

HOME ENERGY SOLUTIONS - INCOME ELIGIBLE PROGRAM

Thank you for your interest in Home Energy Solutions - Income Eligible! Eversource, Connecticut Natural Gas (CNG), Southern Connecticut Gas (SCG), and United Illuminating (UI) are here to help you save money, energy and make your home more comfortable.

SERVICES INCLUDE:

A **no-cost** initial home visit where you will receive:

- Walk-thru check for health and safety concerns
- Incandescent bulb replacement with energy-efficient light-emitting diodes (LEDs)
- Air sealing and duct sealing to reduce drafts and energy loss
- Installation of low-flow aerators, showerheads, and hot water pipe insulation

Additional upgrade opportunities. Depending on your home's existing conditions and the efficiency measures recommended during the initial visit, you may also qualify for low or no cost measures such as:

- Insulation
- Windows
- Heating equipment
- Hot water equipment
- Refrigerator and/or freezer rebates or vouchers



2021 APPLICATION INSTRUCTIONS

Step 1: Property Information: Please complete Section 1: Property Information (1-4 Units) to describe the Property where you want to receive the Home Energy Solutions – Income Eligible services.

Step 2: Applicant and Energy Information: You are the Applicant. Please complete Section 2: Applicant and Energy Information to provide your contact, heating and electric information.

Step 3: Authorization:

- a. As the Applicant, you must sign the Authorization.
- b. If you, the Applicant, do not own the Property described in Step 1 above, please have the Property Owner (landlord) also sign the Authorization. This is required if you do not own the Property.

Step 4: Applicant Qualification Information: After completing Steps 1-3, please complete Section 4: Applicant Qualification Information and provide the information that supports your qualification. There are many ways to qualify for Home Energy Solutions - Income Eligible Services. You only need to satisfy the requirements of one of the four options on the following page:

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HOME ENERGY SOLUTIONS - INCOME ELIGIBLE PROGRAM

Step 4: Applicant Qualification Information:

Option A: You may qualify if you are enrolled in one of the utility programs listed below. Just let us know which program you are enrolled in. No other information is required.

- Eversource: Matching Payment or New Start
- CNG, SCG and UI: Matching payment program.

Option B: You may qualify if you have and provide a copy of one of the following with your completed application:

- Electronic Benefit Transfer (EBT) Award Letter for Supplement Income Recipients
- Energy Assistance Award Letter
- Section 8 Housing Choice Voucher

Option C: You may qualify if your household's income is less than the maximum annual income amount below. Your household income includes the income of all members of your household that are 18 years or older. You will need to provide copies of information (see examples below) to show your household income. For any household member 18 years or older without income, please complete the Zero Income Affidavit and submit it with the completed application.

HOUSEHOLD SIZE	HOUSEHOLD MAXIMUM ANNUAL INCOME (2021 - 2022)	EXAMPLES OF INCOME INFORMATION:
1	\$39,027	<ul style="list-style-type: none">• Recent Pay Stubs for one month (Weekly/Biweekly)• Alimony, Pension/Retirement Check Stub• Recent Quarterly self-employment tax statement(s)• Proof of Social Security and or Supplemental Security Income (SSI) benefit award letter• Current unemployment letter• Zero Income Affidavit for anyone age 18 or older without any income (Utility provided document)
2	\$51,035	
3	\$63,044	
4	\$75,052	
5	\$87,060	
6	\$99,069	
7	\$101,320	
8	\$103,572	

Option D: You may qualify if you live in a Property where other tenants qualify for Home Energy Solutions - Income Eligible. If you are a tenant in a multifamily building with two to four units and half of the units qualify for Home Energy Solutions - Income Eligible, you may also qualify to receive services. For example, for a two-unit building, the Applicant for one unit must qualify, and for a three unit or four unit building, Applicants for two units must qualify. Note that every tenant of the Property must complete an application to receive the Home Energy Solutions - Income Eligible Services at no cost. NOTE: For apartment buildings with more than 4 units, please contact us at 877-WISE-USE.

IF YOU NEED ASSISTANCE WITH INSTRUCTIONS OR ADDITIONAL DOCUMENTS, PLEASE CALL 877-WISE-USE (877-947-3873).

Note: This program is subject to change based on available funding.

2021 HOME ENERGY SOLUTIONS - INCOME ELIGIBLE APPLICATION

Section 1: Property Information (1 - 4 Units)

Property Address:		Apartment Number:
<input type="text"/>		<input type="text"/>
City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Check ALL that apply:		# of dwelling units in the Property building:
<input type="checkbox"/> Single Family Home <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium		<input type="text"/>

Section 2: Applicant and Energy Information

Applicant (print first and last name):		
<input type="text"/>		
Daytime Phone: (e.g. 555) 555-5555		Email:
<input type="text"/>		<input type="text"/>
Property Primary heating fuel type (check one, if known):		Applicant is the (check one):
<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Property Owner
<input type="checkbox"/> Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Property Renter/Tenant
Property Electric Utility (check one):		Property Gas Company (check one):
<input type="checkbox"/> Eversource	<input type="checkbox"/> UI	<input type="checkbox"/> Eversource <input type="checkbox"/> CNG <input type="checkbox"/> SCG
Other: _____		
Electric account is listed under:		Gas account is listed under:
<input type="checkbox"/> Applicant	<input type="checkbox"/> Other	<input type="checkbox"/> Applicant <input type="checkbox"/> Other
Other Account Holder's Name:		Other Account Holder's Name:
_____		_____
Account #:		Account #:
_____		_____

SECTION 3: AUTHORIZATION

I am the Applicant that has completed this Application. I request Home Energy Solutions - Income Eligible services for the Property above. I understand if qualified that the initial visit will be provided at no cost to me. I authorize Eversource and United Illuminating (Utilities) and their authorized vendors and agents to enter my Property to perform the Initial Visit, provide me with Home Energy Solutions - Income Eligible services and verification services to confirm proper install.

Applicant Signature:	Date:
<input type="text"/>	<input type="text"/>

NOTE: IF APPLICANT IS NOT THE PROPERTY OWNER, THE PROPERTY OWNER'S CONSENT AND SIGNATURE IS ALSO REQUIRED.

Property Owner (Landlord) Name:		
<input type="text"/>		
Address:		
<input type="text"/>		
City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone: (e.g. 555) 555-5555		Email:
<input type="text"/>		<input type="text"/>

I am the Property Owner but not the Applicant and I authorize Eversource and United Illuminating (Utilities) and their authorized vendors and agents to perform the Initial Visit on the Property, provide the Applicant with Home Energy Solutions - Income Eligible services that Applicant requests for the Property at no cost to me and provide verification services to confirm proper install.

Property Owner (Landlord) duly authorized signature:	Date:
<input type="text"/>	<input type="text"/>

NOTE: IF PROPERTY OWNER WOULD LIKE TO HAVE HOME ENERGY SOLUTIONS - INCOME ELIGIBLE SERVICES FOR ANY PART OF THE PROPERTY OTHER THAN THE APPLICANT'S UNIT, A SEPARATE HOME ENERGY SOLUTIONS - INCOME ELIGIBLE APPLICATION MUST BE COMPLETED BY THE PROPERTY OWNER AND THE OTHER TENANTS.

2021 HOME ENERGY SOLUTIONS - INCOME ELIGIBLE APPLICATION

Section 4: Applicant Qualification Information

APPLICANT QUALIFICATION OPTIONS. There are four options for an Applicant to qualify for Home Energy Solutions - Income Eligible. Please check the appropriate box and provide the required information.

Option A: If Applicant is enrolled in one of the following utility programs.

Please check the box that applies: No other information is required.

Eversource: New Start	Matching Payment	United Illuminating: Forgiveness
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Option C: If Applicant meets the household maximum annual income requirements – see Instructions on page 2:

How many people live in your household?	How many people live in your household that are age 18 or older?	Annual Income of ALL household members age 18 and older
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Copies of information showing total household income is required. Please see Option C instructions.

Option B: If Applicant has **one** of the following (please check box **and provide copy**):

EBT Award Letter for Supplement Income Recipients
Energy Assistance Award Letter
Section 8 Housing Choice Voucher

Option D:

Applicant is a tenant of a Property that is a multifamily building with 2 - 4 units and at least 50% of the other tenants of the Property qualify for Home Energy Solutions - Income Eligible Services.

PLEASE SEND COMPLETED FORM TO REFERRING COMPANY OR YOUR ELECTRIC COMPANY:

Eversource Electric Customers Mail to: Eversource Energy P.O. Box 270 Hartford, CT 06101-9902	UI Electric Customers Mail to: United Illuminating Attn.: WISE-USE – M/S 3 60 Marsh Hill Road Orange, CT 06477 or UI Customers May Also Fax to: 1 (877) 580-4466	Referring Company (if applicable): New England Conservation Services 121 N. Plains Industrial Rd. Unit R Wallingford, CT 06492 Tel. 877 389-7077
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Energize Connecticut – programs funded by a charge on customer energy bills.

Affidavit **For** Household with No Income

Home Energy Solutions - Income Eligible (HES-IE) Program

I (electric account holder name), _____, affirm that no adult over the age of 18 years, listed below, who lives in my household, has had any income in the four weeks prior to the date this affidavit is signed below. This means no adult in my household whom is listed below has received income from employment, a pension, unemployment or worker's compensation, cash assistance from the Connecticut Department of Social Services (Temporary Family Assistance, State Supplement or the State Administered General Assistance program), benefits from the Social Security Administration or Veterans Benefit Administration, child support, alimony, interest, or any other income source.

The following people live in my household and have no income:

Name(s)	Check box if person is <u>OVER</u> 18 years old
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

I understand that the HES-IE program may request supporting documentation regarding my income.

I affirm that the information indicated on this form is accurate. I understand that if the information is not correct, I may be charged for the energy efficiency services I am provided by the HES-IE program.

Signature

Printed Name

Date

Daytime Telephone Number



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.