

SHARED CLEAN ENERGY FACILITY PROGRAM

EVERSOURCE



An AVANGRID Company

Residential Subscriber Enrollment Form

Thank you for your interest in Connecticut's Shared Clean Energy Facility (SCEF) Program. Please complete this form to apply to the program. If you are eligible, you may be selected to receive a SCEF subscription to a shared clean energy facility. The subscription will provide a bill credit that can reduce the amount you owe on your electric bill each month. Completion of this form does not guarantee enrollment in the program. Please fill out this form completely and return a signed copy, including any required documentation, to your electric utility at:

Eversource Energy SCEF Department 107 Selden Street Berlin, CT 06037	United Illuminating SCEF Program 180 Marsh Hill Road Orange, CT 06477
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SECTION 1. CUSTOMER INFORMATION

Please provide the following information:

Account Holder Full Name¹: _____
Electric Account Number: _____
Street Address Associated with the Account: _____
City, State and Zip Code: _____
Phone Number: _____
Email Address: _____
Do you rent or own this property? _____
How did you hear about the SCEF program? _____
Do you currently have solar PV or other distributed generation system at this address? _____

SECTION 2. CUSTOMER QUALIFICATION

In order to qualify for a SCEF subscription you must meet one of the following criteria. Select the customer type that applies to you.

- A residential customer who cannot install solar on their home²
- An Income-eligible residential customer

You may qualify for the SCEF program as an income-eligible customer if your household income is below the SCEF program income limits shown in the table below³:

Municipality	Household Size							
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Bethel, Brookfield, Danbury, New Fairfield, Newtown, Redding, Ridgefield, Sherman	\$78,750	\$90,000	\$101,250	\$112,438	\$121,438	\$130,438	\$139,438	\$148,438
Darien, Greenwich, New Canaan, Norwalk, Stamford, Weston, Westport, Wilton	\$89,438	\$102,188	\$114,938	\$127,688	\$137,938	\$148,125	\$158,375	\$168,563
All Other Municipalities	\$78,250	\$89,438	\$100,625	\$111,750	\$120,750	\$129,688	\$138,625	\$147,563

SECTION 3. REQUIRED DOCUMENTS

To verify your eligibility for the SCEF program, select one of the Qualification Options below and submit the listed documentation with this form.

Section 3.1 Proof of Eligibility for Customers Who Cannot Install Solar

You are eligible for the SCEF program if you are a residential customer who cannot install solar on their home. Please provide one of the following documents with this form.

- A copy of your rental/lease agreement with financial information redacted
- A letter from the applicable authority attesting that you do not have permission to install solar on your home (i.e. landlord or condominium association)

- A copy of the SCEF Program's Non-Feasible Solar Form,⁴ signed by a licensed solar contractor stating that your property does not meet the necessary site conditions to host on-site solar.

Section 3.2 Proof of Eligibility for Income-Eligible Residential Customers

Qualification Option A: I participate in one of the following utility programs: (Check box that applies)

- Eversource: Winter Protection Plan, Matching Payment Program, or New Start
- UI: Winter Protection Program, UI Matching Payment Plan ("MaPP"), or Forgiveness Matching Payment Program
- Participated in the Home Energy Solutions Income Eligible program within the last 3 years

Qualification Option B: I participate in one of the following non-utility income-eligible programs. (Check box that applies and provide a copy of the benefits letter with this form)

- Energy Assistance Award Letter
- Disability/Supplemental Security Income
- Temporary Assistance to Needy Families (TANF)
- State Administered General Assistance (SAGA)
- Department of Social Services State Cash Assistance
- Women and Infants Program (WIC)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid or Access Health, HUSKY
- Financial Support from US Department of Veterans Affairs (letter or bank statement showing direct deposit)
- Public Income assistance, Aid to the Blind, Elderly, Families with Dependent Children
- Connecticut Free or Reduced Lunch Program
- Section 8 Housing Choice Voucher

Qualification Option C: My household income may be within the SCEF program income limits (Answer questions below and provide a copy of proof of income)

How many people in your household are 18 years or older? _____

What is the annual income of ALL household members age 18 or older? _____

Proof of income:

(Check box and submit copies of the relevant documents to show your household income)

- Recent pay stubs for one month (Weekly/Biweekly)
- Recent Quarterly self-employment tax statement(s) and self-employment worksheet⁵
- Current unemployment letter
- Alimony, Child Support, Pension/Retirement (social security or annuity) check stub
- Short/Long Term Disability or Employment Disability check sub
- Veteran Compensation Benefits or Workers Compensation check stub
- Tribal Stipend
- Odd jobs or rental income
- Family and Friends Support (complete Financial Support Form)⁶
- Zero Income Affidavit for anyone age 18 or older without any income⁷
- Other _____

SECTION 4. AUTHORIZATION

I am the Applicant and the Primary Electric Account holder applying for enrollment in the SCEF program. I attest that all information provided in this application is truthful and accurate to the best of my knowledge. I authorize the electric utility to share my Customer Information, including but not limited to my name, address, utility account information and income verification documentation with third parties to the extent necessary to enable my participation in the Program and other available energy assistance programs. I understand that submission of this Subscriber Enrollment Form does not guarantee me a SCEF subscription. I understand that by submitting this Subscriber Enrollment Form I will be considered for enrollment in the SCEF program for a period of up to three (3) years. I understand that if I relocate from my current premises, I will need to resubmit a new Subscriber Enrollment Form; and if my eligibility status changes, I will no longer be considered for enrollment in the SCEF program.

Applicant Signature: _____

Date: _____

I understand that if I am selected for enrollment in the SCEF program, I will be sent a Subscription Summary Form with the details of my subscription, its start date and the program Terms and Conditions by my electric utility. If, at that time, I no longer wish to participate in the SCEF program I will be provided 3 days from receipt of my Subscription Summary Form to notify my electric utility that I decline my subscription. If I do not decline to participate within that time, I will be automatically enrolled in the SCEF program and will begin to receive SCEF credits on my electric bill. I have the right to cancel my subscription at any time post-enrollment.

Applicant Signature: _____

Date: _____

- 1 Applicant name must match the name of the primary account holder on the electric account.
- 2 If you are a renter or other customer that does not have control of their roof or a customer whose home is not suitable for on-site solar
- 3 Data source: <https://www.huduser.gov/portal/datasets/il.html>. Income table represents 100% of Area Median Income adjusted for household size for 2022. Income limits will be updated periodically. SCEF income limits are up to 60% of state median income (SMI) for low-income customers and 60-100% of area median income (AMI) for moderate-income customers.
- 4 The non-feasible solar form can be found on the program websites at www.eversource.com/SCEF and www.uinet.com/sharedcleanenergycredit
- 5 The self-employment worksheet is available at <https://operationfuel.org/fbforms/>
- 6 The friends and family financial support form is available at <https://operationfuel.org/fbforms/>
- 7 The Zero Income Affidavit is available at <https://operationfuel.org/fbforms/>