

2020 HOME ENERGY SOLUTIONS - INCOME ELIGIBLE APPLICATION

Section 1: Property Information (1 - 4 Units)

Property Address: _____ Apartment Number: _____

City _____ State _____ Zip Code _____

Check ALL that apply: # of dwelling units in the Property building: _____

Single Family Home

Apartment Condominium

Section 2: Applicant and Energy Information

Applicant (print first and last name): _____

Daytime Phone: (e.g., 555-555-5555) _____ Email: _____

Property Primary heating fuel type (check one, if known):

Oil Electric Gas Propane

Please Check One: Applicant is the

Property Owner Property Renter/Tenant

Property Electric Utility (check one):

Eversource UI

Property Gas Company (check one):

Eversource CNG SCG

Other: _____

Electric account is listed under:

Applicant Other

Gas account is listed under:

Applicant Other

Other Account Holder's Name: _____

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: _____

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

Property Owner (Landlord) Name: _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone: (e.g., 555-555-5555) _____ Email: _____

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: _____

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.