



**2011**  
**First Time ENERGY STAR® Builder Partner**  
**Initial Plan Review and Final Rating Incentive Application**  
 LIPA NY ENERGY STAR Labeled Homes V2.0

**THIS FORM TO BE COMPLETED BY INCENTIVE APPLICANT**

**Type of Incentive (Please check all that apply)**

- HERS Plan Review (\$200) \*Attach Draft HERS Rating Report
- HERS Final Rating (\$300) \*Attach ENERGY STAR Labeled Home Qualification Form
- Final Completion using Builder Option Package (BOP) Method (\$300) \*Attach BOP Compliance Certificate

Total payment requested: \$ \_\_\_\_\_

Make Check Payable to: (Rater or Builder) \_\_\_\_\_

***I hereby apply for the incentive indicated above. I have read, understand, and agree to abide by The Terms and Conditions contained in LIPA's 2010 Addendum to the EPA Partnership Agreement. I also certify that all information provided in this application is true and correct to the best of my knowledge.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RATER INFORMATION**

Name of Rater: \_\_\_\_\_ Rater Tracking Number: \_\_\_\_\_

Rater Company Name: \_\_\_\_\_

Rater Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Federal Tax ID or Social Security #: \_\_\_\_\_ HERS Provider \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**BUILDER INFORMATION**

Name of Builder: \_\_\_\_\_ Builder Tracking Number: \_\_\_\_\_

Builder Company Name: \_\_\_\_\_

Address of ENERGY STAR Labeled Home: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Federal Tax ID or Social Security #: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SUBMIT COMPLETED FORMS AND REQUIRED DOCUMENTATION TO:**

New York State Builders Association - Research and Education Foundation, ENERGY STAR for Homes  
 One Commerce Plaza, Suite 704, Albany, NY 12210, (518) 465-2492

*Incomplete forms will be returned to the Applicant and will delay processing. Facsimile Transmissions not accepted.*

**For 2011 Use ONLY**