



Home Energy SolutionsSM - Income Eligible Application

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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 and energy while making your home more comfortable.

Services include:

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

- Walkthrough check for health and safety concerns
- Air sealing and duct sealing to reduce drafts and energy loss
- Installation of efficient aerators, showerheads and hot water pipe insulation
- A Department of Energy Home Energy Score

Additional upgrade opportunities. Depending on your home's existing conditions and the efficiency measures recommended during the initial home visit, you may also qualify for additional discounted upgrades such as:

- Insulation
- Water heaters
- Heating equipment
- Windows
- Refrigerator and/or freezer rebates or vouchers
- Advanced duct sealing



2024–2025 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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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: Electric Discount Rate or Matching Payment.
- CNG, SCG and UI: Low-Income Discount Rate, Matching Payment or Bill Forgiveness Program

Option B: You may qualify if you have it and provide a copy of one of the following with your completed application. No other information is required other than a copy of one of the following:

- 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 who 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 (2024–2025 Heating Season)	<p style="text-align: center;">EXAMPLES OF INCOME INFORMATION:</p> <ul style="list-style-type: none"> • Most recent weekly or biweekly pay stub • Alimony, child support, pension/retirement check stub • Recent quarterly self-employment tax statement(s) • Proof of Social Security or Supplemental Security Income (SSI) benefit award letter • Current unemployment letter • Zero Income Affidavit for anyone age 18 or older without any income
1	\$45,505	
2	\$59,507	
3	\$73,509	
4	\$87,511	
5	\$101,512	
6	\$115,514	
7	\$118,139	
8	\$120,765	

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 four units, please contact us at 1-877-WISE-USE.

**If you need assistance with instructions or additional documents,
please call 1-877-WISE-USE (877-947-3873).**

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



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Section 1: Property Information (1-4 Units)

Property Address:		Apartment Number:
<input type="text"/>		<input type="text"/>
City:	State:	ZIP:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone:	# of apartments in the Property building:	
<input type="text"/>	<input type="text"/>	

Type of Dwelling

- Single-Family Home
- Apartment
- Condominium

Section 2: Applicant and Energy Information

Applicant (please print first and last name):	
First Name:	Last Name:
<input type="text"/>	<input type="text"/>
Telephone:	Email:
<input type="text"/>	<input type="text"/>
Property Primary heating fuel type (check one, if known):	Applicant is the (check one):
<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane	<input type="checkbox"/> Property Owner <input type="checkbox"/> Property Rented/Tenant
Electric Utility (check one):	Natural Gas Utility (check one):
<input type="checkbox"/> Eversource <input type="checkbox"/> UI <input type="checkbox"/> Other _____	<input type="checkbox"/> CNG <input type="checkbox"/> Eversource <input type="checkbox"/> SCG
Electric Account is listed under:	Gas Account is listed under:
<input type="checkbox"/> Applicant <input type="checkbox"/> Other <input type="checkbox"/> Other Account Holder's Name _____	<input type="checkbox"/> Applicant <input type="checkbox"/> Other <input type="checkbox"/> Other Account Holder's Name _____
Electric Account #:	Gas Account #:
<input type="text"/>	<input type="text"/>

Section 3: Authorization

I am the Applicant who 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 and provide me with Home Energy Solutions - Income Eligible services and verification services to confirm proper install. I understand that if the income-qualifying information I have supplied is not correct, I may be charged for the energy efficiency program services I am provided by the Home Energy Solutions - Income Eligible program.

Applicant Signature (required):

Date:

<input type="text"/>	<input type="text"/>
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Note: If Applicant is not the Property Owner, the Property Owner's consent and signature are also required.

Property Owner (Landlord) Name:		
<input type="text"/>		
Address:		
<input type="text"/>		
City:	State:	ZIP:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone:		
<input type="text"/>		
Email:		
<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 the Applicant requests for the Property at no cost to me and provide verification services to confirm the 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.



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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:

United Illuminating:

- Electric Discount Rate
- Matching Payment Program

- Low-Income Discount Rate
- Bill Forgiveness Program
- Matching Payment Program

Option B:

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

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

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 who are age 18 or older?

Annual income of ALL household members age 18 and older:

Copies of information showing total household income are required. Please see Option C instructions.

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:

Community Renewal Team Inc.
 Weatherization Department
 555 Windsor St. 2nd Floor
 Hartford, CT 06120
 Phone: (860) 560-4004
 Fax: (860) 560-5322
 julies@crtct.org

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Affidavit for Household with No Income

HOME ENERGY SOLUTIONS – INCOME ELIGIBLE (HES-IE) PROGRAM

Instructions: Please complete Affidavit for Household with No Income only if you qualify with Option C and you have household members over the age of 18 with no income.

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 who 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.

Note: List all people in your household, including yourself, who are over the age of 18 and have no income:

Name(s)

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.

Signature:	Printed Name:
<input type="text"/>	<input type="text"/>

Date:	Daytime Telephone Number:
<input type="text"/>	<input type="text"/>

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