

2023 INCOME ELIGIBILITY APPLICATION

APPLY ONLINE FOR
FASTER PROCESSING



By completing this application, you are applying to receive additional rebates to make eligible air sealing and insulation improvements and/or replace HVAC equipment. Eligibility for FOCUS ON ENERGY® income-qualified rebates 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/income or call **800.762.7077**. Focus on Energy rebates and benefits are subject to change without notice. This application is effective January 1, 2023.

Household	One-Month	Annual
1	\$3,567.00	\$42,804.00
2	\$4,664.56	\$55,974.67
3	\$5,762.11	\$69,145.33
4	\$6,859.77	\$82,317.33
5	\$7,957.33	\$95,488.00
6	\$9,054.89	\$108,658.67

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

Section 1: Utility Account Holder Information

Customer Name:		Relationship to Installation Address: Check ONE only. <input type="checkbox"/> Homeowner <input type="checkbox"/> Tenant/Renter		
Installation Address:	City:	County:	State: WI	ZIP:
Mailing Address (if different than the address above):	City:	County:	State:	ZIP:
Daytime Phone:	Email Address:		Preferred Method of Initial Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Landlord Contact	
Landlord Name (if tenant or if applicable):	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 Rebate Application must be submitted within 60 days of equipment installation.		

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 Units <input type="checkbox"/> 3 Units <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	
Electric Utility: (For installation address)	Electric Utility Account Number:
Gas Utility: (For installation address)	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 →

Apply online for faster processing:
focusonenergy.com/forms/income-eligibility-application

Or email scanned application and supporting documents to:
homerewards@focusonenergy.com

Or mail to: Focus on Energy Income Eligibility, 3113 W. Beltline Hwy., Suite 201, Madison, WI 53713

Questions: 800.762.7077



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. Submit documentation of enrollment along with your rebate application. No income eligibility application required for this option. 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)	<input type="checkbox"/> SeniorCare (levels 1, 2a, or 2b only)

■ **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, including any Social Security income.)	\$		
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. If you have already had an installation, your documentation must reflect the month prior to your installation.

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

Section 5: Contractor Information (Complete if known—Focus on Energy can send your contractor a copy of the final income eligibility letter)

Trade Ally/Contractor 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 6: Signature

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.

Applicant Signature:	Print Name:	Date:
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Attach **copies** of supporting documents to your completed and signed income eligibility application.

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