

2020 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, 2020.

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

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	
Name of Landlord:		Landlord Phone:		Who will pay for improvements? <input type="checkbox"/> Landlord <input type="checkbox"/> Tenant	
Landlord Mailing Address:		City:		State:	
				ZIP:	
Preferred Method of Initial Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email					
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 the program? <input type="checkbox"/> Community Association/Agency <input type="checkbox"/> Contractor/Trade Ally <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Internet <input type="checkbox"/> Utility Company <input type="checkbox"/> 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 50% of the home must be heated with 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: homerewards@focusonenergy.com Questions: **855.339.8866** Fax: **888.627.0938**



Section 4: Household Income (Please choose either option one OR option two below and submit copies of the corresponding documents)

Option Number One – Submit a copy of your most recent Tax Form 1040 and Schedule 1 for each member of your Economic Unit. TANF/W2, Veterans’ Benefits, Workers’ Compensation and Child Support are not represented by IRS Form 1040 and Schedule 1; if you receive income from one of those income types, provide supporting documentation (see Guidelines for more detail).

Income Type	Annual Income (\$)	Income Support Documents Attached (see Guidelines)
Annual Income (Count all taxable and non-taxable 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
(CS) Child Support received or paid	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Option Number Two – Submit three full 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 full months, equaling no less than 90 days, 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

Total 3 Month Household 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.

- The program is not responsible for items (i.e., Income Eligibility Applications, supporting documentation, incentive checks) lost or damaged in the mail.
- 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 possibly subject the Applicant to criminal prosecution.
- Applicant submitting an application who has not received approval for the program assumes all risk, as he/she may not be approved for participation in the program and is 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 receive one incentive for each piece of heating equipment installed. Similarly, incentives can only be paid to one person or entity (i.e., either the resident or Trade Ally, not both).
- 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.

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:				<input type="checkbox"/> I authorize Focus on Energy to communicate my eligibility status with my Trade Ally contractor.
First Name:		Last Name:		
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.		Attach copies of the following documents to your completed and signed Income Eligibility Application: <input type="checkbox"/> IRS Form 1040 and Schedule 1 OR <input type="checkbox"/> 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.
Application Signature:		
Print Name:	Date:	

