

# 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 to your electric utility at:

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

Please provide the following information:

Account Holder Full Name<sup>1</sup>: \_\_\_\_\_  
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 home<sup>2</sup>
- 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 below<sup>3</sup>:

Household Size							
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$69,255	\$90,565	\$111,874	\$133,184	\$154,493	\$175,802	\$179,798	\$183,793

### 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,<sup>4</sup> 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: Electric Discount Rate, Winter Protection Plan, Matching Payment Program, or New Start
- UI: Electric Discount Rate, Winter Protection Program, UI Matching Payment Plan, or Bill Forgiveness Program
- Participated in the Home Energy Solutions Income Eligible (HES-IE) 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)

- Medicaid or Access Health; HUSKY A, B, C, D
- State HUSKY A or B
- Connecticut Energy Assistance Program (CEAP)
- Section 8 Housing, Rental Assistance Program
- Medicare Savings Programs (MSP)
  - Additional Low-Income Medicare Beneficiary (ALMB)
  - Special Low-Income Medicare Beneficiary (SLMB)
  - Qualified Medicare Beneficiary Program (QMB)
- Supplemental Security Income (SSI)/Social Security Disability Income (SSDI)
- Temporary Assistance for Needy Families (TANF)/Temporary Family Assistance (TFA)
- State Administered General Assistance (SAGA)
- Department of Social Services State Cash Assistance, State Supplement
- Women, Infants and Children (WIC)
- Supplemental Nutrition Assistance Program (SNAP)
- Refugee Cash Assistance and Refugee Medical Assistance
- Connecticut free or reduced lunch program
- Head Start

**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)

- Unemployment benefit letter or most recent bank statement
- Employment (last four weekly pay stubs, last two bi-weekly paystubs, last monthly paystub)
- Self-employment (most recent year 1099 Tax Form)
- Social Security benefit letter
- Child support, pension, retirement, or other benefit letter or most recent bank statement showing direct deposit
- Zero Income Affidavit for anyone age 18 or older without any income<sup>5</sup>
- 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://uwc.211ct.org/connecticut-state-median-income-2013/> Income table represents 100% of State Median Income adjusted for household size for 2023-2024. SCEF income limits are up to 60% of state median income (SMI) for low-income customers and 60-100% of SMI for moderate-income customers.
- 4 The non-feasible solar form can be found on the program websites at [www.eversource.com/SCEF](http://www.eversource.com/SCEF) and [www.uinet.com/sharedcleanenergycredit](http://www.uinet.com/sharedcleanenergycredit)
- 5 The Zero Income Affidavit is available at <https://operationfuel.org/fbforms/>