



Income Eligibility Application

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, determined by Area Median Income (AMI) guidelines.

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 or call **866-998-8555**.

All rebates and benefits are subject to change without notice.

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

Ways to complete & submit your application



ONLINE • *Recommended for faster processing*

Use the QR at the top of this page, or go to energysavernc.org



EMAIL

Complete your application and send to: energysavernc@aptim.org



PHONE

Call us toll free! We'll walk you through the application process: **866-988-8555**



MAIL

Print & mail your completed application to:

Energy Saver North Carolina • 1613 Mail Service Center • Raleigh, NC 27699-1613

Eligibility is based on income levels of less than 80% AMI to 150% AMI. Higher income households (>150% AMI) are NOT eligible. ©2026 The State of North Carolina. All rights reserved. This flyer content is provided through support and funding from the Inflation Reduction Act Home Energy Rebates Program and the North Carolina Department of Environmental Quality. Updated 03/2026.



SECTION 1: Applicant Information

Applicant Name:

Relationship to Installation Address:

Select ONE only

Homeowner/Building Owner Tenant/Renter

Installation Address:

City:

County:

State:

ZIP Code:

NC

Mailing Address:

If different from above

City:

County:

State:

ZIP Code:

Phone Number:

Email Address:

Preferred Method of Initial Contact:

Phone

Email

Contact Building Owner

Building Owner Information

If tenant or if applicable

Name:

Mailing Address:

City:

County:

State:

ZIP Code:

Phone Number:

Email Address:

Who will pay for expenses that exceed the rebate amount for improvements?

Building Owner

Tenant

SECTION 1: Applicant Information CONTINUED

How did you learn about the Energy Saver North Carolina program?

- | | | |
|---|---|--|
| <input type="checkbox"/> Community Organizations | <input type="checkbox"/> News Outlets | <input type="checkbox"/> Utility Company |
| <input type="checkbox"/> Conference/Event
Workshop | <input type="checkbox"/> Online Ad | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Contractor/Business Referral | <input type="checkbox"/> Past Participation | <input type="checkbox"/> Other (please specify)
_____ |
| <input type="checkbox"/> Email or Newsletter | <input type="checkbox"/> Search Engine | |
| | <input type="checkbox"/> Social Media | |

SECTION 2: Property Eligibility Information

Home Type: Existing Home Mobile Home New Construction

Home Type: 1 Unit 2 Unit 3 Unit 4 Unit

Primary Fuel Used for Space Heating:

Select all that apply

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Propane (LP) | <input type="checkbox"/> Wood/Pellet |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Oil | <input type="checkbox"/> Other (please specify)
_____ |

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 Information

Please list all members of your household, including yourself and children.

Members	First Name	Last Name	Birth Date	Receiving Income?	
Member 1				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member 2				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member 3				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member 4				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member 5				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member 6				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member 7				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member 8				<input type="checkbox"/> Yes	<input type="checkbox"/> No

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) |

*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.

SECTION 4: Household Income CONTINUED

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 for assistance providing alternative documentation. If your household has more types of income than this table can support, additional entries may be submitted on a separate page.

Annual Income per Household Member

Income Type	Member 1	Member 2	Member 3
Member Name			
Annual Income <i>(Count all taxable and non-taxable income from 1040, including any Social Security income.)</i>	\$	\$	\$
Veterans' Benefits (V)	\$	\$	\$
Workers' Compensation (WK)	\$	\$	\$
Child Support (CS)	\$	\$	\$
Member Total	\$	\$	\$
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](tel: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 Household Member	Income Type <i>See Guidelines</i>	One Month Total
		\$
		\$
		\$
Total Monthly 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 registered contractor of the program.

Contractor Business Name:

First Name:

Last Name:

Mailing Address:

City:

State:

ZIP Code:

Phone Number:

Email Address:

I authorize Energy Saver North Carolina program to communicate my eligibility status with my contractor.

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.

Applicant Signature:

Print Name:

Date:



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