

Residential Subscriber Enrollment Form

Thank you for your interest in Connecticut’s Shared Clean Energy Facility (SCEF) Program. Please complete this form to apply. If you are eligible, you may be selected to receive a SCEF subscription to a shared clean energy facility. The subscription will provide a bill credit, reducing the amount you owe on your electric bill each month. Please note that completing this form does not guarantee enrollment in the program. Please fill out this form completely and return a signed copy to your electric utility:

Eversource Energy SCEF Department
 107 Selden Street / Berlin, CT 06037
 Email: SCEF_Enrollment@eversource.com

United Illuminating SCEF Program
 100 Marsh Hill Road / MS OP-GN / Orange, CT 06477
 Email: SCEFCredit@uinet.com

Section 1. Customer information — Please provide the following information:

Account holder full name ¹	
Electric account number	
Street address associated with the account	
City, state and zip code	
Phone number	
Email address	
Do you rent or own this property?	
How did you hear about the SCEF program?	
Do you currently have a photovoltaic (PV) solar or other distributed generation system at this address?	

Section 2. Customer qualification

In order to qualify for a SCEF subscription, you must meet one of the following criteria. Please select the customer type that applies to you:

- An income-eligible residential customer
- A residential customer who cannot have a solar powered system installed on your home²

You may qualify for the SCEF program if your household income is below the SCEF program income limits shown in the table below³.

Family Size	1	2	3	4	5	6	7	8
Income Eligibility Limits	\$75,643	\$99,180	\$122,516	\$145,853	\$169,189	\$192,525	\$196,901	\$201,277

Section 3. Required documents

To verify your eligibility for the SCEF program, select one of the Qualification Options below and submit the listed documentation with this form.

Section 3.1 Proof of eligibility

You are eligible for the SCEF program if you are a residential customer who cannot have a solar powered system installed on your home. Please provide one of the following documents with this form.

- A copy of your rental/lease agreement with financial information hidden or removed
- A letter from the applicable authority confirming that you do not have permission to install a solar power system on your home (for example, a landlord or condominium association)
- A copy of the SCEF Program Non-Feasible Solar Self-Attestation form⁴

Section 3.2 Proof of eligibility for income-eligible residential customers

Qualification Option A: I currently participate in, or have participated in, (as applicable) one of the following utility programs. (Check the box that applies.)

- I am currently a participant of the Financial Hardship or the Matching Payment Program (MPP)
- I have participated in the Home Energy Solutions Income Eligible (HES-IE) program within the last three years

Qualification Option B: I participate in one of the following non-utility income-eligible programs. (Check the box that applies and provide a copy of the benefits letter with this form.)

- Medicaid or Access Health; State HUSKY Health A, B, C, D
- State HUSKY Health A or B
- Connecticut Energy Assistance Program (CEAP)
- Section 8 Housing / Rental Assistance Program
- Medicare Savings Programs (MSP)
 - Additional Low-Income Medicare Beneficiary (ALMB)
 - Special Low-Income Medicare Beneficiary (SLMB)
 - Qualified Medicare Beneficiary Program (QMB)
- Supplemental Security Income (SSI)/Social Security Disability Income (SSDI)
- Temporary Assistance for Needy Families (TANF)/ Temporary Family Assistance (TFA)
- State Administered General Assistance (SAGA)
- Department of Social Services State Cash Assistance, State Supplement
- Women, Infants and Children (WIC)
- Supplemental Nutrition Assistance Program (SNAP)
- Refugee Cash Assistance and Refugee Medical Assistance
- Connecticut free or reduced lunch program
- Head Start

Qualification Option C: My household income may be within the SCEF program income limits. (Answer questions below and provide a copy of proof of income.)

How many people live in your household?	
How many people in your household are age 18 or older?	
What is the annual income of ALL household members age 18 or older?	

Proof of income:

(Check all that apply and submit copies of the relevant documents to show your household income.)

- Unemployment benefit letter or most recent bank statement
- Employment (last four weekly pay stubs, last two bi-weekly paystubs, last monthly paystub)
- Self-employment (most recent year 1099 Tax Form)
- Social Security benefit letter
- Child support, pension, retirement, or other benefit letter or most recent bank statement showing direct deposit
- Zero Income Affidavit for anyone age 18 or older without any income⁵
- Other

Section 4. Authorization

I am the Applicant and the Primary Electric Account holder applying for enrollment in the SCEF program. I attest that all information provided in this application is truthful and accurate to the best of my knowledge. I authorize the electric utility to share my customer information, including but not limited to, my name, address, utility account information and income verification documentation with third parties to the extent necessary to enable my participation in the SCEF Program and other available energy assistance programs. I understand that submission of this Subscriber Enrollment Form does not guarantee me a SCEF subscription. I understand that by submitting this Subscriber Enrollment Form I will be considered for enrollment in the SCEF program for a period of up to three (3) years. I understand that if I relocate from my current premises, I will need to resubmit a new Subscriber Enrollment Form; and if my eligibility status changes I will no longer be considered for enrollment in the SCEF program.

Applicant Signature _____ Date _____

I understand that if I am selected for enrollment in the SCEF program, I will be sent a Subscription Summary Form with the details of my subscription, its start date and the program Terms and Conditions by my electric utility. If, at that time, I no longer wish to participate in the SCEF program, I will be provided three days from receipt of my Subscription Summary Form to notify my electric utility that I decline my subscription. If I do not decline to participate within that time, I will be automatically enrolled in the SCEF program and will begin to receive SCEF credits on my electric bill. I have the right to cancel my subscription at any time post-enrollment.

Applicant Signature _____ Date _____

¹ Applicant name must match the name of the primary account holder on the electric account.
² If you are a renter or other customer that does not have control of their roof or a customer whose home is not suitable for a solar power system (for example, a roof too shaded or structurally unsuitable)
³ Data source: <https://uwc.211ct.org/connecticut-state-median-income-2023>. Income table represents 100% of State Median Income adjusted for household size for 2024-2025. SCEF income limits are up to 60% of state median income (SMI) for low-income customers and 60-100% of SMI for moderate-income customers.
⁴ The SCEF program Non-feasible Solar Self-attestation form can be found on the program websites at eversource.com/SCEF and uinet.com/SharedCleanEnergy.
⁵ The customer must provide income documentation for each household member 18 years of age or older. For any household member 18 years or older without income, the customer must complete the Zero Income Affidavit and submit it with the completed application. The Zero Income Affidavit is available at <https://operationfuel.org/fbforms>.