



## **Low-Income Distributed Generation Certification and Consent (“Certification and Consent”) for Whole Building Certification (2+ Units)**

**PURPOSE :** In signing this Certification and Consent, you are authorizing Elevate Energy and/or any of their 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 owner of the real property named in this Certification and Consent which includes a building with 2 or more units must sign this Certification and Consent.

**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 the eligibility for the Program including, but not limited to the following information:

- ▶ Documentation of current residents; and
- ▶ Information related to the rent charged to current residents

**SOURCES OF INFORMATION :** U.S. Social Security Administration, U.S. Internal Revenue Service, relevant financial institutions, and/or credit reporting agencies, U.S. Department of Housing and Urban Development, local housing authorities.



**VERIFICATION DOCUMENTATION:** In order for the Program Administrator to verify the eligibility of my building, I understand that I can provide the following documentation:

- Rent rolls demonstrating payment of monthly housing costs, including utilities other than telephone, of no more than 30% of the maximum allowable income (as pursuant to the Illinois Affordable Housing Act) as defined by the HUD FY19 Fair Market Rent prices for my County; or
  
- Documentation of current enrollment in one of the following programs: (check applicable item)
  - A utility program that requires at least 50% of a building's residents make no more than 80% of area median income, or less
  - Tax-subsidized multifamily programs (e.g., Low-income Housing Tax Credit Program)
  - U.S. Department of Housing and Urban Development (HUD) Project-Based Vouchers or Rental Assistance (a minimum of 50% of units)
  - Illinois Housing Weatherization Assistance Program

I CERTIFY that my building has \_\_\_\_\_ units.

I CERTIFY that my building meets the income eligibility requirements for the Program.

I CERTIFY that I will provide a list of current residents to the Program Administrator.



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 in the Program may be appealed per instructions in the Program Vendor Manual.

**APPLICANT BUILDING STREET ADDRESS:** \_\_\_\_\_

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

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

**PROPERTY OWNER NAME:** \_\_\_\_\_

**PROPERTY OWNER SIGNATURE:** \_\_\_\_\_

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

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

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

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

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