



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). You can also submit this application online at [EnergizeCT.com/Income-Verification](https://energizect.com/Income-Verification).**

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 Score™

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



2026 Application Instructions

Section 1: Property information

If you live in the home (whether you own or rent) and are requesting Home Energy Solutions – Income Eligible services for your own unit, please complete Sections 1-3 with details about the property.

If you own the property but do not live there and are applying on behalf of your tenant(s), skip ahead to Section 4: *Property Owner/Landlord*.

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.

If you are having trouble paying your electric or gas bill, we're here to help.

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



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 page 5 and submit it with your completed application.

Household Size	Household Maximum Annual Gross Income (2025–2026 Heating Season)	Examples of income information: <ul style="list-style-type: none"> • 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 with an income
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, in a 2-unit building, one unit must qualify. In a 3–4 unit building, at least 2 units must qualify.

Note: The property owner 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 4 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:
<input type="text"/>		<input type="text"/>
City:	State:	ZIP:
<input type="text"/>	CT	<input type="text"/>
Telephone:	Number of Units in the Property:	
<input type="text"/>	<input type="text"/>	

Type of Dwelling

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

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:	Natural Gas Account Is Listed Under:
<input type="checkbox"/> Applicant <input type="checkbox"/> Other Account Holder's Name <input type="checkbox"/> Landlord/Property Owner <input type="checkbox"/> Other _____	<input type="checkbox"/> Applicant <input type="checkbox"/> Other <input type="checkbox"/> Other Account Holder's Name _____
Electric Account Number:	Natural Gas Account Number:
<input type="text"/>	<input type="text"/>

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

<input type="text"/>	<input type="text"/>
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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 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:

Telephone:

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.

Please send completed form to referring company or your electric company:

<p>Eversource electric customers may upload to: eversource.com/cg/customer/upload Or mail to: HES-IE Weatherization Services Eversource P.O. Box 270 Hartford, CT 06101-9902</p>	<p>UI electric customers mail to: UI Wise Use C/O True View Consultants P.O. Box 581 South Windsor, CT 06074</p>	<p>Referring company (if applicable):</p>
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