



PLEASE PRINT

Name: _____ Address: _____ City: _____ Zip: _____

Phone : _____ CenterPoint Energy Account Number (must be provided) _____

1) Do you own your home? Yes No, I am a renter **PLEASE PROVIDE LANDLORD INFORMATION BELOW**

My Landlord's Name is _____
My Landlord's Phone Number is _____

2) What type of housing do you live in?

Single family Duplex Triplex Fourplex Apartment Mobile Home

3) How many units are occupied in this building? _____

4) Have you had any insulation added to your home in the past ten years? YES NO

5) Have you had a home energy audit or weatherization done by Community Action? YES NO

6) Have you received a grant from Energy Assistance since October 1, 2009? YES NO* **If you did not receive Energy Assistance within the previous two years, please provide proof of income. (A copy of your federal tax return, copies of pay stubs for one month's earnings or proof of public assistance or Social Security payments, etc.*

7) How many people live in your own home or apartment? _____

8) What is your household's gross annual (yearly) income? _____
(include all sources of income and all income from all household members)

By signing this document, I agree to allow the Energy CENTS Coalition to obtain my account information from CenterPoint Energy and to share that information with other organizations and vendors that provide energy conservation and other relevant services. I verify that all information on this application is, to the best of my knowledge, correct.

Signature _____ Date _____