APPLICATION Solar for All Program



When completing the application, make sure the contact person listed on the application is the same person listed on your electric utility bill. Before starting, have a copy of your most recent electric utility bill and required documents. You will need to submit these documents with your application. If you have any questions, contact us at **solarforall@nyserda.ny.gov** or **1-877-NYSMART**.

SECTION 1. APPLICANT INFORMATION

First Name	Las	t Name				
					NY	
Address		City			State Zip	
Provide your preferred me	eans of communication	with NYSERDA (select	one)			
Email						
Phone Number						
SECTION 2. HOUSEHOI	LD INFORMATION					
What is your utility compar	ny? (select one)					
Central Hudson Gas & E	Electric	Consolidated Edis	on 🗖 N	lational Grid		
New York State Electric & Gas (NYSEG)		Orange and Rockl	and 🗖 R	🖵 Rochester Gas & Electric (RG&E)		
What is your utility accoun	nt number?					
Do you rent or own?	🗕 Iown 🗳 Iren	it				
Have you received assista	ance from HEAP and/or	another federal or utili	ity program withir	n the last 12 mon	ths?	
Yes 🗅 No 🗅	Don't Know					
What is the primary way yo	ou heat your home?					
🗖 Gas 🗖 Oil 🗖	Electric Propa	ine 🖵 Wood	🖵 Don't Know			

SECTION 3. HOUSEHOLD APPLICATION DOCUMENTS

You will need to include the following information with your application submission:

Electric Utility Documentation

Include your most recent electric utility bill.

□ Income Documentation

You can demonstrate income eligibility through two options.

Option 1

Submit a copy of the award letter dated within the last 12 months for one of the following:

- EmPower New York
- HEAP (Home Energy Assistance Program)
- SNAP (Food Stamps)
- TANF (Temporary Assistance for Needy Families)
- Supplemental Security Income

Option 2

If you are unable to provide one of the documents listed in option 1, you must provide income documentation as follows:

- Completed Household Eligibility Worksheet (available at nyserda.ny.gov/solar-for-all-eligibility)
- Copy of award letter from Social Security and Social Security Disability
- Self-Employment IRS Report of Quarterly earnings for the past three months
- Documentation showing all forms of income, including disability, worker's compensation, unemployment, pension, maintenance, child support, annuities, veteran's benefits, and all other income

SECTION 4. APPLICATION SUBMISSION

Submit your completed application along with electric utility and income documentation to: Solar for All 2 Wall Street Albany, NY 12205

SECTION 5. APPLICANT AFFIRMATION

I understand that if a community solar subscription is provided to me through the Solar for All program, there will be no additional costs to me and participation in these programs will not affect my social security, public assistance, or any other income. I understand this application does not guarantee acceptance into the program or that the program will have community solar subscription available in my area. Whether or not a community solar subscription is provided will depend on the number of applications received, the availability of community solar subscriptions in your area, funds, and priorities established by the program.

I authorize release of my contact information and utility account information to NYSERDA, its designated representatives, the community solar project sponsor designated by NYSERDA, and my electric utility. I authorize release of my income and eligibility documentation to NYSERDA and its designated representatives, and I consent to any inquiry to verify or confirm the information I have given. I understand the information provided by me will be used only for the purposes of determining eligibility for NYSERDA's residential programs and providing a Solar for All community solar subscription. I understand all information will be kept confidential to the extent permitted by law.

Applicant Signature

Date



HOUSEHOLD INCOME DOCUMENTATION WORKSHEET

Solar for All Program



COMPLETE ONLY IF YOU ARE UNABLE TO PROVIDE DOCUMENTATION LISTED IN OPTION 1 OF SECTION 3-HOUSEHOLD APPLICATION DOCUMENTS.

List and calculate the household gross income for each household member in the chart below.

Wages/salary: When calculating your income, use the following formulas to convert your wages or salary into monthly income. If you receive a paycheck:

- Weekly: multiply weekly income representing 4 most recent weeks by 4.3
- Bi-weekly: multiply 2 most recent consecutive weeks by 2.15
- Twice a month multiply by 2

Include all sources of income: Be sure to include all sources of income, such as child support and social security, not only your wage or salary. If applicable, convert your other sources of income using the same formula used for wages/salary.

Include the following information for each household member.									
Name	Gender	Age	Student (Yes or No)	Source(s) of income	Weekly	Monthly	Yearly		
					\$	\$	\$		
					\$	\$	\$		
					\$	\$	\$		
					\$	\$	\$		
					\$	\$	\$		
					\$	\$	\$		
					\$	\$	\$		
					\$	\$	\$		
					\$	\$	\$		
Total income for the household					\$	\$	\$		

