



Home Energy SolutionsSM Program Customer Interest Form

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. Currently, until December 31, 2023, there is a copay of \$50. Starting January 1, 2024, this will increase to \$75, 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 HOME ENERGY SOLUTIONS 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: Eversource, 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-\$41,553 \$41,553-\$54,338 \$54,338-\$67,124 Over \$67,124

How many individuals live in your home? _____

How did you hear about the Home Energy Solutions 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)



Print this form and mail to:
NEW ENGLAND SMART ENERGY, LLC,
418 Meadow St, Ste 201 Fairfield, CT 06824 Or
fax to: 203.292.8089
QUESTIONS? Call: 203.292.8088.
Visit us at www.ne-smartenergy.com