



SOLAR FOR ALL PROGRAM APPLICATION												
Please complete the information below. Incomplete or missing information may result in denial or delay of your application. Please submit this application, along with copies of photo identification, electric bill, and proof of categorical eligibility, if applicable.												
Application Date					Date of Birth							
Applicant Last Name					Applicant First Name							
Street Address				Apt. Number				Zip Code				
Is this a temporary address? Yes <input type="checkbox"/> No <input type="checkbox"/>												
Phone:		Email:		Primary Language (Optional):	English <input type="checkbox"/>	Amharic <input type="checkbox"/>	Chinese <input type="checkbox"/>	French <input type="checkbox"/>	Korean <input type="checkbox"/>	Spanish <input type="checkbox"/>	Vietnamese <input type="checkbox"/>	Other <input type="checkbox"/>
Primary Heating Source				Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	Other () <input type="checkbox"/>						
Do you own or rent this residence? Own <input type="checkbox"/> Rent <input type="checkbox"/>					Do you pay your electric bill? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Do you receive a utility allowance? Yes <input type="checkbox"/> No <input type="checkbox"/>					If you pay your electric bill, please provide your Pepco account number			Account Number:				
Household Size:				Total Annual Household Income : \$								
Household Member:				DOB:		Income:						
Household Member:				DOB:		Income:						
Household Member:				DOB:		Income:						
Household Member:				DOB:		Income:						
Household Member:				DOB:		Income:						
Household Member:				DOB:		Income:						
I am interested in learning more about: Utility Discount Programs <input type="checkbox"/> Weatherization <input type="checkbox"/>												
DISCLAIMER AND SIGNATURE												
<ul style="list-style-type: none"> I swear or affirm that all information on this application, and all information I submitted or will submit in support of this application, is true, correct and complete to the best of my knowledge, ability and belief. I understand that I can be penalized by fine and/or imprisonment for making false statements. My signature on this application grants DOEE, or its designee, permission to contact any party necessary to verify the information I have provided. I understand that I will be notified in the event that Solar for All assistance is no longer available or if this application is denied. I hereby authorize the utility companies to release my account number and account information. This includes arrearage information for the purpose of allowing DOEE and entities acting on behalf of DOEE to assess the effectiveness of services provided to customers by DOEE. I further grant DOEE permission to access my electricity usage history and data from my electric utility provider's website. I hereby grant permission to DOEE to provide information in my file to utility companies for rate classification purposes and marketing for the Utility Discount Program (UDP) only, to other agencies and organizations from whom I may seek financial assistance, and for purposes of verification, evaluation and analysis. I hereby grant permission to DOEE to provide me with information about programs for which I may also be eligible. Report Fraud, Waste, Abuse, and Mismanagement to the District of Columbia Office of the Inspector General. Confidential Toll Free Hotline: 1-800-521-1639 or 202-724-TIPS (8477). Email: hotline.oig@dc.gov. 												
For more information about Solar for All, visit doee.dc.gov/solarforall .												
Signature:							Date:					

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Household Meets Categorical Eligibility Requirements (Please attach supporting documentation for categorical eligibility)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Type of Categorical Eligibility? TANF SNAP SSI Housing Choice Voucher

If Household Does Not Meet Categorical Eligibility, Date Referred to LIHEAP Online Application:

GRANTEE AFFIDAVIT

I understand that as a Solar for All Grantee (Grantee), I am responsible for certifying the categorical eligibility of the household or referring the household to the LIHEAP Online Application for income verification. I acknowledge that improper certification of categorical eligibility is in violation of my grant award with DOEE and may result in penalties or other legal action. I certify that I am authorized to execute and deliver this affidavit to DOEE on behalf of the Grantee.

Signature: _____ Date: _____

Print Name: _____ Title: _____ Grantee Organization: _____