

SEVCA Community Solar Application

Name: _____ Phone: _____

Street Address: _____

Town: _____ Zip: _____ Date of Birth: _____

Mailing Address: _____ SS#: _____

Email: _____

Electricity and Heating:

Green Mountain Power account number _____

Is the account in your name? _____ If no, why not? _____

Up-to-date with account payments? _____ Delinquent balance? \$ _____

Last payment amount \$ _____ Date of last payment _____

How is the home heated? _____

Approximately how much money did you spend on heating last winter? \$ _____

Who is your fuel dealer? _____

Have you applied for seasonal fuel assistance from the State of Vermont? _____

Are you on the Energy Assistance Program? (25% discount on power used) _____

Has your home been weatherized? _____ If yes, when and by whom? _____

Have you received efficiency coaching? _____ If yes, when and by whom? _____

Please attach a copy of your most recent Green Mountain Power bill and sign the attached release form for us to contact Green Mountain Power and your fuel dealer.

Housing:

Do you own or rent your home? _____ How much do you pay for your rent/mortgage? \$ _____

What kind of home is it? _____ How many bedrooms? _____

Is heat included? _____

How long have you lived in this home? ____ years ____ months

Are you up-to-date with your rent/mortgage? _____ If no, how much is outstanding \$ _____

How many people live in the household? _____

How many of the household are: under 5 years old? _____ over 60 years old? _____ disabled? _____

Please describe any household expenses that can be hard to manage, other than housing and energy:

Income:

Please describe the household's monthly income.

Please include proof of income for the last 30 days for employment or self-employment.

Household members name	Income source (use one line per source)	Gross income (before deductions) for last 30 days

Do you currently receive 3SquaresVT (food stamps)? _____

If there is no income in the household please explain how your needs are currently being met:

Declaration: The information I have provided is correct and complete to the best of my knowledge. False or withheld information may result in denial of benefits.

Client's Signature: _____

Date: _____

<p>For office use only:</p> <p>Total monthly income for HH: \$ _____</p> <p>FPL: _____ %</p> <p>Avg monthly energy costs for HH: \$ _____</p> <p>Percentage of monthly income towards energy _____ %</p> <p>Percentage of monthly income towards housing _____ %</p> <p>Decision:</p> <p>Approve ____ Further information needed ____ Wait list ____ Deny ____</p> <p>Admin:</p> <p>Date added to spreadsheet: _____ Annual Review Date: _____</p>
