Replacement Size: _____ Hinge Side Desired: Left Right
*if different from above Location: _____ Max Space Available: H ____" W ____" D ____"
- _____ Appliance owner agrees to downsize their appliance to: _____
- _____ Appliance owner declines appliance replacement.

Customer: I am the owner of appliance(s) # _____, listed above. I hereby request that the New York State Energy Research and Development Authority (NYSERDA) proceed with the recommendation(s) that I initialed above. I understand that a final decision to replace an appliance will be made on the basis of the potential to save energy based on the energy usage of my current appliance(s), availability of funding, and my eligibility for the program. I understand that the replacement size is based on the appliance currently in use and the space available. I understand that no new appliance will be provided unless I relinquish the old one. I understand that the manufacturer and vendor will provide appropriate warranties on the new appliances. I understand that the participating vendors in the EmPower New York program are independent contractors and if any issues arise regarding the services provided, I will contact the manufacturer or participating vendor, and not NYSERDA.

 Customer Signature: _____ Date: _____

Contractor Signature: _____ Date: _____

Notes / Directions / Egress Problems (include **narrowest** Space): _____