



Home Energy SolutionsSM Program Customer Interest Form

This program is subject to change based on available funding. **FILLING OUT THIS FORM DOES NOT AUTOMATICALLY QUALIFY YOU FOR THE HOME ENERGY SOLUTIONS 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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AN AUTHORIZED CONTRACTOR



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