

Thank you for your interest in Home Performance with ENERGY STAR<sup>®</sup> Program Tier 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 questions, please contact us at [Income@focusonenergy.com](mailto:Income@focusonenergy.com) or **800.762.7077**.

**If you are approved for Tier 2 benefits you will receive the following:**

- Home energy assessment \$50.00 co-pay (a \$350 value) paid to the Whole Home Trade Ally (contractor). The assessment includes a visual inspection of your home’s interior, exterior, attic, crawl space and basement as well as diagnostic tests depending on the age and condition of your home. The Trade Ally will provide you an energy report including recommendations and estimated cost for the improvement(s).
- Eligible to receive greater incentives for:
  - Air sealing
  - Exterior and interior wall insulation
  - HVAC equipment
  - Attic insulation
  - Sill box insulation

**PROGRAM ELIGIBILITY AND REQUIREMENTS:**

To be eligible for Tier 2 benefits you must meet all the requirements listed below:

- **Must be a customer of a participating utility company** (see list in **APPENDIX A**)
- **Must live in an existing home** (New Construction and Mobile Homes are NOT eligible for insulation or air sealing; Mobile Homes may be eligible for incentives for replacing eligible HVAC equipment.)
- **Must live in a home with three or fewer units**
- **At least 50 percent of your home must be heated with natural gas or electricity** (propane/LP, oil and wood are NOT eligible for insulation or air sealing; Homes heated with propane/LP may be eligible for rewards for replacing eligible HVAC equipment.)
- **Your annual or three month household income must be 80 percent or less of the State Median Income (SMI)** (see chart below). Review and verification of income eligibility is required prior to participation in the program.

**DETERMINING INCOME LEVEL: Do you meet the Income Guidelines?**

If your gross annual or three month household income is 80 percent or less of the State Median Income, you may be eligible for Tier 2 benefits. If your gross annual or three month household income is above 80 percent of the SMI, you may be eligible for Tier 1 benefits. To determine if your income qualifies, find your gross annual or gross three month 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 Income rows below. If your gross annual household income is less than \$65,642 or gross three month income is less than \$16,411, you may qualify for Tier 2 benefits. Please see further details on determining your income level in Section 4.

STATE MEDIAN INCOME (SMI) LIMITS BY HOUSEHOLD SIZE (2016) HOUSEHOLD INCOME												
Household Size	1	2	3	4	5	6	7	8	9	10	11	12
<b>ANNUAL INCOME 80% SMI</b>	\$34,134	\$44,637	\$55,140	\$65,642	\$76,145	\$86,648	\$88,617	\$90,587	\$92,556	\$94,525	\$96,494	\$98,464
<b>3 MONTH INCOME 80% SMI</b>	\$8,534	\$11,159	\$13,785	\$16,411	\$19,036	\$21,662	\$22,154	\$22,647	\$23,139	\$23,631	\$24,124	\$24,616

**DOCUMENTS TO SUBMIT WITH YOUR APPLICATION**

Please provide copies of the requested documents to verify the information on your application and to determine program eligibility. Be sure to keep copies of your application and documents.

Incomplete applications cannot be processed. Failure to complete the Income Eligibility Application in full and provide the required supporting documentation will either delay the income eligibility process or result in denial.

Handling and storage of personal information, applications, and all supporting documentation follow strict security and data handling measures similar in scope to the requirements of Wisconsin Home Energy Assistance Program (WHEAP) and Low Income Home Energy Assistance Program (LIHEAP).

## **SECTION 1: APPLICANT INFORMATION**

Provide information about yourself and your property, how to reach you, and how you heard about the program.

- All applications must contain current, complete, and accurate information based on the date of application.
- The Applicant should be the occupant of the Installation Address (the home where work will be completed).
- If you are the landlord, your tenant living at the Installation Address should complete this Income Application.
- Select your preferred method of contact to be notified of eligibility determination, or for additional information if required.

## **SECTION 2: PROPERTY ELIGIBILITY**

Complete all sections in order for us to determine your eligibility for the program. Any fields left blank will result in an incomplete application and a delay in processing.

Focus on Energy programs are funded by participating Wisconsin utility companies. Check the list of participating utility companies in **APPENDIX A** to see if your utility company is a program participant. At least 50 percent of your home must be heated with natural gas or electricity from a participating utility company in order to be eligible for program incentives.

## **SECTION 3: HOUSEHOLD MEMBERS**

Applicant must report the names of all household members (including children and yourself, the applicant) living at the installation address at the time of application submittal, as well as each household member's date of birth.

- **Household Members:** All individuals living in the household at the time of application submittal (related, unrelated or living together in the dwelling unit) are household members. Persons living in a housing arrangement with their own room who share common spaces are part of the household for this application.
- The following individuals are not eligible household members and should not be included, nor should their income be included in Section 4.
  - **Roomers/Boarders/Renters** who do not provide for the necessities of life for other household members (i.e. an individual who pays rent for their portion of the living space only, has a rental agreement with the landlord and does not otherwise provide financial support for other eligible household members).
  - **Temporary Residents/Household Members:** Individuals who are not permanent residents of the household but will be living in the household for less than 30 days after application submission. Temporary Residents include individuals who lived in the household during a portion of the preceding three months but are not living in the household at the time of application submittal.
  - **Foreign Exchange Student** from another country attending school on an exchange program.
  - **College students**, unless they live in the household full-time and do not have another residence (i.e. dorm room or apartment).
  - **Foster children** of applicant who are orphaned, neglected, or delinquent and are not living in the household.
  - **Medical attendant** who does not live in the household.
  - **Military on Active Duty:** A household member who is currently in active duty, or has been called into active duty and is to be out of the household for at least 60 days. The base income of this individual should not be listed in Section 4, but any household support provided to maintain the household (i.e. housing allowances, allotments sent directly to the household for support) should be listed in Section 4.

## **SECTION 4: HOUSEHOLD INCOME – Use Option Number One OR Option Number Two**

Applicant must fully disclose all income for each household member, unless the individual is considered ineligible for income purposes (as noted above in Section 3). Failure to provide true and accurate information may result in the Program rescinding the incentive amount.

**OPTION NUMBER ONE** (Please complete Option Number One **OR** Option Number Two)

If you are choosing Option Number One, do not complete Option Number Two. If you complete both Option Number One and Option Number Two, Focus on Energy will use the most recent income documents to determine eligibility.

List the annual income 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.

**Please note:** Do not send originals and be sure to blackout social security numbers.

**Please see APPENDIX B for a complete list of Income Types, Descriptions, and Acceptable Support Documents.**

**OPTION NUMBER ONE** – please submit a copy of page 1 of your most recent Tax Form 1040 for each member of your Economic Unit. TANF/W2, Veterans' Benefits, and Workers' Compensation are not represented by IRS Form 1040; if you receive income from one of those income types, please provide supporting documentation (see Guidelines for more detail).

4A	Income Type	4B	Annual Income (\$)	Income Support Documents Attached (see 4C Guidelines)
	Annual Income (Do not use adjusted gross income)	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
	(T) Wisconsin Temporary Assistance for Needy Families (TANF) / Wisconsin Works (W2)	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
	(V) Veterans' Benefits	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
	(WK) Workers' Compensation	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>TOTAL GROSS HOUSEHOLD INCOME</b> (Non-taxable income will be added into calculations as appropriate. Any losses displayed will be zeroed out upon calculation.)	\$		<b>4D</b>

**4A** Income eligibility for this option is determined using the documented income of the past year. **Please provide a photocopy of PAGE 1 of the 2015 IRS Form 1040, 1040A, or 1040EZ for each eligible household member's income.** TANF/W2, Veterans' Benefits, and Workers' Compensation are not represented by IRS Form 1040; if you receive income from one of those income types, please provide supporting documentation – see **APPENDIX B**.

- 4B** ■ If you are submitting 2015 IRS Form 1040, use income from Line 22\*.
- If you are submitting 2015 IRS Form 1040A, use income from Line 15\*.
- If you are submitting 2015 IRS Form 1040EZ, use income from Line 4.

\*NOTE: We are required to add nontaxable income to our calculations, which means we count the total of Social Security benefits, Pensions, and IRAs received. For example, on Form 1040 we use lines 15a, 16a, and 20a instead of 15b, 16b, and 20b to calculate that income. We zero out any negative numbers and do not subtract that amount from your income.

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	10,000
	8a	Taxable interest. Attach Schedule B if required	8a	300
	b	Tax-exempt interest. Do not include on line 8a	8b	200
	9a	Ordinary dividends. Attach Schedule B if required	9a	500
	b	Qualified dividends	9b	500
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	(7,000)
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions	15a	5,000
	b	Taxable amount	15b	2,000
	16a	Pensions and annuities	16a	
	b	Taxable amount	16b	4,000
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	20,000
	b	Taxable amount	20b	6,000
	21	Other income. List type and amount	21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	11,800

**4C** Please check 'Yes' or 'No' indicating if the appropriate income support documentation is included with the completed application. If you indicated 'No', please provide reason(s) for not including the documentation in an attached sheet.

**4D** Upon review of your 1040, Focus on Energy will add any non-taxable income to your total taxable income. If a loss is displayed on your 1040, Focus on Energy will zero out the value upon calculation.

**OPTION NUMBER TWO** (Please complete Option Number One **OR** Option Number Two)

List the three month gross income 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 option is determined using the documented income of the previous three months; however, certain income types are only available on a 12 month basis. Please refer to **APPENDIX B** for details on Income Types, or call 800.762.7077 if you have questions. For all other income types, if you complete both Option Number One and Option Number Two, Focus on Energy will use the most recent income documents to determine eligibility.

**Please see APPENDIX B for a complete list of Income Types, Descriptions, and acceptable Support Documents.**

Note: Bank statements are only accepted as proof of income for Dividends/Interest and/or Supplemental Security Income (SSI).

**OPTION NUMBER TWO** – submit the past three months of income support documents for each member of your Economic Unit (see Guidelines for more detail). **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		
4E	4F	\$ 4G	\$	\$	\$ 4H	<input type="checkbox"/> 4I <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
<b>Total 3 Month Household Income</b>					\$	4J

**4E Name of Adult Household Member:** Provide the first and last name of household members with income who are over the age of 18 years old (excluding full-time high school students).

**4F Income Type:** Enter the Income Type, selecting the Income Code, i.e. 'A', from the Income Type table in **APPENDIX B**. 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.

**4G Previous Three Months of Income (Gross):** Income eligibility is determined by the previous three month income amounts (gross) for all household members. 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, please refer to APPENDIX B or call 1.800.762.7077 with questions.**

**4H Three Month Total:** Add 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.

**4I Total Three Month Household Income Amount:** Add the 3 Month Total column and enter the total amount in this column.

**4J Income Support Documents Attached:** Check 'Yes' or 'No' for each Household Member's Income Type indicating if the appropriate support documentation is included with the completed application. See **APPENDIX B** 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.

GROSS SMI LIMITS BY HOUSEHOLD SIZE (2016)													
Household Size		1	2	3	4	5	6	7	8	9	10	11	12
ANNUAL INCOME	Lower Limit: 60% SMI	\$25,601	\$33,478	\$41,355	\$49,232	\$57,109	\$64,986	\$66,463	\$67,940	\$69,417	\$70,894	\$72,371	\$73,848
	Upper Limit: 80% SMI	\$34,134	\$44,637	\$55,140	\$65,642	\$76,145	\$86,648	\$88,617	\$90,587	\$92,556	\$94,525	\$96,494	\$98,464
3 MONTH INCOME	Lower Limit: 60% SMI	\$6,400	\$8,369	\$10,339	\$12,308	\$14,277	\$16,246	\$16,616	\$16,985	\$17,354	\$17,723	\$18,093	\$18,462
	Upper Limit: 80% SMI	\$8,534	\$11,159	\$13,785	\$16,411	\$19,036	\$21,662	\$22,154	\$22,647	\$23,139	\$23,631	\$24,124	\$24,616

**How to use this chart:** Income eligibility is determined using applicants' most recent IRS Form 1040 or the documented income of the previous three full months. Certain income types require 12 months, which will be used to calculate a monthly average to determine the three month income value. Applicants must have a three month income of no more than the "Upper limit: 80 percent SMI" listed for his/her household size in the table above. Applicants with income less than the 60 percent SMI value listed for his/her household size may participate, but are encouraged to contact a local weatherization agency for information on other available assistance programs.

## SECTION 5: TERMS AND CONDITIONS

Read the Program's Terms and Conditions and Eligibility Declaration Statements at [focusonenergy.com/terms](http://focusonenergy.com/terms). Contact us at **800.762.7077** if you have any questions.

## SECTION 6: TRADE ALLY - CONTRACTOR INFORMATION

If known, enter the contact information of the contractor you are working with or plan to have install your qualifying improvements and/or equipment. Check the box to allow Focus on Energy to share your program status with your Trade Ally. We would share only your status of 'Eligible' or 'Denied' and a copy of your eligibility letter (if needed) with your Trade Ally for the purpose of expediting incentive processing.

## SECTION 7: SIGNATURES

Review your application. Make a copy of your completed application and supporting documents for future reference. Sign and print your name.

### APPLICATION SUBMITTAL - Return signed, completed application and all supporting documentation to:

**Mail:** Focus on Energy Income Eligibility, 3113 W. Beltline Hwy., Suite 100, Madison, WI 53713

**Email:** [Income@focusonenergy.com](mailto:Income@focusonenergy.com) **Fax:** 888.627.0938 **Questions:** 800.762.7077

## WHAT'S NEXT?

- Income Eligibility Applications will be processed and you will be notified within three business days of receipt if your application is incomplete, denied or eligible and the next steps to take.
- Income eligibility expires one year after approval notification, or the date on your approval letter. If you do not participate in the program prior to your income eligibility expiration, you must reapply using a current Income Eligibility Application.
- Income eligibility does not guarantee an incentive; program incentives and benefits are subject to change without notice. You will be eligible for the incentive amounts available at the time you have work completed or HVAC equipment installed.

## APPENDIX A - PARTICIPATING UTILITY COMPANIES

Participating Electric Utilities			
Adams-Columbia Electric Coop.	Eau Claire Energy Coop.	New Holstein Utilities	Shullsburg Electric Utility
Algoma Utilities	Elkhorn Light & Water	New Lisbon Municipal Light & Water	Slinger Utilities
Alliant Energy	Elroy Electric & Water Utility	New London Utilities	Spooner Municipal Electric Utility
Arcadia Electric Utility	Evansville Water & Light	New Richmond Utilities	Stoughton Utilities
Argyle Electric & Water Utility	Fennimore Municipal Utility	North Central Power Co.	Stratford Water & Electric Dept.
Bangor Municipal Utility	Florence Utilities	Northwestern Wisconsin Electric Co.	Sturgeon Bay Utilities
Barron Light & Water Utility	Gresham Water & Electric Plant	Oakdale Electric Cooperative	Sun Prairie Water & Light
Belmont Municipal Light & Water	Hartford Electric	Oconomowoc Utilities	Superior Water, Light & Power
Benton Electric & Water Utility	Hazel Green Light & Water Utility	Oconto Electric Cooperative	Taylor Electric Cooperative
Black Earth Electric Utilities	Hustisford Utilities	Oconto Falls Municipal Utilities	Trempealeau Municipal Utility
Black River Falls Municipal Utilities	Jefferson Utilities	Pardeeville Public Utilities	Two Rivers Water & Light
Bloomer Electric & Water Utility	Juneau Utilities	Pierce Pepin Cooperative Services	Viola Municipal Electric Utility
Boscobel Utilities	Kaukauna Utilities	Pioneer Power & Light Co.	Waterloo Utilities
Brodhead Water & Light	Kiel Utilities	Plymouth Utilities	Waunakee Utilities
Cadott Light & Water Dept.	La Farge Municipal Utilities	Prairie du Sac Utilities	Waupun Utilities
Cashton Light & Water	Lake Mills Light & Water	Price Electric Cooperative	We Energies
Cedarburg Light & Water	Lodi Utilities	Princeton Light & Water Dept.	Westby Utilities
Centuria Municipal Electric Utility	Madison Gas & Electric	Reedsburg Utility Commission	Westfield Electric Company
Clark Electric Cooperative	Manitowoc Public Utilities	Rice Lake Utilities	Whitehall Electric Utility
Clintonville Utilities	Marshfield Utilities	Richland Center, City Utilities of	Wisconsin Dells Water & Light Utility
Columbus Water & Light	Mazomanie Electric Utility	Richland Electric Cooperative	Wisconsin Public Service Corp.
Consolidated Water & Power Co.	Medford Electric Utility	River Falls Municipal Utilities	Wisconsin Rapids Water Works & Lighting Commission
Cornell Municipal Light Dept.	Menasha Utilities	Rock Energy Cooperative	Wonewoc Water & Light Dept.
Cuba City Light & Water	Merrillan Electric & Water Utility	Sauk City Utilities	Xcel Energy
Cumberland Municipal Utility	Mount Horeb Utilities	Scenic Rivers Energy Coop.	
Dahlberg Light & Power Co.	Muscoda Utilities	Shawano Municipal Utilities	
Eagle River Light & Water Utility	New Glarus Light & Water	Sheboygan Falls Utilities	

Participating Natural Gas Utilities		
Alliant Energy	Midwest Natural Gas Co.	We Energies
City Gas Company	St. Croix Natural Gas	Wisconsin Public Service Corp.
Madison Gas & Electric	Superior Water, Light and Power	Xcel Energy

## APPENDIX B - INCOME TYPES, DESCRIPTIONS, AND ACCEPTABLE SUPPORT DOCUMENTS

Code	Income Type	Income Type Description	Income Support Documents Requested
<b>A</b>	Alimony Received	Payment(s) received from a former spouse.	<ul style="list-style-type: none"> <li>• Check Stubs</li> <li>• Copy of agreement/divorce papers (include only the section where the amount to be paid is stated)</li> </ul>
<b>CS RECD</b>	Child Support Received	Child Support money received is not counted towards your income. You do not need to mention this in your application.	
<b>C-Supp</b>	SSI Caretaker Supplement	Payments received from Social Security for taking care of disabled.	<ul style="list-style-type: none"> <li>• Award Letter</li> <li>• Tax Form 1099</li> </ul>
<b>DL/DS</b>	Disability Long-Term or Short Term	Payments made by an employer or insurance company for a disability or medical condition (long-term or short-term).	<ul style="list-style-type: none"> <li>• Award Letter</li> <li>• Check Stub/Payment Receipt</li> <li>• Tax Form 1099</li> </ul>
<b>D</b>	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"> <li>• Check Stub/Payment Receipt</li> <li>• Tax Form 1099</li> <li>• Copy of Recent Taxes</li> <li>• Statements from companies paying dividends</li> </ul>
<b>F</b>	Farm Income*	Net income earned from farming; zero out losses.	<ul style="list-style-type: none"> <li>• 1040 and Schedule F</li> <li>• 12 months of income and expenses</li> </ul>
<b>G</b>	Gambling/Lottery/Bingo	All income received from gambling, lottery, or bingo activities. Do not deduct losses.	<ul style="list-style-type: none"> <li>• Tax Form 1040, 1040A or 1040EZ</li> <li>• Form W-2G</li> </ul>
<b>LC</b>	Land Contract Payment**	Provide only the interest received from the land contract payment.	<ul style="list-style-type: none"> <li>• Use the amortization chart from the agreement, or the amount from the 1099 listed on the most recent tax form divided by 12.</li> </ul>
<b>O</b>	Other	Any other income received that is not listed in the table. Enter the type of income in the source field. Please attach a separate sheet describing the income.	<ul style="list-style-type: none"> <li>• Award Letter</li> <li>• Statement showing the amount of income received</li> <li>• Check stub/payment receipt</li> </ul>
<b>P</b>	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. We take the gross amount and do not deduct Medicare.	<ul style="list-style-type: none"> <li>• Pension check stubs</li> <li>• Statements attached to the pension checks</li> <li>• Tax Form 1099</li> </ul>
<b>R</b>	Rental Income*	Net income received from rental purposes.	<ul style="list-style-type: none"> <li>• 1040 and Schedule E</li> <li>• 12 months of income and expenses (rental receipts)</li> <li>• Copy of lease (if annual documents unavailable)</li> </ul>
<b>SE</b>	Self-Employment*	The annual income from self-employment reported on the self-owned business's tax forms. The net annual amount is divided by 12 to get a monthly amount.	<ul style="list-style-type: none"> <li>• 1040 and Schedule C</li> <li>• 12 months of income and expenses</li> </ul>
<b>SS</b>	Social Security	Gross income received from Social Security because you or your spouse is retired. Medicare Part B (Medicare medical insurance) will not be included in your gross income.	<ul style="list-style-type: none"> <li>• Award Letter</li> <li>• Tax Form 1099</li> </ul>
<b>SSDI</b>	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"> <li>• Award Letter</li> <li>• Tax Form 1099</li> </ul>
<b>SSI</b>	Supplemental Security 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"> <li>• Award Letter</li> <li>• Tax Form 1099</li> <li>• Bank Statements</li> <li>• Check stub/payment statement</li> </ul>
<b>T</b>	TANF/W2	Cash payments received from Wisconsin's Temporary Assistance for Needy Families Program - Wisconsin Works.	<ul style="list-style-type: none"> <li>• Check stubs</li> <li>• Award Letter</li> <li>• Letter from the county TANF/W2 agency stating the amount of customer's assistance</li> </ul>
<b>TR</b>	Tribal per Capita*	Tribal per capita gross amounts received in the 12 months prior to application or during the previous tax year, less the first \$2,000 received by the applicant in the same 12 months or the same tax year.	<ul style="list-style-type: none"> <li>• Distribution notice</li> </ul>
<b>UC</b>	Unemployment Compensation***	Payments received as part of unemployment benefits.	<ul style="list-style-type: none"> <li>• Unemployment Office Statement</li> <li>• Check stub/payment receipt</li> </ul>
<b>V</b>	Veterans Benefits	Income from VA Compensation, VA Pension, Retired Military Compensation, or Dependency and Indemnity Compensation (DIC).	<ul style="list-style-type: none"> <li>• Award Letter</li> <li>• Income Amount Statement</li> </ul>
<b>W</b>	Wages and Tips***	All gross wages and tip income received in the three months prior to the application month. If the primary source of income for an individual is considered seasonal, see *** note below chart for documents needed.	<ul style="list-style-type: none"> <li>• Pay stubs</li> <li>• Pay statements</li> <li>• NOTE: If paid bi-weekly attach, 6-7 pay statements. If paid weekly, attach 12-13 pay statements</li> </ul>
<b>WK</b>	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"> <li>• Pay stubs</li> <li>• Pay statements</li> <li>• NOTE: If paid bi-weekly attach, 6-7 pay statements. If paid weekly, attach 12-13 pay statements</li> </ul>

\* This income type is based on the average of the prior 12 months of income. A copy of tax records and IRS Form 1099 must be provided.

\*\* Only the interest income received is counted. A copy of the amortization schedule or the IRS Form 1099 issued for tax purposes must be provided.

\*\*\* 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 IRS Form 1040, IRS Form W-2, and IRS Form 1099 must be provided. Additional income information may be requested, call 800.762.7077 if you have questions.

Please only complete Option Number One or Option Number Two. Both are filled out here for explanatory purposes.

**focus on energy**  
Partnering with Wisconsin utilities

By completing this application you are applying to receive additional funding to make eligible air sealing and insulation improvements and/or replace HVAC equipment. Eligibility for Home Performance with ENERGY STAR® Tier 2 benefits is based on the income of the resident at the installation address. If you are a property owner and not the resident, please have your tenant complete, sign, and submit this application with supporting documents. For assistance completing this application, refer to the Income Eligibility Application Guidelines available at [focusenergy.com/myhome](http://focusenergy.com/myhome) or call 800.762.7077. Focus on Energy incentives and benefits are subject to change without notice.

I am interested in:  
 Whole Home Improvements (Insulation and air-sealing)  
 Heating and Cooling Improvements (HVAC equipment)

**SECTION 1: APPLICANT INFORMATION** (Occupant of installation address)

Last Name: Smith  
 Relationship to installation address:  Homeowner  Tenant/Renter

Installation Address: 123 Main Street, City: Madison, County: Dane, State: WI, Zip: 53703  
 Mailing Address (if different than the address above): City: Madison, County: Dane, State: WI, Zip: 53703

Daytime Phone: 608-608-6088, Email Address: Preferred Method of Initial Contact:  Phone  Email

Name of Landlord: Landlord Phone:  Landlord will pay for improvements  
 Landlord Mailing Address: City: State: Zip:  Landlord  Tenant

Has new HVAC equipment already been installed?  Yes  No. If yes, what was the installation date? / /

How did you hear about the program?  
 Community Association/Agency  Contractor/Trade Ally  Friend/Neighbor  Internet  Utility Company  Other

**SECTION 2: PROPERTY ELIGIBILITY INFORMATION**  
 Mobile homes or homes heated with Propane/LP fuel are not eligible for insulation or air sealing work under the program. However, incentives may still be available for qualifying HVAC equipment for these homes.

Home Type:  Existing Home  Mobile Home  New Construction  
 Residential Building Type:  Single Family  2 Unit  3 Unit  4+ Units  
 Primary Fuel Used for Space Heating (At least 50% of the home must be heated through natural gas or electricity):  
 Electric  Natural Gas  Propane (LP)  Wood/Pellet  Other

Name of Electric Utility: (For installation site) Electric Utility Account Number: 123-45678  
 Name of Gas Utility: (For installation site) Gas Utility Account Number: 123-45678

**SECTION 3: HOUSEHOLD MEMBERS** (Please list all members of your household, including yourself and children)

HOUSEHOLD MEMBERS	FIRST NAME	LAST NAME	BIRTH DATE (MM/DD/YYYY)	RECEIVING INCOME* YES*	NO
Household Member #1	Jane	Smith	01/01/1940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Household Member #2	Jane	Smith	01/01/1940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Household Member #3				<input type="checkbox"/>	<input type="checkbox"/>
Household Member #4				<input type="checkbox"/>	<input type="checkbox"/>
Household Member #5				<input type="checkbox"/>	<input type="checkbox"/>
Household Member #6				<input type="checkbox"/>	<input type="checkbox"/>
Household Member #7				<input type="checkbox"/>	<input type="checkbox"/>
Household Member #8				<input type="checkbox"/>	<input type="checkbox"/>

\*If Yes, see Section 4 for income specifics

**FORM SUBMITTAL - RETURN SIGNED, COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:**  
 Mail: Focus on Energy Income Eligibility, 3113 W. Beltline Hwy, Suite 100, Madison, WI 53713  
 Email: [income@focusenergy.com](mailto:income@focusenergy.com) Questions: 800.762.7077 Fax: 888.627.0938

**SECTION 4: HOUSEHOLD INCOME** (please choose option one OR option two below and submit copies of the corresponding documents)

**OPTION NUMBER ONE** - please submit a copy of page 1 of your most recent Tax Form 1040 for each member of your Economic Unit, TANF/W2, Veterans' Benefits, and Workers' Compensation are not represented by IRS Form 1040; if you receive income from one of those income types, please provide supporting documentation (see Guidelines for more detail).

**OPTION NUMBER TWO** - submit the past three months of income support documents for each member of your Economic Unit (see Guidelines for more detail).

Income Type (see Guidelines for more detail)	Annual Income (\$)			Income Support Documents Attached (see Guidelines)
	Month 1	Month 2	Month 3	
(I) Annual Income (Do not use adjusted gross income)	\$ 20000	\$ 20000	\$ 20000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(T) Wisconsin Temporary Assistance for Needy Families (TANF) / Wisconsin Works (W2)	\$ 15000	\$ 15000	\$ 15000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(V) Veterans' Benefits	\$	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(WK) Workers' Compensation	\$	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>TOTAL GROSS HOUSEHOLD INCOME</b> (Non-taxable income will be added into calculations as appropriate. Any losses displayed will be zeroed out upon calculation)	<b>\$ 35000</b>			

**SECTION 5: TERMS AND CONDITIONS AND ELIGIBILITY DECLARATION**

By submitting this application, the Applicant(s) hereby certifies that he/she has read, agreed to and has met all Terms and Conditions and Program Qualifications 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 incentives received and could possible subject the Applicant to criminal prosecution.

Applicant submitting an application who has not received approval for the program assumes all risk, as they may not be approved for participation in the program and are therefore ineligible for program incentives listed on the application.

Income eligibility approval does not guarantee employment or an incentive. Applicants must meet all program requirements to be eligible for program incentives.

**SECTION 6: CONTRACTOR INFORMATION** (Complete if known - Focus on Energy can send your contractor a copy of the final income eligibility letter)

Home Performance Trade Ally Name: \_\_\_\_\_  
 (Air Sealing + Insulation):  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 HVAC Company/Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (HVAC Equipment): HVAC Company  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: 234 Main Street, City: Madison, State: WI, Zip: 53703

I authorize Focus on Energy to communicate with my Trade Ally about my eligibility status.  
 I authorize Focus on Energy to communicate with my Trade Ally about my eligibility status.

**SECTION 7: APPLICATION SIGNATURES** (Please read the entire application and sign)

By signing and submitting this Income Eligibility Application, I hereby certify that I have read, agree to, and have met all terms and conditions as outlined in this application. I further certify that all of the information contained in this application and supporting documentation is complete, true, and correct, and all household income of the property residents has been fully disclosed. Furthermore, I certify that I am the property owner, or if I am not the property owner, I certify that I have or will obtain permission from the property owner before replacing equipment or completing insulation/air sealing work.

Application Signature: *Jane Smith*  
 Print Name: Jane Smith  
 Date: 05/15/2017

Attach copies of the following documents to be read and signed income Eligibility Application:  
 Page 1 of IRS Form 1040  
 Income Support Documents for previous three months (include a support document for each income item listed in Section 4)  
 Security Numbers.

Note: Do not send originals. Black out Social Security Numbers.