

Home Energy Solutions-Income Eligible Weatherization Application Instructions

Thank you for your interest in the Home Energy Solutions-Income Eligible (HES-IE) Weatherization program! Please note that your application can only be processed if the following items are received:

- Completed and signed HES-IE application
- Income verification
- Completed and signed Property Owner Agreement (only applicable for renters)

If these items are not received, your application and the weatherization services will be delayed until the proper documentation is received.

The person that is completing and signing the application must be the individual that is the Utility Account Holder with Eversource or United Illuminating (UI). For customers who have Eversource Gas but not electricity, your application must be filled out by the Eversource Gas Utility Account Holder.

The HES-IE application must be completed in its entirety to prevent it from being returned for additional information and causing delays in the weatherization service. Please pay close attention to the following items:

Application:

- a. Please provide your Eversource or UI electric account number.
- b. Homes with natural gas must provide their gas account number. This only applies for Eversource Gas, CNG, or SCG customers.
- c. Renters only: Property Owner Agreement must be signed and dated by the owner of the property.
- d. Total household number includes all people who live in the house; income verification information must be provided for each person 18 years or older.
- e. Signature of Utility Account Holder is required. **If you are not the Utility Account Holder, please do not sign the application. Unauthorized applicant signatures will not be accepted and application will be returned.**

Proof of Income – Supporting Documentation must be included:

- a. Copy of most recent Pay Stubs for one month (Weekly/Biweekly)
- b. Alimony, Pension/Retirement Check Stub
- c. If you are receiving Social Security and or Supplemental Security Income (SSI), a photocopy of your award letter or budget sheet statement is required.
- d. Unemployment letter
- e. Recent Quarterly self-employment tax statement(s)
- f. EBT cards for State Supplement Income recipients
- g. Energy Assistance award letter

Zero income affidavit

- a. Must be completed listing anyone 18 years or older with zero income



EVERSOURCE



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.

2019 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 authorized vendor 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 program 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 *(Please print clearly)*

First Name:	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: _____	
Electric Company (check one): <input type="checkbox"/> Eversource <input type="checkbox"/> UI *Account #:		Gas Company (check one): <input type="checkbox"/> Eversource <input type="checkbox"/> SCG <input type="checkbox"/> CNG Account #: Gas Account Holder's Name:	
How did you hear about the HES-IE 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 (*before taxes*) for your household **must be at or below 60% of state median income (see below)**. For each adult, please submit current copies of any of the following (as applicable):

<ul style="list-style-type: none"> ➤ Social Security, Supplemental Security Income, or Department of Income Management Budget Sheet Statement ➤ Energy Assistance Award Letter ➤ If no income, you must complete Zero Income Affidavit ➤ Other (Pension, Alimony, etc.) 	<ul style="list-style-type: none"> ➤ Last Four (<i>weekly</i>) or Last Two (<i>bi-weekly</i>) Pay Stubs ➤ Unemployment Letter ➤ Recent Quarterly self-employment tax statement(s) ➤ EBT Cards
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Yearly Income Limits (All Household Members)

A household of 1 with a maximum income level of \$35,116.00	A household of 2 with a maximum income level of \$45,920.00
A household of 3 with a maximum income level of \$56,725.00	A household of 4 with a maximum income level of \$67,530.00
A household of 5 with a maximum income level of \$78,335.00	A household of 6 with a maximum income level of \$89,140.00
A household of 7 with a maximum income level of \$91,166.00	A household of 8 with a maximum income level of \$93,191.00

Total monthly income (gross) of **ALL** household members: \$ _____
 How many people live in your household? _____

Number of children (less than 6 years of age): _____
 Number of children (6-17 years of age): _____
 Number of disabled: _____
 Number of elderly (65 years of age or older): _____

My initials indicate that my income is within the limits specified: _____ (PLEASE INITIAL)

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

The Community Renewal Team Inc Weatherization Department 330 Market Street 2nd FL Hartford, CT 06120	Contact Information <u>Weatherization@crtct.org</u> Fax: (860) 560-5322 Phone: (860) 560-5354	Referring Company (if applicable):
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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 United Illuminating (Utilities) reserve the right to verify income before services are provided. Please note that if you income-qualify for the HES-IE program you may also qualify for the winter protection program available through your electric utility company. An authorized adult must be present during the HES-IE program assessment and to provide access to the home. **This program is subject to change based on available funding.** For questions or concerns, please call **877-WISE-USE (877-947-3873)**.

*The person completing the application must be the electric account holder.

PLEASE REVIEW AND COMPLETE REVERSE SIDE

Home Energy Solutions-Income Eligible Application Property Owner Agreement

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

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

The following HES-IE program 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 United Illuminating (Utilities) and their authorized vendors or agents permission to enter the property referenced below in order to install and perform the following HES-IE program services as applicable:

- Important safety tests will be performed throughout your home.
- Lighting replacement with energy-efficient light-emitting diodes (LEDs)
- Weatherization: diagnostic air and duct sealing, weather stripping, and doorsweeps
- Water efficiency measures: low-flow aerators, showerheads, and pipewrap

_____, (initial) I, the Owner, agree to allow for an authorized HES-IE program vendor to install the items, 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.

B. Additional Services

In addition to the items installed as part of the HES-IE program assessment, Utilities and their vendors 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/or freezers.

_____, (initial) I, the Owner, understand that any additional energy-efficient items (appliances, insulation, windows, water heater, heating equipment, etc.) offered or recommended by the authorized 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 authorized vendor.

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

I hereby give permission to Utilities, and/or its vendors 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 877-WISE-USE (947-3873) or visit our website at EnergizeCT.com for the Multifamily Initiative.

SECTION 3: CUSTOMER ACCOUNT AND USAGE RELEASE

Check one, or both if applicable:

- 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 vendor/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 vendor/agent performing energy conservation services, or Utilities, the gas or electric utility account and usage information associated with this unit. I affirm that the information on this form is accurate.

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

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 and 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 or Veteran's 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



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