



Energy Share Program Application

Failure to complete this application in its entirety and remitting a valid photo identification will delay the eligibility determination.

Please select the type of improvement you will be completing (select all that apply): <input type="checkbox"/> HVAC <input type="checkbox"/> Attic Insulation <input type="checkbox"/> Duct Work			
Occupant of the subject property:			
Subject Property Street Address:			
City	State	Zip Code	Occupant Contact Number
Applicant Name (Last, First, and Middle Initial)			Applicants Status <input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Renter
Applicant Street Address (if different from subject property address)			
City	State	Zip Code	Contact Number
Email Address:			
City of Rocky Mount Customer and Account Number:			
Sq ft of Home	Year Home Built	Type of Home Single Family Home <input type="checkbox"/> Stick Built <input type="checkbox"/> Modular <input type="checkbox"/> Manufactured	
How do you cool your home? <input type="checkbox"/> Central A/C <input type="checkbox"/> Heat Pump <input type="checkbox"/> Window Unit <input type="checkbox"/> None of the above		How do you heat your home? <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Other _____	
How did you hear about the Energy Share program? <input type="checkbox"/> City of Rocky Mount Website/media outlets <input type="checkbox"/> Contractor <input type="checkbox"/> Utility Bill Insert <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Energy Audit <input type="checkbox"/> E-mail <input type="checkbox"/> Other _____			

ACKNOWLEDGMENTS

I, _____, acknowledge I have read, understand, and will abide by the Terms and Conditions of the Energy Share Program.

I acknowledge that I am the owner of the subject property, or I am the tenant of the subject property and I have secured permission from the owner to complete the improvements selected above.

I understand that submission of this application does not guarantee I am approved for program participation and that I will be notified about approval for program participation later.

Applicants Signature: _____ Date: _____

Applications may be remitted via online submission, mail, or in the office at: Online:
www.cityofrockymountnc.gov

Mail:
 City of Rocky Mount
 Business Services Center
 Attn: Utility Assistance
 P.O Box 1180
 Rocky Mount, NC 27802-1180

In the Office:
 City of Rocky Mount
 Business Services Center
 224 S Franklin Street
 Rocky Mount, NC 27804