

# Non-Residential Subscriber Enrollment Form

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

**Eversource Energy SCEF Department**  
**107 Selden Street / Berlin, CT 06037**

**United Illuminating SCEF Program**  
**100 Marsh Hill Road / MS OP-GN**  
**Orange, CT 06477**

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

Account holder full name or name of business/organization <sup>1</sup>	
Electric account number	
Street address associated with the account	
City, state and zip code	
Point of contact	
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. Select the customer type that applies to you:<sup>2</sup>**

- Low-Income Service Organization:** a for-profit or nonprofit organization that provides service or assistance to low-income individuals
- Landlord of an Affordable Housing Facility:** a landlord of a property that is an Affordable Housing Facility as defined in Section 8-39a of the General Statutes
- Commercial Customer:** a commercial or industrial customer, including small business customers
- State Customer:** a customer that belongs to any office, department, board, council, commission, institution, constituent unit of the state system of higher education, technical high school or other agency in the executive, legislative or judicial branches of the state of Connecticut
- Municipal Customer:** a customer that is a municipality in the state of Connecticut

## Section 3. Authorization

I am the Applicant and the Primary Electric Account holder or an Authorized Representative of the Business/Organization 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 Program and other available energy assistance programs. 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 3 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 \_\_\_\_\_

<sup>1</sup> Applicant name must match the name of the primary account holder or business/organization on the electric account.

<sup>2</sup> If the program administrators cannot verify your eligibility with information already available to them, they may contact you to request additional information.