



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), subsidiaries of Avangrid, are here to help you save money and energy while increasing your comfort at home. **If you need assistance completing this application, please call 877-WISE-USE (877-947-3873).**

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 insulations
- A U.S. Department of Energy Home Energy ScoreTM

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
- Heating, cooling and water heating equipment
- Windows
- Refrigerator and/or freezer rebates or vouchers
- Advanced duct sealing



2025–2026 Application Instructions

Section 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.

Section 2: Applicant and Energy Information

Please complete Section 2: Applicant and Energy Information to provide your contact, heating and electric information.

Section 3: 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.

Section 4: Authorization

- a. If you are the applicant and qualify by Option B or C on page 4, you must sign the application.
- b. If you, the applicant, do not own the property described in Step 1, it is required that the property owner (landlord) also sign the authorization.
- c. If you are the Property Owner and any tenant(s) will not sign, and qualify by Option A or D on Page 4 of the Application, you can authorize without the tenant's signature, pursuant to Connecticut state law Title 47a - Landlord and Tenant. Chapter 830 - Rights and Responsibilities of Landlord and Tenant. Section 47a-16.

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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 can provide a copy of one of the following with your completed application. No other information is required other than a copy of one of these documents:

- 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 listed 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 with no income, please complete the Zero Income Affidavit and submit it with your completed application.

Household Size	Household Maximum Annual Income (2025–2026 Heating Season)	EXAMPLES OF INCOME INFORMATION:
1	\$47,764	
2	\$62,460	
3	\$77,157	
4	\$91,854	
5	\$106,550	
6	\$121,247	
7	\$124,002	
8	\$126,758	

Option D: The entire property may qualify if all or half of the tenants qualify for Home Energy Solutions - Income Eligible. For example, for a two-unit building, the applicant for one unit must qualify and for a three or four-unit building, applicants for two units must qualify. **NOTE:** The property owner must supply information in Section 3 for all units in the property to receive Home Energy Solutions - Income Eligible at no cost. For apartment buildings with more than four units, please contact us at 877-WISE-USE (877-947-3873).

**If you need assistance with instructions or additional documents,
please call 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:	Number of Apartments in the Property:	
<input type="text"/>	<input type="text"/>	

Section 2: Applicant and Energy Information

First Name:	Last Name:
<input type="text"/>	<input type="text"/>
Telephone:	Email:
<input type="text"/>	<input type="text"/>
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"/> Renter/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 Number:	Gas Account Number:
<input type="text"/>	<input type="text"/>

Section 3: 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: CNG, SCG, UI:

<input type="checkbox"/> Electric Discount Rate	<input type="checkbox"/> Low-Income Discount Rate
<input type="checkbox"/> Matching Payment Program	<input type="checkbox"/> Bill Forgiveness Program
	<input type="checkbox"/> Matching Payment Program

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

<input type="checkbox"/> EBT Award Letter for Supplement Income Recipients
<input type="checkbox"/> Energy Assistance Award Letter
<input type="checkbox"/> 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: If Option D is selected, the property owner must complete the following table to include addresses for all units to be served.

<input type="checkbox"/> Property that is a multifamily building with two to four units and at least 50 percent of the other tenants of the property qualify for Home Energy Solutions - Income Eligible services.
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Number	Address	Floor or Unit #	City	State	Zip	Tenant/Resident Name	Primary Heating Fuel	For Utility Use Only
52	Oak Street	FL 3	Bristol	CT	06010	Jane Smith	Gas	Qualifying Option



Home Energy Solutions - Income Eligible Application

Section 4: Authorization

I am the applicant who has completed this application and request Home Energy Solutions - Income Eligible services for the property listed in Section 1. I understand, if qualified, the initial visit will be provided at no cost. I authorize Eversource and CNG, SCG and UI and their authorized contractors and agents, to enter my property to perform the initial visit, provide Home Energy Solutions - Income Eligible services, and conduct verification 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 received through the Home Energy Solutions - Income Eligible program.

Applicant Signature (Required):

Date:

Note: If Applicant Is Not the Property Owner, the Property Owner's Consent and Signature Are Also Required

Property Owner (Landlord) Name:

Address:

City: _____ State: _____ ZIP: _____

Telephone:

Email:

In the event the applicant/tenant has not signed for the address(s) listed below, I am the Property Owner and Pursuant to Connecticut state law Title 47a - Landlord and Tenant. Chapter 830 - Rights and Responsibilities of Landlord and Tenant. I give authorization to Eversource, the Connecticut Natural Gas Corporation, the Southern Connecticut Gas Company, United Illuminating Company, and, their employee(s), subcontractor(s) or agents(s) ("Authorized Parties") to enter the premises for a Home Energy Solutions - Income Eligible assessment and perform weatherization services at no cost to me, and provide verification services to confirm proper installation of any applicable measure. Pursuant to the Statute, I will advise the tenants of said property the date and time that the Authorized Parties will enter the premises for a home energy assessment and any following weatherization services.

Property Owner (Landlord) Duly Authorized Signature:

Date:

Note: A Separate Home Energy Solutions - Income Eligible Application MUST Be Completed By Each Applicant/Tenant Using Option B Or Option C. If Using These Options, Both The Applicant And The Property Owner Will Need To Sign The Application.

Please Send Completed Form to Referring Company or Your Electric Company:

Eversource Electric Customers May Upload to: eversource.com/cg/customer/upload	UI Electric Customers Mail to: UI Wise Use C/O True View Consultants P.O. Box 581 South Windsor, CT 06074	Referring Company (if applicable):
Or Mail to: Eversource Energy P.O. Box 270 Hartford, CT 06101-9902		

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Home Energy Solutions - Income Eligible Zero Income Affidavit

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

I (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. This includes income from employment, a pension, unemployment or worker's compensation, cash assistance from the Connecticut Department of Social Services (including Temporary Family Assistance, State Supplement or the State Administered General Assistance Program), benefits from the Social Security Administration or Veterans Benefits Administration, child support, alimony, interest or any other income source.

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

I understand that the Home Energy Solutions – Income Eligible program may request supporting documentation regarding my household income. I affirm that the information indicated on this form is accurate.

Signature:	Printed Name:

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