

Community Solar Anchor Tenant Certification and Consent Form for Non-Profits or Public Facilities

2025-2026 PROGRAM YEAR

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 information from the sources listed on this Certification and Consent to verify your organization’s tax status to ensure that the organization named herein is 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: An officer or other representative of the Non-Profit or Public Facility named in this Certification and Consent who is duly authorized to sign and bind the organization or agency named in this Certification and Consent.

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

- Documentation of tax status

SOURCES OF INFORMATION: U.S. Social Security Administration and the U.S. Internal Revenue Service.

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

☐ Documentation of tax status

I CERTIFY that my organization is a:

☐ Non-Profit

☐ Public Facility

I CERTIFY that the building subject to this Certification and Consent meets the eligibility requirements for the Program.

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



ORGANIZATION NAME: _____

ENTITY STAFFING/MANAGEMENT: _____

PERCENTAGE OF BOARD COMPRISED OF MINORITIES: _____

PERCENTAGE OF STAFF COMPRISED OF MINORITIES: _____

CLIENT COMPOSITION: _____

PERCENTAGE OF CLIENTS WHO ARE MINORITIES: _____

This information is not scored but is tracked for program reporting purposes only.

Disclosing this information is optional.

HEAD OF ORGANIZATION NAME: _____

HEAD OF ORGANIZATION SIGNATURE: _____

DATE: _____

PROPERTY OWNER NAME (IF DIFFERENT THAN ABOVE): _____

PROPERTY OWNER SIGNATURE: _____