



# Home Energy Solutions Program (HES) Customer Interest Form 2010

Due to potential high customer participation and program oversubscription, we reserve the right to restrict services to homes that could benefit the most. This program is subject to change based on available funding. There is a \$75 fee which is due at the time of the visit; checks or money order accepted. FILLING OUT THIS FORM DOES NOT AUTOMATICALLY QUALIFY YOU FOR THE HES PROGRAM. If your home is selected, you will be notified via email or telephone. An authorized adult must be present during the assessment and provide access to the premises.

(Please Print) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

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

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

### Utility Accounts:

Electric Acct # \_\_\_\_\_  CL&P  UI  Other

Natural Gas Acct # \_\_\_\_\_  CNG  SCG  Yankee Gas  Other \_\_\_\_\_  None

**Check All that Apply:**  Apartment  Single Family  Condo  Duplex  
 Year-round  Seasonal Use Only

**Do You:**  Rent  Own

**Renters:** Please have your landlord complete and sign this section:  
I am the owner or authorized agent of the residential building(s) located at: \_\_\_\_\_  
I hereby give permission to the following utility companies: CL&P, CNG, Yankee Gas, UI or SCG, or their authorized agents, to perform an energy conservation needs assessment and to install energy-efficient measures at the above-referenced location at no cost to me.  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Average Monthly Utility Bill:** Electric \$ \_\_\_\_\_ .00 Gas \$ \_\_\_\_\_ .00

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

**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 \_\_\_\_\_

### To determine if you are eligible for additional services, please check the appropriate box:

Total gross household income:  \$0-\$30,000  \$31,000-\$50,000  \$51,000-\$70,000  Over \$70,000

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

How did you hear about the HES program?  Bill Insert  Direct Mail  Radio/TV  Other \_\_\_\_\_

Have you participated in any in-home utility conservation programs within the past 18 months?  Yes  No

(Please Describe) \_\_\_\_\_



Connecticut's Energy Efficiency Programs are funded by a Charge on Customer energy bills. The Programs are designed to help customers manage their energy usage and cost.

Print this form and mail to:  
**NEW ENGLAND SMART ENERGY, LLC,**  
34 Sherman Court, Fairfield, CT 06824  
Or fax to: 203.292.8089  
QUESTIONS? Call: 203.292.8088.  
Visit us at [www.ne-smartenergy.com](http://www.ne-smartenergy.com)