## **SEVCA Community Solar Application**

Name:		Phone:						
Street Address:								
Town:								
Mailing Address:						<del> </del>	·	
Applicant SS#:								
Email:								<del> </del>
s it okay for us to contact y								
Electricity and Heating:								
Please include a copy of	your mo	st recent	Green Mo	untain Po	wer bill,	and sign th	e attached	release
form for us to contact Gre	een Mou	ntain Pov	ver.					
Has your home been weath	nerized? _	If yes	, when?				_	
Do you heat with electricity	? If	yes, plea	se describe	e				
Do you get a seasonal fuel	benefit fr	om the St	ate of Vern	nont?				
Are you currently receiving	the Ener	gy Assista	ance Progra	am discour	nt on you	electricity	oill?	
Housing:								
Do you own or rent your ho	me?							
How much do you pay each	n month f	or your re	nt/mortgag	e/taxes?\$				
Do you expect to be living i	n this pro	perty for a	at least the	next 12 m	onths? _			
Household members:								
Please answer as much of the	following	informatio	n as you are	willing. If y	ou need r	nore space, a	answer on a b	olank page
Name of Household Member	DOB	Gender	Highest	Disabled	Race	Hispanic/	Has Health	Military
			education	?		Latino?	Insurance?	status?
			level					
								<u> </u>

income:
Please attach proof of annual income for all household members. Copies of tax returns, social security
statements, W-2's are acceptable. If these documents are not available, other proofs of income may be
substituted. Please contact the Program Coordinator at 802 246 3006 or <a href="mailto:dquipp@sevca.org">dquipp@sevca.org</a> to confirm.
Would you like to be connected with a financial coach to help with budgets, credit, or reducing the cost of living?
If there is no income in the household, please explain how your needs are currently being met.
Do you have any feedback or any additional needs for assistance from SEVCA?
Declaration: The information I have provided is correct and complete to the best of my knowledge. False or
withheld information may result in the denial of benefits. I consent to my information being used by SEVCA to
determine eligibility for programs and services.
Client's Signature: Date:
<u>Checklist</u>
Signed application
Signed release of information
Green Mountain Power bill

Income documents