



PSNH's ENERGY STAR Homes Program Traditional and Geothermal Tracks



2009 Project Enrollment Form

PROGRAM ENROLLMENT: (please select the Program Track that the project is applying for):			
<input type="checkbox"/> Traditional Track (ALL heating systems except for Geothermal Heat Pump or		<input type="checkbox"/> Geothermal Heat Pump Track	
Please indicate which most accurately describes your role in this project. I am the:			
<input type="checkbox"/> Owner -->		<input type="checkbox"/> my builder / general contractor is listed below <input type="checkbox"/> acting as my own GC	
<input type="checkbox"/> Builder -->		<input type="checkbox"/> building for client <input type="checkbox"/> building home on spec	
<input type="checkbox"/> Developer or		<input type="checkbox"/> Other: _____	
BUILDER INFORMATION			
Company Name:		Contact Name/Title:	
Street Address:		City:	State: Zip:
Telephone Number:	Email Address:	SS # or Fed. Tax ID #:	
HOMEOWNER INFORMATION (if known)			
<input type="checkbox"/> Check if homeowner contact info is same as Builder above.			
Name:			
Mailing Street Address:		City:	State: Zip:
Telephone Number:	Email Address:	SS # or Fed. Tax ID #:	
INCENTIVE RECIPIENT INFORMATION			
Generally, the incentive goes to the "decision maker" for the project, the person making the decision to and paying for building to a higher performance standard. Check one.		<input type="checkbox"/> Builder <input type="checkbox"/> Homeowner Federal Tax ID # (or S.S. #) REQUIRED	
PROJECT INFORMATION			
Development / Subdivision Name & Town (if applicable): _____			
Project / Site Manager: (name) _____		phone: _____	
Property Address: _____			
The property enrolled is a (check one): <input type="checkbox"/> new - (see below) <input type="checkbox"/> complete gut-rehab of existing - (see below)			
<input type="checkbox"/> single family home <input type="checkbox"/> modular home <input type="checkbox"/> duplex / triplex / quad <input type="checkbox"/> multi-family (5+ units) --> # of units _____			
Est. ft ² of conditioned living area: _____		Home Energy Rater: _____	
Construction start date: _____		Completion date (estimated): _____	
For Geothermal Heat Pump Projects ONLY:			
Geothermal Heat Pump (Distributor): _____		(Installer): _____	
Will the project be applying for PSNH's HEATSMART Rate Option? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure			
- if YES be sure to complete and submit PSNH's HEATSMART Application Form			

I have read and understand the Program Requirements, Terms and Conditions accompanying this form. Please enroll the property above for services in PSNH's ENERGY STAR Homes Program.

Signature: _____ Date: _____

Print Name: _____

*** The incentive offer associated with this Application is good through the end of 2009. ***

Return completed Enrollment Form to: PSNH, Attn: Tom Belair, PO Box 330, Manchester, NH 03105-0330

For internal use only	Approved by: _____	Date: _____
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