



PROPERTY ELIGIBILITY APPLICATION FOR PROPERTY OCCUPANT (HOMEOWNER OR TENANT/RENTER)

Complete and return signed application and requested income eligibility documents to apply for additional rewards for eligible air sealing and insulation improvement and a FREE energy assessment. NOTE: This information will only be used to qualify the property for program rewards and will not be shared with third-parties without your consent. For assistance completing this application, refer to the Income Eligibility Application Guidebook available at focusonenergy.com/homeperformance or call **855.533.8103**. Focus on Energy rewards are subject to change.

SECTION 1: PROGRAM ELIGIBILITY (If you can answer "Yes" to items 1-6 below, please complete and return the application. You may be eligible for enhanced rewards. If you can answer "Yes" to items 1-4 and "No" to items 5-6, you are not eligible for the FREE energy assessment and enhanced rewards; however, you may still be eligible for Home Performance rewards. Visit focusonenergy.com/homeperformance for next steps)

		YES	NO
1	The property I am applying for receives utility services from a participating Focus on Energy utility company (refer to guidelines).	<input type="checkbox"/>	<input type="checkbox"/>
2	The property I am applying for is an existing home. NOTE: New construction or mobile homes are not eligible.	<input type="checkbox"/>	<input type="checkbox"/>
3	The property I am applying for is a residential building with three or fewer units.	<input type="checkbox"/>	<input type="checkbox"/>
4	At least 50 percent of the building is heated through natural gas or electricity.	<input type="checkbox"/>	<input type="checkbox"/>
5	The occupant(s)'s household income is less than 80 percent of the State Median Income (refer to guidelines).	<input type="checkbox"/>	<input type="checkbox"/>
6	HOMEOWNERS ONLY: Your home has <u>not</u> received insulation or air sealing services through a low income weatherization program in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: APPLICANT INFORMATION (If you are the landlord, please complete the landlord application available to download at focusonenergy.com/homeperformance or by calling 855.533.8103)

First Name:		Last Name:			
Installation Address:		City:	County:	State: WI	Zip:
Mailing Address (if different than the address above):		City:	County:	State:	Zip:
Daytime Phone:			Evening Phone:		
Email Address:			How did you hear about the program?:		

SECTION 3: PROPERTY INFORMATION

Home Type: Check ONE only. <input type="checkbox"/> Existing Home <input style="border: 1px solid black; padding: 0 2px;" type="checkbox"/> NA New Construction <input style="border: 1px solid black; padding: 0 2px;" type="checkbox"/> NA Mobile Home		Residential Building Type: Check ONE only. <input type="checkbox"/> Single Family <input type="checkbox"/> 2 Unit <input type="checkbox"/> 3 Unit <input style="border: 1px solid black; padding: 0 2px;" type="checkbox"/> NA 4+ Units			
Property Ownership: Check ONE only. <input type="checkbox"/> Homeowner <input type="checkbox"/> Tenant/Renter	Name of Landlord:	Landlord's Daytime Phone:	Referring Trade Ally (Contractor), if applicable:		

SECTION 4: PROPERTY'S UTILITY COMPANY/HEATING SOURCE INFORMATION

Electric Provider:	Electric Account Number:	Natural Gas Provider	Natural Gas Account Number:
Primary Fuel Used for Space Heating (At least 50% of the home must be heated through natural gas or electricity.) <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input style="border: 1px solid black; padding: 0 2px;" type="checkbox"/> NA Oil <input style="border: 1px solid black; padding: 0 2px;" type="checkbox"/> NA Propane <input style="border: 1px solid black; padding: 0 2px;" type="checkbox"/> NA Wood/Pellet <input style="border: 1px solid black; padding: 0 2px;" type="checkbox"/> NA LP <input style="border: 1px solid black; padding: 0 2px;" type="checkbox"/> NA Other			

SECTION 5: HOUSEHOLD MEMBERS (Please list all members of your household, including children)

HOUSEHOLD MEMBERS	FIRST NAME	LAST NAME	BIRTH DATE (MM/DD/YYYY)
Applicant			
Household Member #1			
Household Member #2			
Household Member #3			
Household Member #4			
Household Member #5			
Household Member #6			
Household Member #7			

SECTION 6: HOUSEHOLD INCOME (Include income for household members over the age of 18, excluding full-time high school students)

Name of Adult Household Member	Income Type (see guidelines)	Previous Three Months of Income (Gross)			3 Month Total	Income Support Documents Attached (see guidelines)	
		Month 1	Month 2	Month 3		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		\$	\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		\$	\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		\$	\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		\$	\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		\$	\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total 3 Month Household Income					\$		

SECTION 7: TERMS AND CONDITIONS AND ELIGIBILITY DECLARATION

By submitting this application, the Applicant(s) hereby certifies that he/she has read, agrees to and has met all Terms and Conditions and Program Qualifications as outlined in the application and guidelines.

- The Applicant further certifies that all of the information contained in this application and supporting documentation is complete, true and correct, and all household income has been fully disclosed.
- The Applicant may be required to provide proof of any information on this application and that giving false information will invalidate this application, require the return of any rewards received and could possible subject the Applicant to criminal prosecution.
- Applicant submitting an application who has not received approval for the program assume all risk, as they may not be approved for participation in the program and are therefore ineligible for program rewards listed on the application.
- Income eligibility approval does not guarantee payment of a reward. Applicants must meet all program requirements to be eligible for program rewards.
- All installations are subject to verification inspection by the program to ensure the measures were installed properly. Residents must allow, if requested, a program representative reasonable access to the home to verify installed measures.
- The Applicant can have as many energy assessments as they want completed on the property; however, the program will only pay for one FREE energy assessment. Rewards paid on this application cannot be claimed on another Focus on Energy application. Similarly, rewards can only be paid to one person or entity (i.e. either the resident or Trade Ally, not both).
- The program is not responsible for items (i.e. Income Eligibility Applications, supporting documentation, reward checks) lost or damaged in the mail.
- Income Eligibility Applications will be processed within three business days from receipt of the application if all necessary documentation is included. Applicants will be notified of income eligibility or denial by phone or email, followed by a letter of income eligibility notification sent via U.S. Mail.
- If application is approved, the property owner has 12 calendar months from the notification date to have eligible measures installed. If eligible measures are not installed within 12 calendar months, a new Income Eligibility Application must be resubmitted for approval.

HOMEOWNER ONLY (Check the box signifying you have read and agreed to the statement)

If your income is at or below 60 percent of the State Median Income, you may qualify for the **Wisconsin Weatherization Assistance Program** administered by the Wisconsin Home Energy Assistance Program (WHEAP). This program provides greater monetary benefits for home retrofit work. Focus on Energy strongly recommends that you consider this program before moving forward with our program. To learn more, visit www.homeenergyplus.wi.gov or call **866.432.8947**.

- I have been notified of other assistance options available to me, and choose to participate in Focus on Energy's Home Performance with ENERGY STAR Program. I understand that by participating in this program I am no longer eligible to receive assistance in the Weatherization Assistance Program for improvements eligible through the Home Performance Program even though the WHEAP Program may have greater rewards.

If I am approved for this program, I give the Home Performance Program my permission to provide the necessary documentation and contact information to other Focus on Energy or government-funded programs for the purposes of contacting me about their programs and the assistance available to me.

- Other Focus on Energy programs. Other government funded income assistance organizations such as Me², Green Madison, etc.
- If I am approved for this program, I give the Home Performance Program my permission to provide my contact information to partnering Trade Allies (contractors) for the purposes of scheduling my FREE energy assessment or discussing program rewards for eligible improvements.

SECTION 8: DOCUMENTS TO RETURN WITH YOUR APPLICATION (Please include the documents listed with your application to prevent delays)

Check the box signifying you have included the necessary document(s). Applicants should black out all Social Security Numbers listed on the documentation.

- Copy of your most recent electric and natural gas utility bill.**
- Income Support Documents (include the support documentation for each household member and income item listed in Section 6).**
- HOMEOWNER ONLY: Proof of homeownership (most recent real estate tax statement, current mortgage statement, recorded mortgage, land contract or life lease).**

SECTION 9: SIGNATURES (Applicant will be notified of program eligibility by phone or email, followed by a letter sent via U.S. Mail)

Homeowner or Tenant/Renter's Signature:	Date:
Print Name:	Date:

FORM SUBMITTAL – RETURN SIGNED, COMPLETED FORM TO:

Mail: Focus on Energy Income Eligibility Dept. c/o Conservation Services Group, 2821 Dairy Drive, Suite 5, Madison, WI 53718

Email: HomePerformanceLevel2@focusonenergy.com **Questions: 855.533.8103**

MM-6113-0413



HOME PERFORMANCE - REWARD LEVEL 2 INCOME ELIGIBILITY APPLICATION



Guidelines for Property Occupant (Homeowner or Tenant/Renter)

Thank you for your interest in Home Performance with ENERGY STAR® Reward Level 2 benefits. Please read the guidelines below for instructions on how to complete the application. To expedite the approval process and to avoid delays, make sure to include the necessary documents as requested below. If you have any questions, please contact us at **855.533.8103** or HomePerformanceLevel2@focusonenergy.com.

If you are approved for Reward Level 2 benefits you will receive the following:

- FREE Energy Assessment: A Focus on Energy Trade Ally (contractor) will do a visual inspection of your home, may perform diagnostic tests (blower door, combustion safety, infrared camera, etc) depending on the age and condition of your home, and provide you with a report and recommendations. Blower door and infrared camera tests are not guaranteed with a free assessment.
- Instant reward of 75 percent off of the cost of eligible air sealing, attic insulation and exterior wall insulation improvements, up to \$2,500.
- FREE energy-saving products such as ENERGY STAR® qualified compact fluorescent light bulbs (CFLs), up to 12 per household; high efficiency kitchen and bathroom faucet aerators; and water-saving showerheads.

SECTION 1: PROGRAM ELIGIBILITY

Read the statement and check the appropriate box to see if you are eligible for Reward Level 2 benefits. If you can answer “Yes” to all six items, please complete and submit the application.

SECTION 1: PROGRAM ELIGIBILITY (If you can answer “Yes” to items 1-6 below, please complete and return the application. You may be eligible for enhanced rewards. If you can answer “Yes” to items 1-4 and “No” to items 5-6, you are not eligible for the FREE energy assessment and enhanced rewards; however, you may still be eligible for Home Performance rewards. Visit focusonenergy.com/homeperformance for next steps)

	YES	NO
1 The property I am applying for receives utility services from a participating Focus on Energy utility company (refer to guidelines).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 The property I am applying for is an existing home. NOTE: New construction or mobile homes are not eligible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 The property I am applying for is a residential building with three or fewer units.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 At least 50 percent of the building is heated through natural gas or electricity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 The occupant(s)'s household income is less than 80 percent of the State Median Income (refer to guidelines).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 HOMEOWNERS ONLY: Your home has <u>not</u> received insulation or air sealing services through a low income weatherization program in the past five years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 1
- 2-4
- 5
- 6

1 Eligibility Item 1: Focus on Energy programs are funded by participating Wisconsin utility companies. Check the list below to see if your utility company is a program participant.

List of Participating Utility Companies			
Adams-Columbia Electric Cooperative	Algoma Utilities	Alliant Energy	Arcadia Electric Utility
Argyle Electric & Water Utility	Bangor Municipal Utility	Barron Light & Water	Belmont Municipal Light & Water
Benton Electric & Water Utility	Black Earth Electric Utility	Black River Falls Municipal Utilities	Bloomer Electric & Water Utility
Boscobel Utilities	Brodhead Water & Light	Cadott Light & Water Department	Cashton Light & Water
Cedarburg Light & Water	Centuria Municipal Electric Utility	City Gas Company	City Utilities of Richland Center
Clark Electric Cooperative	Clintonville Utilities	Columbus Water & Light	Consolidated Water Power Company
Cornell Municipal Light Department	Cuba City Light & Water	Cumberland Municipal Utility	Dahlberg Light & Power Company
Eagle River Light & Water Utility	Eau Claire Energy Cooperative	Elkhorn Light & Water	Elroy Electric & Water Utility
Evansville Water & Light	Fennimore Municipal Utility	Florence Utilities	Gresham Water & Electric Plant
Hartford Electric	Hazel Green Light & Water Utility	Hustisford Utilities	Jefferson Utilities

List of Participating Utility Companies			
Juneau Utilities	Kaukauna Utilities	Kiel Utilities	La Farge Municipal Utilities
Lake Mills Light & Water	Lodi Utilities	Madison Gas & Electric	Manitowoc Public Utilities
Marshfield Utilities	Mazomanie Electric Utility	Medford Electric Utility	Menasha Utilities
Merrillan Electric & Water Utility	Midwest Natural Gas, Inc	Mount Horeb Utilities	Muscoda Utilities
New Glarus Utilities	New Holstein Utilities	New Lisbon Municipal Light & Water	New London Utilities
New Richmond Utilities	North Central Power Co. Inc.	Northwestern Wisconsin Electric Company	Oakdale Electric Cooperative
Oconomowoc Utilities	Oconto Electric Cooperative	Oconto Falls Municipal Utilities	Pardeeville Public Utilities
Pierce Pepin Cooperative Services	Pioneer Power & Light Co.	Plymouth Utilities	Prairie du Sac Utilities
Price Electric Cooperative	Princeton Light & Water Department	Reedsburg Utility Commission	Rice Lake Utilities
Richland Electric Cooperative	River Falls Municipal Utilities	Rock Energy Cooperative	Sauk City Utilities
Scenic Rivers Energy Cooperative	Shawano Municipal Utilities	Shullsburg Electric Utility	Slinger Utilities
St. Croix Gas	Stoughton Utilities	Stratford Water & Electric Department	Sturgeon Bay Utilities
Sun Prairie Utilities	Sun Prairie Utilities	Sun Prairie Utilities	Taylor Electric Cooperative
Trempealeau Municipal Utilities	Two Rivers Water & Light	Viola Municipal Electric Utility	Waterloo Utilities
Waunakee Utilities	Waupun Utilities	We Energies	Westby Utilities
Westfield Electric Company	Whitehall Electric Utility	Wisconsin Dells Water & Light Utility	Wisconsin Public Service
Wisconsin Rapids Water Works & Lighting Comm.	Wonewoc Water & Light Department	Xcel Energy	

2-4 Eligibility Items 2-4: Read the statements and answer appropriately.

5 Eligibility Item 5: Property occupants who make less than 80 percent of the State Median Income (SMI) are eligible to apply for Reward Level 2 program benefits. To determine if your income qualifies, find your annual household income and household size in the chart below. For example: If you have four family members, find “4” in the Household Size row and then look at the income amount in the 80 percent SMI row. If your household income is less than \$62,262, you may qualify for Reward Level 2 benefits.

ANNUAL HOUSEHOLD INCOME													
Household Size		1	2	3	4	5	6	7	8	9	10	11	12
Annual Income	80% SMI	\$32,376	\$42,338	\$52,300	\$62,262	\$72,224	\$82,186	\$84,054	\$85,922	\$87,790	\$89,658	\$91,526	\$93,394
3 month income	80% SMI	\$8,094	\$10,585	\$13,075	\$15,566	\$18,056	\$20,547	\$21,014	\$21,481	\$21,948	\$22,415	\$22,882	\$23,349

6 Eligibility Item 6: Homeowners who have already received funds from a Weatherization Agency to make air sealing or insulation improvements within the past five years are not eligible.

SECTIONS 2 - 5

Provide us additional information about yourself, your property and how your property is heated. Also tell us who lives in your household, including children and how old they are. Household members are considered to be any individual living in a housing arrangement and sharing common spaces whether they are related or unrelated.

SECTION 6: HOUSEHOLD INCOME

List the income and income type for each household member who is part of your household's Economic Unit. An Economic Unit includes all individuals, related, or unrelated, who live together in the household and jointly share in providing or being provided for the necessities of life (shelter, heat and utilities) for all household members. Applicants are required to fully disclose all eligible income. Failure to provide true and accurate information may result in the Program rescinding the reward amount.

Income eligibility for this program is determined using the documented income of the previous three months; however, certain income types are only available on 12 months basis. In this case, the annual amount will be used to calculate a monthly average to determine the three month income value. Applicants must provide either three months or annual gross income depending on the Income Type.

SECTION 6: HOUSEHOLD INCOME (Include income for household members over the age of 18, excluding full-time high school students)								
6A Name of Adult Household Member	6B Income Type guidelines	6C Previous Three Months of Income (Gross)			6D 3 Month Total	6F Income Support Documents Attached (see 6F lines)		
		Month 1	Month 2	Month 3		Yes	No	
John	W	\$ 2,995	\$ 2,995	\$ 2,995	\$ 8,985	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
John	SE	\$ 1,000	\$ 1,000	\$ 1,000	\$ 3,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
John	CS RECD	\$ 150	\$ 150	\$ 150	\$ 450	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Claudia	SS	\$ 710	\$ 710	\$ 710	\$ 2,130	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		\$	\$	\$	\$ 0	<input type="checkbox"/>	<input type="checkbox"/>	
Total 3 Month Household Income					\$ 14,565	6E		

6A Name of Adult Household Member: Provide the first and last name of household members, over the age of 18 years old (excluding full-time high school students), who contribute to the household's income.

6B Income Type: Enter the Income Type, selecting the Income Code, i.e. 'A', from the Income Type table below. Include only one Income Type per line, per household member. All income support documents must include: 1) Gross amount of income made before taxes and benefits are deducted; 2) The date(s) the income was received.

6C Previous Three Months of Income (Gross): Income eligibility is determined by the previous three month income amounts (gross) for all household members (unless noted in the Income Type chart below, as specific income types require 12 months of gross income and are verified by IRS Form 1099 or other Income Support Documents). Find your gross household income for the past three months and enter it. For example: if you are submitting your application in the month of May, you must provide income for the months of February, March and April. NOTE: If you are submitting an income type that requires 12 full months of income information, divide the income amount by 12 and enter the monthly amount for the past three months.

6D Three Month Total: Add up Month 1, Month 2 and Month 3 income amounts and enter the three month total for each household member's income type in this column.

6E Total Three Month Household Income Amount: Add up the 3 Month Total column and enter the total amount in this column.

6F Income Support Documents Attached: Circle 'Yes' or 'No' for each Household Member's Income Type indicating if the appropriate support documentation is included with the completed application. See the chart below to see what documents are needed for each Income Type. If you indicated 'No,' please provide reason(s) for not including the documentation in an attached sheet.

Code	Income Type	Income Type Description	Income Support Documents Requested
A	Alimony Received	Payment(s) received from a former spouse.	<ul style="list-style-type: none"> • Check Stubs • Copy of agreement/divorce papers (include only the section where the amount to be paid is stated)
CS RECD	Child Support Received	Money received for child support by the parent who has full custody of the child (include money required by court order or voluntarily paid).	<ul style="list-style-type: none"> • Check Stubs • Copy of agreement/divorce papers (only part where amount to be paid is stated) • Printout from CS agency or WI Support Collections Trust Fund showing amount of CS received
C-Supp	SSI Caretaker Supplement	Payments received from Social Security for taking care of disabled.	<ul style="list-style-type: none"> • Award Letter • Tax Form 1099
DL	Disability Long-Term	Payments by an employer or insurance company for a permanent disability or medical condition.	<ul style="list-style-type: none"> • Award Letter • Check Stub/Payment Receipt • Tax Form 1099
DS	Disability Short-Term	Payments made by an employer or insurance company for a temporary disability or medical condition.	<ul style="list-style-type: none"> • Award Letter • Check Stub/Payment Receipt • Tax Form 1099
D	Dividends/Interest*	Money that is received/earned in any of the 12 months prior to application and a household member has access to withdraw the money without penalty. (Examples of interest that might be accessible: IRA's, CD's, etc.)	<ul style="list-style-type: none"> • Check Stub/Payment Receipt • Tax Form 1099 • Copy of Recent Taxes • Statements from companies paying dividends
G	Gambling/Lottery/Bingo	All income received from gambling, lottery, or bingo activities. Do not deduct losses.	<ul style="list-style-type: none"> • Check Stub/Payment Receipt • Bank statement
GF	Gifts/Donations	Money that was given to pay bills from another person, company or organization. This money has to be paid back.	<ul style="list-style-type: none"> • Check Stub/Payment Receipt • Bank Statement • Award Letter • Income Statement showing income Received/Paid
O	Other	Any other income received that is not listed above. Enter the type of income in the source field. Please attach a separate sheet describing the income.	<ul style="list-style-type: none"> • Award Letter • Statement showing the amount of income received • Check stub/payment receipt
P	Pensions, Annuities, and IRA's*	These payments are scheduled and paid on a regular basis. For pension or annuities paid on a monthly basis enter the amount paid each month. For those paid on a quarterly or other basis, enter the average monthly amount. Please provide most recent tax forms or 1099 form for verification. We take the gross amount and do not deduct Medicare.	<ul style="list-style-type: none"> • Pension check stubs • Statements attached to the pension checks • Tax Form 1099
R	Rental Income*	Gross income received from rental purposes.	<ul style="list-style-type: none"> • Copy of Recent Taxes, showing Rental Income Schedule • Check Stubs/Payment Receipts • Rental receipts • Copy of lease
SE	Self-Employment*	The annual income from self-employment reported on the self-owned business's tax forms. The gross annual amount is divided by 12 to get a monthly amount. If the business's recent taxes have not yet been filed, contact the local energy assistance agency for the appropriate forms.	<ul style="list-style-type: none"> • Copy of Recent Taxes, including all Schedules • Personal Records for Self-Employment Income and Expenses
SS	Social Security	Gross income received from Social Security because you or your spouse is retired. Medicare is not deducted.	<ul style="list-style-type: none"> • Award Letter • Tax Form 1099

Code	Income Type	Income Type Description	Income Support Documents Requested
SSDI	Social Security Disability Income	Income received from Social Security for long-term disability. This amount includes the social security survivor's benefits and ancillary benefits paid to children because of a deceased or disabled parent.	<ul style="list-style-type: none"> • Award Letter • Tax Form 1099
SSI	Social Security Supplemental Income	Income paid by Federal Social Security (U.S. Treasury) and the State of Wisconsin for the elderly/disabled. The Federal amount and State amount should be entered on separate income lines as two different incomes.	<ul style="list-style-type: none"> • Award Letter • Tax Form 1099
UC	Unemployment Compensation**	Payments received as part of unemployment benefits. An individual who is considered seasonal will need to report the UC income received in the prior tax year. The prior year amount is then divided by 12 to get a monthly income amount.	<ul style="list-style-type: none"> • Tax Form 1099 • Unemployment Office Statement • Check stub/payment receipt • Bank Statement
V	Veterans Benefits	Income from VA Compensation, VA Pension, Retired Military Compensation, or Dependency and Indemnity Compensation (DIC).	<ul style="list-style-type: none"> • Award Letter • Income Amount Statement
W	Wages and Tips**	All gross wages and tip income received in the three months prior to the application month for all adults 18 and over living in the household who are part of the Economic Unit. If the primary source of income for that individual is considered seasonal, please see the notes by ** below.	<ul style="list-style-type: none"> • Pay stubs • Pay statements • NOTE: If paid bi-weekly attach, 6-7 pay statements. If paid weekly, attach 12-13 pay statements
WK	Workers Compensation	Money received as an insurance benefit paid to an employee to replace wage income lost due to an injury in a work related incident. NOTE: Wage income for individuals under the age of 18 and those that are 18 and older currently enrolled in high school is not entered as counted household income.	<ul style="list-style-type: none"> • Pay stubs • Pay statements • NOTE: If paid bi-weekly attach, 6-7 pay statements. If paid weekly, attach 12-13 pay statements

* This income is based on the average of the prior 12 months of income. A copy of tax records and/or 1099 will need to be provided to complete this application.

** If the household member is a seasonal employee (a person whose main source of income is earned in less than 12 months of a calendar year), the annual income must be provided for both wages and unemployment compensation received in the prior tax year. Copies of the individual's W-2 and 1099 will need to be provided to complete this application.

SECTIONS 7-8

Read the Program's Terms and Conditions and Eligibility Declaration statements. Check the boxes indicating you have read and agreed to the statements. Contact us at **855.533.8103** if you have any questions.

SECTION 9

Review your application. Make a copy of your completed application and supporting documents for future reference. Sign and print your name. Mail the application and required documentation to:

Focus on Energy Income Eligibility Dept
c/o Conservation Services Group
2821 Dairy Drive, Suite 5
Madison, WI 53718

Email: **HomePerformanceLevel2@focusonenergy.com**

Questions: **855.533.8103**

Fax: **608.222.2923**



Partnership with Wisconsin utilities

**PROPERTY ELIGIBILITY APPLICATION FOR
PROPERTY OCCUPANT (HOMEOWNER OR TENANT / RENTER)**

OFFICE USE ONLY:
Date Received:

Complete and return signed application and requested income eligibility documents to apply for additional rewards for eligible air sealing and insulation improvement and a FREE energy assessment. NOTE: This information will only be used to qualify the property for program rewards and will not be shared with third parties without your consent. For assistance completing this application, refer to the Income Eligibility Application Guidebook available at focusonenergy.com/homeperformance or call 855.533.8103. Focus on Energy rewards are subject to change.

SECTION 1: PROGRAM ELIGIBILITY (If you can answer "Yes" to items 1-6 below, please complete and return the application. You may be eligible for enhanced rewards for air sealing and insulation improvement and a FREE energy assessment and enhanced rewards; however, you may still be eligible for Home Performance rewards. Visit focusonenergy.com/homeperformance for next steps).

	YES	NO
1. The property I am applying for receives utility services from a participating Focus on Energy utility company (refer to guidelines).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. The property I am applying for is an existing home. NOTE: New construction or mobile homes are not eligible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. The property I am applying for is a residential building with three or fewer units.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. At least 50 percent of the building is heated through natural gas or electricity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. The occupant(s)'s household income is less than 80 percent of the State Median Income (refer to guidelines).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. The occupant(s) has had received insulation or air sealing services through a low income weatherization program in the past five years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SECTION 2: APPLICANT INFORMATION (If you are the landlord, please complete the landlord application available to download at focusonenergy.com/homeperformance or by calling 855.533.8103)

First Name: **John** Last Name: **Smith**

Installation Address: **123 Any Street** City: **Mytown** County: **Dane** State: **WI** Zip: **12345**

Mailing Address (if different than the address above): **456 Another Street** City: **Mytown** County: **Dane** State: **WI** Zip: **12345**

Daytime Phone: **(688) 123-4567** Evening Phone: **(777) 890-6789**

Email Address: **john.smith@gmail.com** How did you hear about the program?: **ME2 Program - Mary Jones**

SECTION 3: PROPERTY INFORMATION

Home Type: Check **ONE** only. Existing Home New Construction Mobile Home Single Family 2 Unit 3 Unit 4+ Units

Property Ownership: Check **ONE** only. Homeowner Tenant/Renter **Jane Doe** (608) 333-4555 Referring Trade- Ally (Contractor): **Energy Insulation Co.**

SECTION 4: PROPERTY'S UTILITY COMPANY/HEATING SOURCE INFORMATION

Electric Provider: **WE Energies** Electric Account Number: **1234-566-789** Natural Gas Account Number: **1234-566-789**

Primary Fuel Used for Space Heating (At least 50% of the home must be heated through natural gas or electricity): Natural Gas Propane Wood/Pellet LP Other

SECTION 5: HOUSEHOLD MEMBERS (Please list all members of your household, including children)

HOUSEHOLD MEMBERS	FIRST NAME	LAST NAME	BIRTH DATE (MM/DD/YYYY)
Applicant	John	Smith	01/02/1975
Household Member #1	Claudia	Smith	03/15/1946
Household Member #2	Jennifer	Smith	04/15/1998
Household Member #3	Ryan	Smith	07/05/2000
Household Member #4			
Household Member #5			
Household Member #6			
Household Member #7			

SECTION 6: HOUSEHOLD INCOME (Include income for household members over the age of 18, excluding full-time high school students)

Name of Adult Household Member	Income Type (see guidelines)	Previous Three Months of Income (Gross)			3 Month Total	Income Support Documents Attached (see guidelines)
		Month 1	Month 2	Month 3		
John	W	\$ 2,995	\$ 2,995	\$ 2,995	\$ 8,985	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John	SE	\$ 1,000	\$ 1,000	\$ 1,000	\$ 3,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John	CS RECD	\$ 150	\$ 150	\$ 150	\$ 450	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Claudia	SS	\$ 710	\$ 710	\$ 710	\$ 2,130	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Total 3 Month Household Income					\$ 14,565	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 7: TERMS AND CONDITIONS AND ELIGIBILITY DECLARATION

By submitting this application, the Applicant(s) hereby certifies that he/she has read, agrees to and has met all Terms and Conditions and Program Qualifications as outlined in the application and guidelines.

- The Applicant further certifies that all of the information contained in this application and supporting documentation is complete, true and correct, and all household income has been fully disclosed.
- The Applicant may be required to provide proof of any information on this application and that giving false information will invalidate this application, require the return of any rewards received and could possibly subject the Applicant to criminal prosecution.
- Applicant submitting an application who has not received approval for the program assume all risk, as they may not be approved for participation in the program and are therefore ineligible for program rewards listed on the application.
- Income eligibility approval does not guarantee payment of a reward. Applicants must meet all program requirements to be eligible for program rewards.
- All installations are subject to verification inspection by the program to ensure the measures were installed properly. Residents must allow, if requested, a program representative reasonable access to the home to verify installed measures.
- The Applicant can have as many energy assessments as they want completed on the property; however, the program will only pay for one FREE energy assessment. Rewards paid on this application cannot be claimed on another Focus on Energy application. Similarly, rewards can only be paid to one person or entity (i.e. either the resident or Trade Ally, not both).
- The program is not responsible for items (i.e. Income Eligibility Applications, supporting documentation, reward checks) lost or damaged in the mail.
- Income Eligibility Applications will be processed within three business days from receipt of the application if all necessary documentation is included. Applicants will be notified of income eligibility or denial by phone or email, followed by a letter of income eligibility notification sent via U.S. Mail.
- If application is approved, the property owner has 12 calendar months from the notification date to have eligible measures installed. If eligible measures are not installed within 12 calendar months, a new Income Eligibility Application must be resubmitted for approval.

HOMEOWNER ONLY (Check the box signifying you have read and agreed to the statement)

If your income is at or below 60 percent of the State Median Income, you may qualify for the **Wisconsin Weatherization Assistance Program** administered by the Wisconsin Home Energy Assistance Program (WHEAP). This program provides greater monetary benefits for home retrofit work. Focus on Energy strongly recommends that you consider this program before moving forward with our program. To learn more, visit www.homeenergy.wis.gov or call 866.432.8947.

- I have been notified of other assistance options available to me, and choose to participate in Focus on Energy's Home Performance with ENERGY STAR Program. I understand that by participating in this program I am no longer eligible to receive assistance in the Weatherization Assistance Program for improvements eligible through the Home Performance Program even though the WHEAP program may have greater rewards.
- If I am approved for this program, I give the Home Performance Program my permission to provide the necessary documentation and contact information to other Focus on Energy or government-funded programs for the purposes of contacting me about their programs and the assistance available to me.
- Other Focus on Energy programs. Other government funded income assistance organizations such as Me2, Green Madison, etc.
- If I am approved for this program, I give the Home Performance Program my permission to provide my contact information to partnering Trade Allies (contractors) for the purposes of scheduling my FREE energy assessment or discussing program rewards for eligible improvements.

SECTION 8: DOCUMENTS TO RETURN WITH YOUR APPLICATION (Please include the documents listed with your application to prevent delays)

Check the box signifying you have included the necessary document(s). Applicants should black out all Social Security Numbers listed on the documentation.

- Copy of your most recent electric and natural gas utility bill.
- Income Support Documents (include the support documentation for each household member and income item listed in Section 6).
- HOMEOWNER ONLY: Proof of homeownership (most recent real estate tax statement, recorded mortgage statement, land contract or life lease).

SECTION 9: SIGNATURES (Applicant will be notified of program eligibility by phone or email, followed by a letter sent via U.S. Mail)

Homeowner or Tenant/Renter's Signature: **John Smith** Date: **5/1/13**

Print Name: **John Smith** Date: **5/1/13**

FORM SUBMITTAL - RETURN SIGNED, COMPLETED FORM TO:
Mail: Focus on Energy Income Eligibility Dept. c/o Conservation Services Group, 2821 Dairy Drive, Suite 5, Madison, WI 53718 MM-6113-0413
Email: HomePerformanceLevel2@focusonenergy.com Questions: 855.533.8103