



# KEYSTONE HELP® ENERGY EFFICIENCY LOAN & REBATE APPLICATION



## Please Tell Us About Yourself and Your Home

APPLICANT'S LAST NAME		FIRST NAME		MI	HOME PHONE (w/area code)	
CO-APPLICANT'S LAST NAME		FIRST NAME		MI	PREFERRED EMAIL ADDRESS	
PROPERTY ADDRESS WHERE WORK IS BEING DONE			CITY	ST	ZIP	COUNTY
TYPE OF PROPERTY – NUMBER OF UNITS AT ADDRESS		IS THIS YOUR PRIMARY RESIDENCE?	ESTIMATED YEAR YOUR HOME WAS BUILT	YEAR YOU PURCHASED YOUR HOME	NUMBER OF PEOPLE WHO LIVE IN YOUR HOME	
ESTIMATED SQUARE FOOTAGE OF YOUR HOUSE (HEATED AND/OR COOLED)		IS YOUR COMBINED HOUSEHOLD INCOME LESS THAN \$250,000 PER YEAR?		IF YOUR INCOME EXCEEDS \$150,000 ARE YOU INTERESTED IN OTHER AVAILABLE ENERGY LOAN PROGRAMS?		
MAILING ADDRESS IF DIFFERENT THAN ABOVE		CITY	ST	ZIP	ALTERNATE PHONE NUMBER OR EMAIL ADDRESS	

## Please Tell Us About Your Home's Annual Energy Usage

	ELECTRICITY	NATURAL GAS	OIL	KEROSENE	PROPANE	WOOD	COAL
<b>Total You Have Paid for the Last 12 Months</b>	\$	\$	\$	\$	\$	\$	\$
<b>Your Usage For the Last 12 Months</b>		CCF	Gal	Gal	Gal	Tons	Tons

## Please Tell Us About Your Energy Efficiency Project

WHICH INCENTIVE ARE YOU APPLYING FOR? <i>(Please Choose Only One)</i> <b>KEYSTONE HELP LOAN</b>	NAME OF CONTRACTOR WHO IS DOING YOUR WORK	NAME OF CONTRACTOR SALES PERSON
ESTIMATED TOTAL PROJECT COST \$	IF APPLYING FOR A LOAN, AMOUNT YOU WOULD LIKE TO BORROW \$	EXPECTED PROJECT COMPLETION DATE
ENERGY AUDIT COMPANY (IF ANY)	NAME OF PERSON CONDUCTING ENERGY AUDIT (IF ANY)	EXPECTED DATE OF ENERGY AUDIT (IF ANY)

WHICH QUALIFYING IMPROVEMENTS ARE YOU INSTALLING? *(Select All Applicable)* Improvements must meet program qualifying standards

Other (Recommended by Energy Audit) \_\_\_\_\_

## ALL APPLICANTS for Rebates or Loans Please Read..... and Sign Below

By submitting this application: I/We agree to the following: 1) That any information I/we furnish to you is true and complete and authorize you to investigate my/our credit and employment history; 2) that I/we are the record owners of the above named property; 3) that I/we will advise you of any material changes in my/our financial condition; 4) that I/we authorize you to provide information on the approval status of my/our application with the AFC First Approved Contractor of my/our choice; 5) that this application can be used to qualify for other types of financing made available by AFC First or its affiliates and marketing partners; 6) that I/we will provide our utility data for completion of the Home Energy Yardstick; 7) that if I/We accept a loan under the Keystone HELP program only I/we will grant access to our utility and fuel consumption data to the DEP or its designees for 12 months from the date of our loan; agree to complete a follow up survey in approximately 12 months from the date of our loan, agree to permit a Quality Assurance inspection after the work is completed if my/our project is selected.

APPLICANT'S NAME – PLEASE PRINT	APPLICANT'S SIGNATURE	DATE
CO-APPLICANT'S NAME – PLEASE PRINT	CO-APPLICANT'S SIGNATURE	DATE