

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 for customers who heat with electricity or natural gas. ALL OTHER CUSTOMERS REQUIRE A \$300* CO-PAY. FILLING OUT THIS FORM DOES NOT AUTOMATICALLY QUALIFY YOU FOR THE HES PROGRAM. If your home is selected, you will be notified via letter or telephone. An authorized adult must be present during the assessment and provide access to the premises.

* For a limited time the co-pay for customers who heat with oil, propane or kerosene is reduced to \$75 as a result of a grant from the Connecticut Office of Policy and Management (OPM).

(Please Print) First Name _____ Last Name _____

Address _____ Unit # _____

City _____ State _____ Zip _____ Daytime Telephone Number () _____

Utility Account Number: Electric: _____ Natural Gas: _____
 CL&P UI CNG SCG Yankee Gas

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 F

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

Primary Heat Type: Electric Forced Hot Air Hot Water Baseboard Other _____

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

Primary 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? No Yes

(Please Describe) _____

Please mail completed form to:

For CL&P customers:
 C&LM Department
 HES Program
 PO Box 270
 Hartford, CT 06101-9902
 Fax to: (860) 832-4700

For UI customers:
 HES Program
 157 Church Street
 P.O. Box 1564, MS 1-6B
 New Haven, CT 06510
 Fax to: (203) 499-2800

