



## **Low-Income Community Solar Subscriber Certification (“Certification”) for Subscribers in HUD Qualified Census Tracts**

**PURPOSE :** In signing this Certification, you are authorizing Elevate Energy and/or any of its respective affiliates or affiliated agencies, directors, officers, employees, agents, contractors, or other representatives (collectively, the “Program Administrator”) to ensure that you are eligible for the Illinois Solar for All Program (the “Program”).

**USES OF INFORMATION TO BE OBTAINED:** Subject to applicable law, the information provided in this Certification will be used for the permissible purpose set forth above including, but not limited to, determining Program eligibility, monitoring compliance with the Program, assessing the Program and modifying and/or improving the Program.

**WHO MUST SIGN THE FORM:** The head of household must sign this Certification. Upon request by the Program Administrator, the head of household will provide signed consent forms from household members who are 18 years of age or older.



**DOCUMENTATION OF HOUSEHOLD MEMBERS :** As household size is used to determine eligibility, please list the name and date of birth (DOB) for each household member.

NAME	DATE OF BIRTH	ANNUAL INCOME (18+ YEARS)
<b>TOTAL ANNUAL INCOME :</b>		

I CERTIFY that my household has \_\_\_\_\_ individuals in it.

I CERTIFY that my household makes no more than 80% of area median income based on my County of residence and household size. (An income chart can be found at:  
<https://www.illinoissfa.com/app/uploads/2019/02/0219-ILSFA-income-chart-v4.pdf>)



I CERTIFY that all statements and information furnished in this Certification are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that: (1) statements or information furnished on, or in connection with, this Certification are subject to verification and I agree to furnish supporting documents or information when so requested; and (2) I am obligated to promptly update and correct any information furnished on, or in connection with, this Certification if I become aware of any change to such statements and/or information during my participation in the Program. I also understand that intentional misstatements, falsification or failure to update or correct this Certification may result in ineligibility for, or termination from, the Program. The Program Administrator’s determination of ineligibility or decision to terminate your participation in the Program may be appealed per instructions in the Program Vendor Manual.

STREET ADDRESS: \_\_\_\_\_

UNIT NUMBER (IF APPLICABLE) \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: Illinois

HEAD OF HOUSEHOLD NAME: \_\_\_\_\_

HEAD OF HOUSEHOLD SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED VENDOR: \_\_\_\_\_

APPROVED VENDOR STAFF NAME: \_\_\_\_\_

APPROVED VENDOR STAFF SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_