

2016 Home Energy Solutions-Income Eligible Customer Application

Home Energy Solutions – Income Eligible (HES-IE) can save you energy while making your home more comfortable and environmentally friendly. An energy expert will visit your home and provide valuable energy-saving services and information. **There will be no charge for the initial assessment for customers who are income-qualified.** To be considered for HES-IE services made possible through the Energize Connecticut initiative, please complete this Application. *Note that our authorized vendors are required to service your home within 30 days of application approval. If you are unavailable for your home visit during that time period, you will need to reapply.*

SECTION 1: INCOME-ELIGIBLE- APPLICANTS MUST COMPLETE

First Name: <i>(please print)</i>		Last Name:		Daytime Phone:	
Address:			Unit #:	City:	Zip:
Check ALL that apply: <input type="checkbox"/> Single Family <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal Use Only					
# of units in Bldg.			Email Address		
Primary fuel type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane Hot water type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane (In order to expedite application processing, please submit a copy of both your electric and gas bills)			Primary heat type: <input type="checkbox"/> Forced hot air <input type="checkbox"/> Hot water baseboard <input type="checkbox"/> Other: _____ Age of system: _____ years		
Electric Company (check one): <input type="checkbox"/> Eversource <input type="checkbox"/> UI Account #:			Gas Company (<i>check one</i>): <input type="checkbox"/> Eversource <input type="checkbox"/> SCG <input type="checkbox"/> CNG Account #: Gas utility account is listed under: <input type="checkbox"/> Landlord <input type="checkbox"/> Tenant		
How did you hear about the HES program? <input type="checkbox"/> Bill insert <input type="checkbox"/> Direct mail <input type="checkbox"/> Radio/TV <input type="checkbox"/> Referral <input type="checkbox"/> Other: _____			Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent* (*Your landlord must complete the back of this application.)		
To qualify for these services at no charge, the gross annual income for your household must be at or below 60% of state median (see chart below) . For each adult, please submit current copies of any of the following:					
<ul style="list-style-type: none"> ➤ Social Security, Supplemental Security Income, or Department of Income Management Budget Sheet ➤ Energy Assistance Award Letter ➤ If no income, you must complete Zero Income Affidavit 		<ul style="list-style-type: none"> ➤ Last Four (<i>weekly</i>) or Last Two (<i>bi-weekly</i>) Pay Stubs ➤ Unemployment Letter ➤ Schedule C of Tax Return (<i>self-employed only</i>) ➤ EBT Cards 			
Total weekly income (gross) of ALL household members: \$ _____				Yearly Income Limits <i>(All Household Members)</i>	
Number of children (less than 6 years of age): _				Family Size <i>(please circle)</i>	Maximum Annual Income
Number of children (6-17 years of age): _____				1	\$33,132.22
My initials below indicate that my income is within the limits specified: _____ (PLEASE INITIAL)				2	\$43,326.74
PLEASE REMIT COMPLETED FORM TO REFERRING COMPANY OR YOUR ELECTRIC COMPANY:				3	\$53,521.27
				4	\$63,715.80
Eversource Electric Customers Mail to: Eversource HES-IE Weatherization Services P.O. Box 270 Hartford, CT 06101-9902		UI Electric Customers Mail to: The United Illuminating Company Attn.: WISE-USE – M/S AD-2A 180 Marsh Hill Road Orange, CT 06477 or UI Customers May Also Fax to: 1 (877) 580-4466		5	\$73,910.33
				6	\$84,104.86
				7	\$86,016.33
				8	\$87,927.80
				Referring Company (if applicable):	

Please note that filling out this Application does not automatically qualify you for the HES-IE program. If you are eligible, you will be notified via letter or phone. Eversource and The United Illuminating Company (Utilities) reserve the right to verify income before services are provided. Please note that if you income-qualify for HES-IE you may also qualify for the winter protection program. An authorized adult must be present during the assessment and to provide access to the home. This program is subject to change based on available funding. For questions or concerns, please call **1-877-WISE-USE** (1-877-947-3873).

PLEASE REVIEW AND COMPLETE REVERSE SIDE



Energize Connecticut helps you save money and use clean energy. It is an initiative of the Energy Efficiency Fund, the Connecticut Green Bank, the State, and your local electric and gas utilities with funding from a charge on customer energy bills.

Home Energy Solutions Application Property Owner Agreement

SECTION 2: HES-IE SERVICES - PROPERTY OWNERS MUST COMPLETE THIS SECTION

A. Home Energy Solutions Income-Eligible (HES-IE) Core Services, Free of Charge

The following Core Services will be provided at no cost to you, the Home Owner/Landlord (Owner), or your tenant (Tenant) through the HES-IE program – an Energize Connecticut initiative. You must agree to grant Eversource and The United Illuminating Company (Utilities) and its authorized contractors or agents permission to enter the property referenced below in order to provide the following Core Services as applicable:

- Lighting replacement with energy-efficient compact fluorescent lights (CFLs) and light-emitting diodes (LEDs)
- Weatherization: diagnostic air and duct sealing, weather stripping, and doorsweeps
- Water efficiency measures: low-flow aerators, showerheads, and pipewrap
- Important safety tests will be performed on heating and water heating systems

_____ (initial) I, the Owner, agree to allow for HES-IE Core Services, as described in Section 2A, to be performed at no charge to my Tenant(s) or myself.

I am the owner of this multi-unit home which is less than 5 units in size and I'm interested in weatherizing other units.

OWNER AUTHORIZATION:		TENANT AUTHORIZATION:	
Print Name:		Print Name:	
Address:		Address:	
Email:		Email:	
Phone Number: ()	Date:	Phone Number: ()	Date:
Signature:		Signature:	

B. Additional Services

In addition to HES-IE Core Services, Utilities and its authorized contractors or agents will evaluate the residence to determine if insulation, windows, and other energy related products are eligible for an upgrade to an energy-efficient model. If these upgrades are eligible and you, the Owner, meet the HES-IE income eligibility guidelines, these upgrades may be provided at a low cost or no cost depending on the estimated energy savings. A rebate/voucher may be available for the replacement of qualifying refrigerators and freezers.

_____ (initial) I, the Owner, meet program income-eligibility requirements and understand that any additional energy-efficient items (appliances, insulation, windows, water heater, heating equipment, etc.) offered or recommended by the Vendor, as described in Section 2B, may be paid for in whole or may require a customer or Owner co-payment as part of the HES-IE program administered by the Utilities and may be subject to other terms and conditions or agreements between me, the Owner, and the Vendor.

I am the Owner of the residential building located at: _____

I hereby give permission to Utilities, and/or its authorized contractors or agents, to perform an energy-conservation assessment and to install energy-saving measures at the above-referenced location, as well as in all of the units in the building, as listed below (if not single-family). If 3 unit building, I understand that at least 66% of the Tenants must be eligible. If 2-4 unit building, I understand that at least 50% of the Tenants must be eligible. If 5+ unit building, contact 1-877-WISE-USE (947-3873) for the multi-family initiative.

SECTION 3: CUSTOMER ACCOUNT AND USAGE RELEASE

Check one:

- UTILITY ACCOUNTS ARE IN THE NAME OF THE OWNER:

I, as Owner of the facility, hereby authorize the Utilities, and/or my natural gas service provider, to release to the contractor/agent performing energy conservation services or Utilities the gas or electric utility account and usage information that is in my name or in the name of landlord-controlled entities. I affirm that the information on this form is accurate. I understand that if the information is not correct, I may be charged for the services provided.

- UTILITY ACCOUNT(S) IS/ARE IN THE NAME OF TENANT(S):

I, _____, am a Tenant in the above-referenced residence, and the Utility account for this location is in my name. I hereby authorize the Utilities, and/or my natural gas service provider, to release to the contractor/agent performing energy conservation services, or Utilities, with the gas or electric utility account and usage information associated with this unit. I affirm that the information on this form is accurate.

Utility Authorized Contractor Contact Information