

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

Property owners are required to sign a project authorization form on behalf of your tenant with supporting documents.

For assistance completing this application, refer to the Income Qualification Checklist available at [energysavernc.org](http://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: <b>NC</b>	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	<b>How did you first learn about the Energy Saver North Carolina program?</b> <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](http://energysavernc.org)

Email: [energysavernc@aptim.com](mailto: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. To verify your enrollment in an eligible program, please upload a copy of your benefit enrollment letter. The letter must show an enrollment or re-enrollment date within the past 12 months. 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** – To verify your income, we will need a copy of your most recent (within last 12 months) tax return. Please upload Form 1040 for each member of your household with the social security number blacked out. If you did not file taxes last year, please contact [energysavernc@aptim.com](mailto:energysavernc@aptim.com) for assistance providing alternative documentation.

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. All projects must be completed by a certified contractor.

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 submitting this application for award, the applicant hereby certifies that all information provided is true and accurate to the best of their knowledge. The applicant understands that any false or misleading statements may constitute fraud and could result in the denial of this award, as well as potential civil and criminal penalties. This includes, but is not limited to, the truthful and accurate reporting of total family income, number of household members, property ownership, property location, and performance of contractor services.

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.

<b>Applicant Signature:</b>	<b>Print Name:</b>	<b>Date:</b>
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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 12 months.

\*\* Additional income verification may be required in counties where 200% FPL is greater than 80% AMI according to household size.