



# SOLAR FOR ALL APPLICATION

Please complete the information below. Incomplete or missing information may result in denial or delay in approval of your application. Please submit this application, along with copies of photo identification, and a recent electric bill. If you selected a category of eligibility, please also provide proof of eligibility; document(s) must be from within the last year.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Application Date      1. Social Security #      2. Date of Birth      3. Citizenship      4. Gender

5. Applicant Last Name      6. Applicant First Name      7. M.I.      8. Contact Number

9. Street Address      10. Apt #      11. Zip Code      12. Ward      13. ANC

14. Is this a temporary address?     Yes     No

15. Type of dwelling:     Single family     Multi-family      16. Do you own or rent?     Own     Rent

17. Email \_\_\_\_\_

18. Eligibility: do any of these apply to you?

Existing TANF recipient     Existing SNAP recipient     Existing UDP recipient     Existing LIHEAP resident

If yes, please provide proof that is dated within the last year.

19. Do you receive a utility allowance?    ( ) Yes    ( ) No

20. Primary Heating Source:    ( ) Electric    ( ) Gas    ( ) Other \_\_\_\_\_

21. Are you responsible for paying your electric bill?     Yes     No

If yes, please provide your Pepco account number: \_\_\_\_\_

23. Total Household Size: \_\_\_\_\_      Total Household Income: \_\_\_\_\_

Weekly     Bi-Weekly     Monthly     Semi-Monthly     Annually

23a. Household member      SSN      DOB      Income      Disabled?     Yes     No

23b. Household member      SSN      DOB      Income      Disabled?     Yes     No

23c. Household member      SSN      DOB      Income      Disabled?     Yes     No

23d. Household member      SSN      DOB      Income      Disabled?     Yes     No

23e. Household member      SSN      DOB      Income      Disabled?     Yes     No

23f. Household member      SSN      DOB      Income      Disabled?     Yes     No

**See back to complete application and provide signature.**



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(Optional)

25. Primary Language:

English  Amharic  Chinese  French  Spanish  Vietnamese  Korean  Other \_\_\_\_\_

26. I am interested in learning more about programs for:  Weatherization  Solar

## 27. Application Affirmation and Authorization to Verify Income

- 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, D.C. Code § 22-2405. 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**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please return this application and supporting materials via postal mail to:

DOEE Solar for All  
1200 First Street NE, 5th Floor  
Washington, DC 20002

Or return via email at [solarforall@dc.gov](mailto:solarforall@dc.gov)

For more information about the Solar for All program, visit [doee.dc.gov/solarforall](http://doee.dc.gov/solarforall).

## STOP: THIS SECTION IS FOR INTERNAL USE ONLY

Household meets categorical eligibility requirements:  Yes  No

If household does not meet categorical eligibility, date referred to LIHEAP online application: \_\_\_\_\_