

Energy Saver North Carolina Income Eligibility Application

APPLY ONLINE FOR
FASTER PROCESSING



By completing this application, you are applying to receive income-qualified rebates for making eligible improvements under the **Energy Saver North Carolina** program. Eligibility for income-qualified rebates is based on the income of the resident at the installation address.

Income Ranges	
Low	<80% AMI
Moderate	80%-150% AMI
Higher	>150% AMI

Applicants will be automatically eligible for higher incentives for the Energy Saver North Carolina program insulation and air sealing improvements and/or qualifying HVAC improvements pending income verification.

If you are a property owner and not the resident, please have your tenant complete, sign and submit this application with supporting documents. For assistance completing this application, refer to the Income Eligible Guidelines available at energysavernc.org or call 866-998-8555.

All rebates and benefits are subject to change without notice.

Section 1: Applicant Information

Customer Name:		Relationship to Installation Address: Check ONE only. <input type="checkbox"/> Homeowner/Building Owner <input type="checkbox"/> Tenant/Renter		
Installation Address:	City:	County:	State: NC	ZIP:
Mailing Address (if different than the address above):	City:	County:	State:	ZIP:
Daytime Phone:	Email Address:			
Preferred Method of Initial Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Building Owner Contact				
Building Owner Name (if tenant or if applicable):	Building Owner Email Address:		Building Owner Phone:	
Building Owner Mailing Address:	City:	State:	ZIP:	
Who will pay for Improvements? <input type="checkbox"/> Building Owner <input type="checkbox"/> Tenant	How did you first learn about the Energy Saver North Carolina program? <input type="checkbox"/> Community Organizations <input type="checkbox"/> Contractor <input type="checkbox"/> Emails <input type="checkbox"/> Events/Workshops <input type="checkbox"/> EV Dealerships/Retail Stores <input type="checkbox"/> News Outlets <input type="checkbox"/> Social Media <input type="checkbox"/> Utility Companies <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other: _____			

Apply Today!

Online: energysavernc.org

Email: energysavernc@aptim.com

Call Toll-free: 866-998-8555

Mail: Energy Saver North Carolina

1613 Mail Service Center, Raleigh NC 27699-1613



Section 2: Property Eligibility Information

Home Type: Existing Home
 Mobile Home New Construction

Home Type:
 1 Unit 2 Units 3 Units 4+ Units

Primary Fuel Used for Space Heating

Natural Gas Electric Propane (LP) Oil Wood/Pellet Other: _____

Electric Utility (for installation address):	Electric Utility Account Number:
Gas Utility (for installation address): If no gas utility information, enter N/A.	Gas Utility Account Number:

Section 3: Household Members (Please list all members of your household, including yourself and children.)

Household Members	First Name	Last Name	Birth Date (MM/DD/YYYY)	Receiving Income*	
				Yes*	No
Household Member #1					
Household Member #2					
Household Member #3					
Household Member #4					
Household Member #5					
Household Member #6					
Household Member #7					
Household Member #8					

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Section 4: Household Income (Please choose one of the three options below and submit copies of the corresponding documents.)

Choose only one of the following options: Categorical Eligibility, Express, or Non-Express and provide supporting documentation for the entire household. Everyone must have the same documentation type. For more information, see the Income Qualification Checklist.

■ CATEGORICAL ELIGIBILITY OPTION – Indicate which of the following programs you or someone in your household are enrolled in. Only one household member needs to submit proof of enrollment to qualify. Submit documentation of enrollment along with your rebate application. If you are enrolled in a similar program that is not listed here or online, please contact us at **866-998-8555**.

Program Enrollment – Recognized State and Federal Programs*

<input type="checkbox"/> SSI (Supplemental Security Income), not to be confused with SSA (Social Security)	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/> Weatherization Assistance Program (WAP)**	<input type="checkbox"/> Head Start
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**	<input type="checkbox"/> Lifeline Support for Affordable Communications (Lifeline)
<input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR)	<input type="checkbox"/> National School Lunch Program – Free (NSLP)
<input type="checkbox"/> Housing Improvement Program (HIP)	<input type="checkbox"/> Housing Opportunities for Persons with AIDS (HOPWA)

■ EXPRESS OPTION – Complete the table and submit a copy of your most recent Tax Form 1040 and Schedule 1, along with other income types, for each member of your household.

Income Type	Annual Income		
	Household Member: _____	Household Member: _____	Household Member: _____
Annual Income (Count all taxable and non-taxable income from 1040, including any Social Security income.)	\$		
Other Income: <input type="checkbox"/> (V) Veterans' Benefits <input type="checkbox"/> (WK) Workers' Compensation <input type="checkbox"/> (CS) Child Support received or paid	\$		
Total Household Gross Income	\$		

■ NON-EXPRESS OPTION – Submit 30 days (one month) of income documentation based on paid date for each member of your household. Households with no income should call **855.782.0667** for further instructions. If your household has more types of income than this table can support, additional entries may be submitted on a separate page.

Name of Adult Household Member	Income Type (See Guidelines)	One Month Total
		\$
		\$
		\$
		\$
		\$
Total Household Gross Income		\$

Section 5: Contractor Information (Complete if known—Energy Saver North Carolina can send your contractor a copy of the final income eligibility letter)

Contractor Business Name:		Contractor First and Last Name:		<input type="checkbox"/> I authorize Energy Saver North Carolina program to communicate my eligibility status with my contractor.	
Phone:		Email:			
Mailing Address:			City:	State:	ZIP:

Section 6: Signature

By signing and submitting this income eligibility application, I hereby certify that I have read, agree to, and have met all terms and conditions as outlined in the guidelines. I further certify that all the information contained in this application and supporting documentation is complete, true, and correct, and all household income of the property residents has been fully disclosed. Furthermore, I certify that I am the property owner, or if I am not the property owner, I certify that I have or will obtain permission from the property owner before beginning a project.

Applicant Signature:	Print Name:	Date:
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Attach **copies** of supporting documents to your completed and signed income eligibility application.
 Note: Do not send originals. **Black out Social Security numbers.**

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* Please note that you can either upload proof of enrollment in a recognized federal program OR proof of income. Also, at least one member of your household must show proof of enrollment within the last 24 months.

** 80% Area Median Income (AMI) is greater than 200% Federal Poverty Level (FPL) for households with one to five members in each of North Carolina's 100 counties. In households of 6 or more members, 80% AMI is less than 200% FPL. Therefore, the state will allow categorical eligibility for WAP only for households with one to five members.