



MASSENA ELECTRIC DEPARTMENT
71 E. Hatfield Street • PO Box 209 • Massena New York 13662
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Energy Makeover Credit Application Apartment/Rental Dwelling

Massena Electric (MED) provides an on the bill credit to landlords for approved improvements to apartments and single family homes. To receive your credit follow these simple steps:

1. Have an energy audit performed by Energy Answers
2. Determine what improvements you will implement from your audit report
3. Make improvements
4. Have a ¹follow up audit performed by Energy Answers
5. Complete this application and return to Energy Answers for review. Must include Material Cost Receipt(s) with completed application.
6. Receive Credit from Massena Electric for improvements made

Landlord Information

Last Name First Name Account # to Credit Phone #

Service Address Town Service Account #:

Description	Estimated 5-yr Electrical Savings	Material Cost (Labor not included)	Credit Request (Lesser of Savings or Material Cost)

If you need additional space for list of improvements, please include as an attachment to the application.

Total Credit Requested \$ _____ from table above.

Maximum Credit is per the Terms and Conditions appearing on the back of this application.

I agree to be bound by the Terms and Conditions of MED's Energy Makeover Program: _____
Signature Date

¹ One follow up audit per landlord account and landlord and tenant must be present during follow up audit.



Terms and Conditions:

CREDIT INCENTIVE OFFER: This credit incentive program covers materials purchased and installed prior to December 31, 2026. Details of this program, including credit levels, are subject to change without notice.

ELIGIBILITY: Credits through this program are available to landlords with apartments within the Massena Electric Department's service territory only. Landlord must also have a utility or other account in his or her name with the Massena Electric Department. New construction projects are not eligible for credits under this program.

ELIGIBLE IMPROVEMENTS: Improvements must be associated with an energy audit performed by Energy Answers to qualify for a credit. A post installation audit by Energy Answers is a requirement to receive the credit.

INELIGIBLE IMPROVEMENTS: Not all improvements are eligible for a credit incentive. Ineligible improvements include, but are not limited to, the following:

- **No Credit will be authorized for any structure that has installed electric heating within the prior 24 months of the application. MED reserves the right to terminate any grant if any premises that receives a grant installs electric heat within 12 months of any award.**
- **No credit will be allowed for reductions in residential air conditioning load that occur after July 31, 2015.**

PROOF OF PURCHASE: Sales receipt(s) or invoice(s) itemizing the new materials used and indicating the size, type, manufacturer, model, purchase date, and vendor.

CREDIT: All credits will be on your MED electric bill and will not occur until after the post inspection by Energy Answers and approval of the Energy Makeover Credit Application. Proof(s) of purchase must be included with the application to receive the credit. The credit will be the lesser of the material cost or 5-year electrical savings for each improvement. The maximum credit per metered account is \$2,500 and \$10,000 per premise. Credits greater than \$2,500 per metered account and \$10,000 per premise are at the sole discretion of the Massena Electric Utility Board (MEUB) and must be approved prior to implementation. Landlord may also receive a \$50.00 credit towards the initial audit fee if all Tier 1 improvements are made.

ADDITIONAL CREDIT REQUESTS: Landlords, approved for a maximum credit, may apply for an additional credit five years (60-months) after receiving the prior maximum credit.

TAX LIABILITY: MED is not responsible for any tax liability imposed on the landlord for credits received.

ENDORSEMENT: MED does not endorse any particular manufacturers, products, or system designs in promoting this program.

DISPOSAL: The landlord/contractor is responsible for the proper disposal/recycling, including all associated costs, of any waste generated as a result of this project, including the disposal of refrigerant. Replaced refrigerator units may not be sold or reused and must be disposed of in accordance with State of New York law.

SAFETY & BUILDING CODES: The landlord/contractor agrees that each measure complies with all federal, state, and local safety, building, and environmental codes, and that all necessary permits have been obtained. All products must be UL-listed and installed per manufacturer's instructions.

LANDLORD ASSURANCES: If the facility is leased or managed by landlord, landlord must obtain written permission from owner to install new equipment.

SOLE DETERMINATION: MED retains the sole and exclusive right to determine whether landlord has complied with the terms of this program and whether Landlord is eligible for program credits. Landlord agrees to abide by MED's determination on landlord eligibility for credits. Landlord agrees to indemnify, defend, and hold MED harmless from any and all claims, costs, debts, liabilities, and/or causes of action, including but not limited to reasonable attorneys fees, that may arise due to landlords participation in this program.

DISCLAIMER OF WARRANTIES: MED does not warrant the performance of any equipment either expressly or implicitly. Contact your supplier or contractor for details regarding equipment warranties.

CAPACITY CREDITS/ENVIRONMENTAL CREDITS: In accepting these financial incentives, the landlord agrees that MED holds the sole rights to any electric system capacity credits and/or environmental credits associated with the energy efficiency measures for which incentives have been received. These credits will be used for the benefit of MED landlords.

Contact MED at 315-764-0253 or Energy Answers at 315-750-0226 for details on other eligible measures and services, or for answers to any questions you may have about equipment eligibility for this program.

For office use only

Approved By: _____

Date: _____

Acct#: _____

Audit#: _____