



2015 Project Enrollment Form

PROGRAM ENROLLMENT:

Please indicate which most accurately describes your role in this project. I am the:
 Owner --> my builder / general contractor is listed below acting as my own GC
 Builder --> building for client building home on spec
 Developer or **Other:** _____

BUILDER INFORMATION- ENERGY STAR® Certified builder partner

Company Name:		Contact Name/Title:	
Street Address:		City:	State: Zip:
Telephone Number:	Email Address:		

HOMEOWNER INFORMATION (if known)

Check if homeowner contact info is same as Builder above.

Name:			
Mailing Street Address:		City:	State: Zip:
Telephone Number:	Email Address:		

INCENTIVE RECIPIENT INFORMATION

Generally, the incentive goes to the "decision maker" for the project, the person making the decision to and paying for building to a higher performance standard. Builder Homeowner

PROJECT INFORMATION

Development / Subdivision Name & Town (if applicable): _____
 Project / Site Manager: (name) _____ phone: _____
 Property Address: _____
 The property enrolled is a (check one): new - (see below) complete gut-rehab of existing - (see below)
 single family home modular home duplex / triplex / quad multi-family (5+ units) --> # of units _____
 Est. ft² of conditioned living area: _____ Home Energy Rater: _____
 Construction start date: _____ Completion date (estimated): _____

EPA-recognized credentialed HVAC Contractor

Company Name:		Contact Name/Title:	
Street Address:		City:	State: Zip:
Telephone Number:	Email Address:		

For Geothermal and Air Source Heat Pump Projects ONLY:

Heat Pump (Distributor): _____ (Installer): _____
 Will the project be applying for Eversource **HEATSMART** Rate Option? YES NO Not Sure
 - If YES be sure to complete and submit Eversource **HEATSMART** Application Form

Funding for this program is limited and may be subject to change. Projects will be accepted on a first come, first serve basis. A signed copy of this application must be received before the start of construction.

Signature: _____ Date: _____
 Print Name: _____

*** The incentive offer associated with this Application is good through the end of 2015. ***

Return completed Enrollment Form to: Attn: Mike Loughlin, PO Box 330, Manchester, NH 03105-0330

For internal use only	Approved by: _____	Date: _____
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