



PROPERTY OWNER APPLICATION CENTERPOINT ENERGY LOW-INCOME RENTAL EFFICIENCY PROGRAM

Property Owner Information

Name	
Mailing Address	
Phone	
Email	
Best Way to Contact	

Property Information: Please provide the following information for each rental property you want to submit into the program.

Street Address/City/ ZIP	Section 8 (Y/N)	Number of Units	Year Built	Furnace Age(s)	Water Heater Age(s)	Insulated In last 10 yrs? Y/N	Square Footage per unit

Additional Eligibility Information

Do you pay the CenterPoint gas bill for any of your rental properties you have listed here? (Y/N) If yes, at which property?
Do you reside in any of your rental properties you have listed here? (Y/N) If yes, at which property?
How did you hear about our program?

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, to the best of my knowledge, all information on this application is correct.

Signature _____ **Date** _____