



**CITIZENS ENERGY LOW-INCOME
SOLAR ROOFTOP PROGRAM
2017**

PROGRAM ELIGIBILITY

THE APPLICANT MUST MEET THE FOLLOWING QUALIFICATIONS IN ORDER TO APPLY FOR THIS PROGRAM

❖ Roof Must Be Suitable For Both Solar And Electric Panels	❖ The Home Must Be Owned By The Applicant
❖ Home Must Be Weatherized and In Imperial County	❖ Applicant Must Be Low-Income

PLEASE PRINT ALL INFORMATION CLEARLY

Applicant Name:		Email:	
Home Address:		Mailing Address:	
City:		State: CA	Zip:
Primary Phone:		Secondary Phone:	

Household Information			
Income Information (<i>List all non-renting residents who claim the property as their primary residence.</i>)		MEMBERS IN HOUSEHOLD	# OF PEOPLE
Homeowner/Household Member #1:		<i>Total # of Children:</i>	
Household Member #2:		<i>Total # of Adults:</i>	
Household Member #3:		TOTAL # OF PEOPLE:	
Household Member #4:		<p align="center"><u>INTERNAL USE ONLY</u></p> <p>Total # of PPL Household:</p> <p>Total Income: \$</p> <p>Income Qualified: Yes or No</p>	
Household Member #5:			
Household Member #6:			
Household Member #7:			
Total Annual Household Income:			

By signing this form below, I hereby attest that the information provided in this application is true and accurate. I also agree to provide proof of income if requested by Citizens Energy.

PRINT NAME:

SIGNATURE (Must be HAND signed with an ink pen):

WHO REFERRED YOU TO THIS PROGRAM?

IMPORTANT: PROVIDING FALSE OR FRAUDULENT INFORMATION MAY LEAD TO INELIGIBILITY OF APPLICANT.

<p><u>PLEASE EMAIL, FAX OR MAIL YOUR COMPLETED APPLICATION:</u></p> <p>EMAIL: SOLARHOMES@CITIZENSENERGY.COM</p> <p>MAIL: 250 AVENIDA CAMPILLO STE. 7 CALEXICO CA 92231 FAX: 617-542-4487</p> <p>APPLICATION QUESTIONS: 1-855-GO-SUN-GO (1-855-467-8646)</p>	<p><u>PRIMARY CONTACT</u></p> <p>JESSICA BERMUDEZ (SPANISH & ENGLISH)</p> <p>617-338-6300 EXT.488</p> <p>jbermudez@citizensenergy.com</p>
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****CITIZENS ENERGY ADMINISTERS PROGRAM ON BEHALF OF CITIZENS SUNRISE TRANSMISSION LLC****

Citizens Sunrise Transmission LLC | Center Lobby, Suite 342 Boston, MA 02210
Phone: 1-855-467-8646 | Fax: 617-542-4487 | Email: solarhomes@citizensenergy.com



CONSUMPTION HISTORY RELEASE

I, _____ (name on account), give permission to IID to release my electric billing consumption history to the Solar Homes Program (name of recipient), Citizens Energy Corporation (company name), for the following:

Contract Account No.(s): _____

Billing period of _____(date) to _____(date)

Please e-mail information to solarhomes@citizensenergy.com.

Signed: _____
Authorized Representative for Account Date

Please complete blank areas, sign, date, and fax to (760) 339-9471 or email to customerservice@iid.com. **Please note that this is a one-time request only. Each request requires a new release by account representative.**