



Residential Solar (Small) Incentive Certification and Consent Form

2026-2027 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 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 your household must sign this Certification and Consent. Head of household means the person(s) listed as owner(s) on the deed to the property for owner-occupied homes, or the person(s) listed as tenants on the lease or rental agreement for rented homes. The head of your household may also be asked by the Program Administrator to 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 below 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 responsible state agency
- State and federal tax returns and tax return information
- Confirmation of approval or enrollment in a third-party qualifying program

SOURCES OF INFORMATION: U.S. Social Security Administration, U.S. Internal Revenue Service, relevant financial institutions, program administrators of third-party qualifying programs, and/or income reporting agencies, as applicable.

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 (IHWAP)
- Illinois Low-income Discount Rate - Tiers 1, 2, 3, and 4
- U.S. Department of Housing and Urban Development (HUD) Project-Based Vouchers
- U.S. Department of Housing and Urban Development (HUD) Project-Based Rental Assistance
- Supplemental Nutritional Assistance Program (SNAP)
- Medicaid
- Income-Eligible Multifamily Energy Efficiency Programs
- Tax-Subsidized Multi-family Programs
- Illinois Affordable Housing Act
- Aid to the Aged, Blind, and Disabled (AABD)
- Temporary Assistance for Needy Families (TANF)

METHOD B (TAX TRANSCRIPT): A signed 4506-C 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-C form is needed for each adult household member who files separately.

METHOD C (TAX RETURNS, PAY STUBS, OR BENEFITS AWARD LETTERS):

- Most recent Tax Return
 - Pay stubs from the previous 30 days for all members of the household who are 18 years of age or older. This method may require documentation of household members, such as copies of driver's licenses or school registration (if requested).
 - Benefit award letters, such as Social Security (SSA), Supplemental Security Income (SSI), Veteran Affairs (VA), and Social Security Disability Insurance

(SSDI). These letters must show the current monthly benefit amounts and be dated within the current calendar year.

- **METHOD D (SELF-ATTESTATION INCOME-ELIGIBLE COMMUNITIES):** My address is located in an Income-Eligible Census Tract and verified using the [income-eligible census tract mapping tool](#) on the Program website.

INFORMATION OF HOUSEHOLD MEMBERS: As household size and annual income are used to determine eligibility, please list the name, birth month and year (forms containing full birth dates will not be accepted), and annual income for each household member. Each household member 18 and over must indicate their income. If a household member has no income, please enter "0" for their annual income.

NAME	BIRTH MONTH AND YEAR	ANNUAL INCOME (18+)
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. (Determine income-eligibility using this [chart](#))

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): _____

CITY: _____

ZIP CODE: _____ **COUNTY:** _____ **STATE:** Illinois

HEAD OF HOUSEHOLD NAME: _____

HEAD OF HOUSEHOLD SIGNATURE: _____

DATE: _____

HEAD OF HOUSEHOLD RACE: *(NOTE, YOU MAY REPORT MORE THAN ONE GROUP)*

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> Hispanic, Latinx, or Spanish | <input type="checkbox"/> Other (Write In): _____ |
| <input type="checkbox"/> Middle Eastern or North African | _____ |

