



Home Energy SolutionsSM – Income Eligible Application

Energize ConnecticutSM

Thank you for your interest in Home Energy Solutions – Income Eligible. The Connecticut Light and Power Company and Yankee Gas Service Company, each doing business as Eversource Energy (Eversource), and Avangrid, Inc. subsidiaries Connecticut Natural Gas (CNG), Southern Connecticut Gas (SCG) and United Illuminating (UI), 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).** **Note:** If you live in a building with five or more units, please visit [EnergizeCT.com/Multifamily](https://energizect.com/Multifamily) for more information.

Services Include:

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

- Walkthrough inspection for health and safety concerns
- Installation of efficient aerators, showerheads and hot water pipe insulation
- Identification of energy efficiency opportunities
- 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 low- to no-cost upgrades such as:

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

For your convenience you can apply online or by mail.

Apply Online (1-3 business days)	or	Mail In (3-5 business days)
No need to fill out this form, visit EnergizeCT.com/Income-Verification to complete your application online. Once you've finished, choose how you'd like to sign and submit it: Option 1 - Select "Electronic Signature (eSignature)" and follow the instructions to sign your application by email. Option 2 - Select "Manual Signature (Wet Signature)" and follow the instructions to upload your signed application.	Completely fill out this application form and mail it to your electric company. Eversource: HES-IE Weatherization Services Eversource P.O. Box 270 Hartford, CT 06101-9902 United Illuminating: UI Wise Use C/O True View Consultants P.O. Box 581 South Windsor, CT 06074	



2026 Mail In Application Instructions

Section 1: Property information

- If you are the tenant, please complete Sections 1-3
- If you are the property owner/landlord, please complete Section 4
- If you own and live on the property along with tenants, and want all units served, please complete Sections 1-4

Section 2: Applicant and energy information

Enter your contact information, heating system details and electric account information.

Section 3: Applicant qualification information

There are four options to qualify for the program. You only need to meet one of the options (A, B, C or D) listed on page 2. If you are not the property owner, your property owner/landlord must sign the Section 4: *Property Owner/Landlord Authorization* on page 4.

Section 4: Property owner/landlord authorization

- a. If a tenant in your single family home has completed Sections 1, 2 and 3, please complete the contact information and sign Section 4: *Property Owner/Landlord Authorization* on page 4.
- b. If a tenant in your 2–4 unit property has completed the application, please go to page 4, Section 4: *Property Owner/Landlord Authorization* and list all units in the table under Option D. We will confirm if the entire building is income-eligible and may follow up with you.

- c. In accordance with Connecticut state law (Title 47a, Chapter 830, Section 47a-16), you may authorize services without a tenant(s)' signature under Options A or D:

1. For a single family home, complete Sections 1 and 2, then sign the application on page 4 *Section 4: Property Owner/Landlord Authorization*. We will confirm if your tenant qualifies under Option A. If your tenant qualifies under Option B or C, their signature will also be required.
2. For a 2–4 unit property, please go to page 4 *Section 4: Property Owner/Landlord Authorization* and list all units in the table under Option D. We will confirm if the entire building is income-eligible and may follow up with you.

You may also qualify for a Discount Rate or bill assistance programs if you receive a public assistance benefit or meet household income requirements. Let us help you find the best option.

Eversource: Visit eversource.com/billhelp or call **800-286-2828** (electric) or **800-438-2278** (gas).

Avangrid: Visit uinet.com/HelpWithBill or call **UI** at **800-722-5584**, **CNG** at **860-524-8361** or **SCG** at **800-659-8299**



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Applicant qualification information

Option A: You may qualify if you are enrolled in one of the programs listed below. No other information is required.

- Eversource: Electric Discount Rate or Matching Payment Program
- 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.

- Electronic Benefit Transfer (EBT) Award Letter for Supplemental 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 annual gross income of all household members 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 an income, please list all names on the Zero Income Affidavit on page 5 and submit it with your completed application.

Household Size	Household Maximum Annual Gross Income (2026–2027 Heating Season)	Examples of income information: • Most recent weekly or biweekly pay stub • Alimony, child support, pension/retirement check stub • Previous year's tax return • 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 an income
1	≤ \$48,714	
2	≤ \$63,703	
3	≤ \$78,692	
4	≤ \$93,681	
5	≤ \$108,669	
6	≤ \$123,658	
7	≤ \$126,469	
8	≤ \$129,279	

Option D: The entire property may qualify if all or half of the tenants qualify for Home Energy Solutions – Income Eligible. For example, in a two unit building, one unit must qualify. In a 3–4 unit building, at least two units must qualify.

Note: The property owner/landlord must supply information in *Section 3: Applicant Qualification Information* for all units in the property to receive Home Energy Solutions – Income Eligible services at no cost. For properties 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:	Unit Number:	
City:	State:	ZIP:
	CT	
Phone Number:	Number of Units in the Property:	

Type of Dwelling

- ☐ Single family home
☐ Apartment building with 4 units or less
☐ Condominium

Section 2: Applicant and Energy Information

First Name:	Last Name:
Phone Number:	Email:
Primary Heating Fuel Type (Check one, if known):	Applicant is the (Check one):
☐ Electric ☐ Natural Gas ☐ Oil ☐ Propane	☐ Property Owner/Landlord ☐ Renter/Tenant
Electric Utility (Check One):	Natural Gas Utility (Check One):
☐ Eversource ☐ UI ☐ Other _____	☐ CNG ☐ Eversource ☐ SCG
Electric Account Is Listed Under:	Natural Gas Account Is Listed Under:
☐ Applicant ☐ Other Account Holder's Name ☐ Landlord/Property Owner ☐ Other _____	☐ Applicant ☐ Other ☐ Other Account Holder's Name _____
Electric Account Number:	Natural Gas Account Number:

Section 3: Applicant Qualification Information

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 the applicant is enrolled in one of the following programs.

Eversource:	CNG, SCG, UI:
☐ Electric Discount Rate ☐ Matching Payment Program	☐ Low-Income Discount Rate ☐ Bill Forgiveness Program ☐ Matching Payment Program

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

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

Option C: If the applicant meets the household maximum annual gross 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 gross income of **all** household members age 18 and older:

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

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, that 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 installation. I understand that if the income-qualifying information I have supplied is incorrect, I may be charged for the energy efficiency program services I received through the Home Energy Solutions – Income Eligible program.

Applicant Signature (Required):

Date:

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



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Section 4: Property Owner/Landlord Authorization (Note: if applicant is not the property owner, the property owner's consent and signature are also required)

Option D: If Option D is selected, the property owner must complete the following table for all the units.

☐ I am the owner or landlord of a property with 2-4 units and at least 50 percent of the tenants may qualify for Home Energy Solutions – Income Eligible.

Street Number	Street Address	Floor or Unit Number	City	State	ZIP	Tenant/Resident Name	Primary Heating Fuel	For Utility Use Only
52	Oak Street	FL 3	Bristol	CT	06010	Jane Smith	Natural Gas	Qualifying Option
				CT				
				CT				
				CT				
				CT				

Property Owner/Landlord Name:

Address:

City: State: ZIP:

Phone Number:

Email:

I am the property owner of the single family or 2–4 unit property listed in Sections 1-3, and/or 4. Pursuant to Connecticut state law Title 47a-16 Landlord and Tenant, Chapter 830 - Rights and Responsibilities of Landlord and Tenant, I authorize Eversource, CNG, SCG, UI and their employee(s), subcontractor(s) or agent(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/landlord will need to sign the application.

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Energize Connecticut—programs funded by a charge on customer energy bills.



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 without an 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 are without an income:

Name(s)

I understand that the Sponsors of Energize CT may request supporting documentation regarding my household income. I affirm that the information indicated on this form is accurate.

Signature:

Printed Name:

Date:

Telephone:

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