

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<sup>®</sup> 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 [focusonenergy.com/myhome](http://focusonenergy.com/myhome) or call 855.339.8866. Focus on Energy incentives and benefits are subject to change without notice. This application is valid from **January 1, 2018 to December 31, 2018.**

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)

First Name:	Last Name:	Relationship to Installation Address: Check <b>ONE</b> only. <input type="checkbox"/> Homeowner <input type="checkbox"/> Tenant/Renter		
Installation Address:	City:	County:	State: <b>WI</b>	ZIP:
Mailing Address (if different than the address above):	City:	County:	State: <b>WI</b>	ZIP:
Daytime Phone:	Email Address:	Preferred Method of Initial Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email		
Name of Landlord:	Landlord Phone:	<input type="checkbox"/> Landlord will pay for improvements		
Landlord Mailing Address:	City:	State:	Zip:	Please Contact with Application Status: <input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Has new HVAC equipment already been installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the installation date? ____ / ____ / ____ <b>Heating and Cooling Improvements HVAC Equipment Application must be submitted within 60 days of equipment installation.</b>			

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: <input type="checkbox"/> Existing Home <input type="checkbox"/> Mobile Home <input checked="" type="checkbox"/> New Construction	Residential Building Type: Check <b>ONE</b> only. <input type="checkbox"/> Single Family <input type="checkbox"/> 2 Unit <input type="checkbox"/> 3 Unit <input checked="" type="checkbox"/> 4+ Units
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 type="checkbox"/> Propane (LP) <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Wood/Pellet <input checked="" type="checkbox"/> Other	
Name of Electric Utility: (For installation site)	Electric Utility Account Number:
Name of Gas Utility: (For installation site)	Gas Utility Account Number:

## 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				<input type="checkbox"/>	<input type="checkbox"/>
Household Member #2				<input 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@focusonenergy.com](mailto:income@focusonenergy.com) Questions: **855.339.8866** 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).

Income Type	Annual Income (\$)	Income Support Documents Attached (see 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>\$</b>	

**OPTION NUMBER TWO** – please submit 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. Timeframe is three months prior to date of equipment installation, or income eligibility application submission date if no equipment has been installed. Households with no income will need to fill out the Zero Income Form in order to be processed.

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
<b>Total 3 Month Household Income</b>					<b>\$</b>	

**SECTION 5: 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 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 payment of an incentive. Applicants must meet all program requirements to be eligible for program incentives.
- 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 one incentive for each piece of heating equipment installed. Incentives paid on this application cannot be claimed on other Focus on Energy applications. Similarly, incentives 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, incentive checks) lost or damaged in the mail.

**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):				<input type="checkbox"/> I authorize Focus on Energy to communicate with my Trade Ally about my eligibility status.
Phone:	Email:			
Mailing Address:	City:	State:	ZIP:	
HVAC Company/Business Name (HVAC Equipment):				<input type="checkbox"/> I authorize Focus on Energy to communicate with my Trade Ally about my eligibility status.
Phone:	Email:			
Mailing Address:	City:	State:	ZIP:	

**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: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach copies of the following documents to your completed and signed Income Eligibility Application:**

Page 1 of IRS Form 1040  
**OR**  
 Income Support Documents for previous three months (include a support document for each income item listed in Section 4)

**Note: Do not send originals. Black out Social Security numbers.**