

CT Efficient Healthy Homes Initiative

Customer Application

Home Energy Solutions (HES) can make your home more energy-efficient, comfortable, and environmentally friendly. For a co-pay of \$75, an energy expert will visit your home, providing valuable energy-saving services and information. The \$75 will be waived for customers who are income-qualified. To be considered for Home Energy Solutions, Home Energy Solutions Income-Eligible (HES-IE), or CT Efficient Healthy Homes (CTEHHI) services made possible by Connecticut's Energy Efficiency Fund, please complete this application. **All applicants who are renters must have their landlords complete the back of this application.**

SECTION 1: ALL APPLICANTS MUST COMPLETE THIS SECTION

(Please Print) First Name: _____ Last Name: _____ Daytime Phone: _____

Address: _____ Unit #: _____ City: _____ Zip: _____

Check ALL that apply: Single Family Apartment Condo Duplex Year-Round Seasonal Use Only

Number of units in building: _____ Age of home (check one): _____ Heated square footage of home: _____ sq ft
 Number of stories: _____ Pre-1950 1950-1978 Post-1978
 Are the units in your building individually heated and cooled? Yes No: Central Boiler/Furnace Don't know

Primary fuel type: Electric Gas Oil Propane
 Hot water type: Electric Gas Oil Propane
 Primary heat type: Forced hot air Hot water baseboard
 Other: _____ Age of system: _____ years

UI/CLP Account #: _____ Gas Company (check one): Yankee SCG CNG
 Account #: _____

Oil Company: _____ Central Air Conditioning: Yes Age: _____ years No

Please check one:
 UI/CLP has permission to release billing information to the vendor conducting HES services in my home to evaluate savings as a result of weatherization measures installed.
 I do not authorize the release of my billing information.
 How did you hear about the HES program?
 Bill insert Direct mail Radio/TV Referral
 Other:
 Do you: Own Rent* (Your landlord **must** complete the back of this application.)

My signature below indicates that I understand that if I am found to be eligible for an energy assessment of any appliances, it is required that I own them, and that I will only participate in energy assessments concerning appliances that I own. I acknowledge and agree that (i) I am not to receive or retain any Class III renewable energy credits, or any environmental credits or benefits, in connection with this program, and such credits shall be retained by UI or CL&P for the benefit of their customers through the Connecticut Energy Efficiency Fund, and (ii) Forward Capacity Market credits/benefits/payments associated with my participation in this program are hereby assigned to UI or CL&P.

Print Name: _____ Signature: _____ Date: _____

SECTION 2: INCOME-ELIGIBLE APPLICANTS ONLY

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). Please fax current copies of any one of the following to **1-877-580-4466**: Social Security, Supplemental Security Income, or Department of Income Management budget sheet; energy assistance award letter; unemployment letter; last four (weekly) or last two (bi-weekly) pay stubs, along with Social Security card, birth certificate, or passport; Schedule C of tax return (self-employed only). UI and CLP reserve the right to verify income before services are provided. Please note that if you income-qualify for HES-IE or CTEHHI, you also qualify for UI's winter protection program.

Total weekly income (gross) of all household members: \$ _____
 Number of elderly (60+ years): _____
 Number of disabled: _____
 Number of children (<6 years): _____

Were you approved to receive a fuel assistance benefit in the past year?
 Yes No Don't know
 If you applied, please check which agency you signed up with:
 CAA-NH ABCD TEAM Other: _____

 (PLEASE INITIAL) My initials indicate that I understand that my eligibility for energy conservation services under the HES-Income Eligible Program requires my income to be within the limits specified, and that my income is within such limits.

Yearly Income Limits (All Household Members)	
Family Size	Max. Annual Income
1	\$31,863.52
2	\$41,667.68
3	\$51,471.84
4	\$61,276.00
5	\$71,080.16
6	\$80,884.32
7	\$82,772.60
8	\$84,560.88

Additional eligibility requirements may apply.

Please mail completed form to:

WISE-USE, 157 Church Street, PO Box 1564, MS 1-6B, New Haven, CT 06506
(or) Fax to (203) 499-2800

Referring Agency (if applicable)

Please note that filling out this form does not automatically qualify you for the HES program. If you are eligible, you will be notified via letter or phone. An authorized adult must be present during the assessment and to provide access to the premises. The fee for non-income-eligible customers will be collected at the time of service as applicable. This program is subject to change based on available funding, and we reserve the right to restrict services to homes that could benefit the most as a result of potential high customer participation and over-subscription. For any questions or concerns, please call **1-877-WISE-USE** (1-877-947-3873).

LANDLORD/PROPERTY OWNER MUST COMPLETE REVERSE



Connecticut Light & Power
 The Northeast Utilities System



The United Illuminating Company



