



HOME ENERGY SOLUTIONS (HES) CUSTOMER INTEREST FORM

This program is subject to change based on available funding. FILLING OUT THIS FORM DOES NOT AUTOMATICALLY QUALIFY YOU FOR THE HES PROGRAM. An authorized adult must be present during the assessment and provide access to the premises.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone No. ( ) \_\_\_\_\_ Other \_\_\_\_\_

Utility Accounts:

Electric Account # \_\_\_\_\_  Eversource  UI  Other

Natural Gas Account # \_\_\_\_\_  CNG  SCG  Eversource Gas  Other  None

Check all that Apply:

Apartment  Single Family  Condo  Duplex

Year Round  Seasonal Use Only

Do You: Rent Own

Age of Home: \_\_\_\_\_ Years Heated Square Footage of Home: \_\_\_\_\_ Sq Feet

Age of Roof: \_\_\_\_\_ Years

Central Air Conditioning:  Yes  No Age of Central A/C: Years \_\_\_\_\_

Primary Heat Source: Electric Forced Hot Air Hot Water Baseboard

Do you have an oil, propane or kerosene heating service contract? Yes No

Primary Heating Fuel Type: Electric Gas Oil Propane Other

Hot Water Type: Electric Gas Oil Propane Other

How many individuals live in your home? \_\_\_\_\_

Have you participated in any in-home utility conservation programs within the past 18 months? \_\_\_\_\_.

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