



Community Solar Subscriber Certification and Consent (“Certification and Consent”)

PURPOSE : In signing this Certification and Consent, 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 request income information from the sources listed on this Certification and Consent to verify your household’s income, in order 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 and Consent 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 CONSENT FORM : The head of household of the residence must sign this Certification and Consent. 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.

CONSENT : I consent to allow the Program Administrator to request and obtain income information from the sources listed in this document for the purpose of verifying my household’s eligibility for the Program including, but not limited to the following information:

- ▶ Verification of salary and wages from current or previous employers
- ▶ wage and unemployment compensation claim information from the state agency responsible for keeping that information
- ▶ State and federal tax returns and tax return information

SOURCES OF INFORMATION : U.S. Social Security Administration, U.S. Internal Revenue Service, relevant financial institutions, and/or credit reporting agencies.



VERIFICATION DOCUMENTATION: In order for the Program Administrator to verify my income, I understand that I can provide the following documentation for all income of household members who are 18 years of age or older (choose all that apply):

METHOD A (THIRD-PARTY QUALIFYING PROGRAMS): Documentation of approval or current enrollment in one of the following programs within the last 12 months (check applicable item):

- Low Income Home Energy Assistance Program (LIHEAP)
- Illinois Housing Weatherization Assistance Program
- U.S. Department of Housing and Urban Development (HUD) Project-Based Vouchers
- U.S. Department of HUD Project-Based Rental Assistance
- Supplemental Security Income - Social Security (SSI)
- Supplemental Security Disability Insurance - Social Security (SSDI not SSD)
- Supplemental Nutritional Assistance Program (SNAP)
- Women, Infants, and Children (WIC)
- Temporary Assistance for Needy Families Assistance (TANF)
- Medicaid

METHOD B (TAX TRANSCRIPT): A signed 4506-T IRS form that will allow the program administrator to contact the IRS and request the previous year's income information on my behalf. A completed 4506-T form is needed for each adult household member who files separately.

METHOD C (TAX RETURNS OR PAY STUBS):

- W-2 from previous calendar year
- Last two calendar months' worth of pay stubs for all members of the household who are 18 years of age or older earning more than \$3,500 a year. This method will require documentation of household members, such as copies of driver's licenses or school registration.



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)
TOTAL ANNUAL INCOME :		

I CERTIFY that my household has _____ individuals in it.

I CERTIFY that my household makes no more than 80% of area median income or less 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 I

- Own my unit
- Rent my unit



I CERTIFY that all statements and information furnished in this Certification and Consent 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 and Consent 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 and Consent 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 and Consent may result in ineligibility for, or termination from, the Program. The Program Administrator’s determination of ineligibility or decision to terminate your participation 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: _____