



Home Energy Assessment Application

(Please print clearly in blue or black ink.)

ORGANIZATION NAME: LIFEDESIGNS

ID#: LIFE08062012

INDIVIDUAL

NAME (as it appears on electric utility bill) _____

By enrolling I understand that Energizing Indiana may periodically share my scheduling status with the nonprofit organization.

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ ALTERNATIVE PHONE _____

EMAIL ADDRESS _____

ELECTRIC UTILITY PROVIDER _____

YOUR HOME:

I verify that my home is 10 years of age or older. YES NO

I verify that my home is: (please check one)

SINGLE FAMILY, DETACHED DUPLEX TRIPLEX QUADPLEX MOBILE HOME

My home is: (please check one) OWNER OCCUPIED RENTED

I verify that I have not had a utility sponsored Energy Assessment in the past 3 years. YES NO

Please return this form to **LIFE Designs or Energizing Indiana.**

Fax: (317) 664-8205

Email: COE@energizingindiana.com

Address: 7172 Lakeview Parkway W. Drive, Indianapolis, IN 46268

Any questions, contact Arthur McCoy, Energizing Indiana at 317-601-1221 or arthur.mccoy@goodcents.com

