

2021 INCOME ELIGIBILITY APPLICATION

By completing this application, you are applying to receive additional incentives to make eligible air sealing and insulation improvements and/or replace HVAC equipment. Eligibility for FOCUS ON ENERGY® 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/residentialapps or call **855.339.8866**. Focus on Energy incentives and benefits are subject to change without notice. This application is effective January 1, 2021.

I am interested in: **Insulation and Air Sealing** (Mobile homes or homes heated with propane/LP fuel excluded)
 Heating and Cooling Equipment (Homes heated with propane/LP fuel excluded)

Section 1: Applicant Information (Occupant of Installation Address)

| | | | | | |
|--|--|--|--|---|--|
| First Name: | | Last Name: | | Relationship to Installation Address: Check ONE only. <input type="checkbox"/> Homeowner <input type="checkbox"/> Tenant/Renter | |
| Installation Address: | | City: | | County: | |
| | | | | State: WI | |
| Mailing Address (if different than the address above): | | City: | | County: | |
| | | | | State: WI | |
| Daytime Phone: | | Email Address: | | Preferred Method of Initial Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Landlord Contact | |
| Name of Landlord: | | Landlord Email Address: | | Landlord Phone: | |
| Landlord Mailing Address: | | City: | | State: | |
| | | | | ZIP: | |
| Who will pay for improvements? <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? ____ / ____ / ____ Heating and Cooling Incentive Application must be submitted within 60 days of equipment installation. | | | |

How did you hear about Tier 2?
 Community Association/Agency Contractor/Trade Ally Friend/Neighbor Internet Utility Company Other _____

Section 2: Property Eligibility Information

| | | | |
|---|--|---|--|
| Home Type: <input type="checkbox"/> Existing Home <input type="checkbox"/> Mobile Home <input checked="" type="checkbox"/> New Construction | | Home Type: <input type="checkbox"/> 1 Unit <input type="checkbox"/> 2 Unit <input type="checkbox"/> 3 Unit <input type="checkbox"/> 4+ Units (must be individually heated) | |
| Primary Fuel Used for Space Heating (At least 51% of the home must be heated with natural gas or electricity.) <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input checked="" 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: homerewards@focusonenergy.com Questions: **855.339.8866**



Section 4: Household Income (Please choose one of the three options below and submit copies of the corresponding documents)

Choose only one of the following options: Direct, Express or Non-Express and provide supporting documentation for the entire economic unit. Everyone must have the same documentation type. For more information, see Guidelines.

DIRECT OPTION – Indicate which of the following programs you are enrolled in. If you are enrolled in a similar program that is not listed here or online, please contact us at **855.339.8866**.

| Program Enrollment | |
|--|---|
| <input type="checkbox"/> SNAP/FoodShare | <input type="checkbox"/> WI Energy Assistance/Home Energy Plus+ |
| <input type="checkbox"/> Homestead Tax Credit | <input type="checkbox"/> W2-TANF |
| <input type="checkbox"/> Wisconsin Head Start | <input type="checkbox"/> WIC (Women, Infants, and Children) |
| <input type="checkbox"/> BadgerCare Plus | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> SSI (Supplemental Security Income), not to be confused with SSA (Social Security) | |

EXPRESS OPTION – Complete the table and submit a copy of your most recent Tax Form 1040 and Schedule 1, along with other income types, for each member of your economic unit.

| Income Type | Annual Income | | |
|--|-------------------|-------------------|-------------------|
| | Household Member: | Household Member: | Household Member: |
| Annual Income (Count all taxable and non-taxable income from 1040.) | \$ _____ | _____ | _____ |
| Other Income: <input type="checkbox"/> (V) Veterans' Benefits <input type="checkbox"/> (WK) Workers' Compensation <input type="checkbox"/> (CS) Child Support received or paid | \$ _____ | _____ | _____ |
| Total Household Gross Income | \$ _____ | | |

NON-EXPRESS OPTION – Submit 30 days (one month) of income documentation based on paid date for each member of your economic unit. Households with no income will need to fill out the Zero Income Form in order to be processed. If your household has more types of income than this table can support, additional entries may be submitted on a separate page.

| Name of Adult Household Member | Income Type (See Guidelines) | One Month Total |
|-------------------------------------|---------------------------------|-----------------|
| | | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |
| Total Household Gross Income | | \$ _____ |

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.

Section 6: Contractor Information (Complete if known—Focus on Energy can send your contractor a copy of the final income eligibility letter)

| | | |
|---------------------------|---------------------------------|--|
| Trade Ally Business Name: | Contractor First and Last Name: | <input type="checkbox"/> I authorize Focus on Energy to communicate my eligibility status with my Trade Ally contractor. |
| 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 the guidelines. 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 supporting documents to your completed and signed income eligibility application.

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

