

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?



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

