



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. Gender

4. Applicant Last Name 5. Applicant First Name 6. M.I.

7. Street Address 8. Apt # 9. Zip Code 10. Ward 11. ANC

12. Is this a temporary address? Yes No

13. Type of dwelling: Single family Multi-family 14. Do you own or rent? Own Rent

15. Email _____ 16. Tel. _____

17. 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.

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

19. Primary Heating Source: () Electric () Gas () Other _____

20. Are you responsible for paying the electric bill? Yes No
 If yes, provide Pepco account #: _____ Pepco service #: _____

21. Total Household Size: _____ Total Household Income: _____
 Weekly Bi-Weekly Monthly Semi-Monthly Annually

21a. Household member	SSN	DOB	Income	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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21b. Household member	SSN	DOB	Income	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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21c. Household member	SSN	DOB	Income	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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21d. Household member	SSN	DOB	Income	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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21e. Household member	SSN	DOB	Income	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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21f. Household member	SSN	DOB	Income	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

For more information about the Solar for All program, visit 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: _____