

CONTACT INFORMATION (PLEASE PRINT)

Name (First, Last):		Utility Partner Account Number:				
Property Address:	City:		State:	ZIP:		
Phone:	Email:					
Electric Assistance Program (EAP) Tier (Circle One): N/A	2	3	4	5	6	

Home Ownership Status (Check One):

□ I own my home

□ I rent my home. Please help me obtain landlord permission I rent my home, however I have obtained landlord permission below

UTILITY PARTNER (CHECK ONE)					
EVERSOURCE LIBERTY		L NEW HAMPSHIRE ELECTRIC CO-OPERATIVE			
Margaux Levesque margaux.levesque@eversource.com	Horizon Residential nhsaves@horizonres.com	Jerry Spaulding spaulding@nhec.com	Horizon Residential nhsavesunitil@horizonres.com		

HOME ENERGY INFORMATION							
Fuel Type	Annual Usage		Heat	Domesti	ic Hot Water (DHW)		
Electricity		kwh/yr					
Kerosene		gal/yr					
Natural Gas		therms/yr					
Propane		gal/yr					
Wood		cords/yr					
Pellets		ton/yr					
Check All That Apply:							
Active FuelImage: YesAssistanceImage: NoProgram (FAP)Image: Pending	Active Ac	ed 🗅 Yes ent 🗅 No	Electric	Building Size]		
Auditor Name		(Please Print C	learly)		Date:		

CONTRACTOR INFORMATION						
Community Action Partnership Belknap- Merrimack Counties (CAPBMCI)	Community Action Partnership of Strafford Counties (CAPSC)	Community Action Partnership of Hillsborough and Rockingham Counties (CAPHR)	Southwestern Community Services (SWCS)	Tri-County Community Action Partnership (TCCAP)	Resilient Buildings Group (RBG)	Turn Cycle Solutions (TCS)

			SIGNATURES				
Custom	er Signature		Date	Landlord Signature	Date		
Landlor	rd Name (Please Print)	Date	Landlord Phone Number		Landlord Email Address		
By signing up for Home Energy Assistance, I understand that an NHSaves [®] utility partner will contact me to schedule a home energy audit. I authorize my utility partner and its contractor to share limited information about my home energy usage and contact details as needed.							

NHSaves HEA Form Version 04.16.25

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