

Residential Household Income Screening & Incentive Application

Only complete this application if you occupy the installation property. Information provided in this application may be used to determine the interest rate available to borrower(s) who submit a Credit Application for a loan to pay for the installation of a clean energy project to the property you occupy. Information provided will also be used to determine eligibility for an incentive to further help pay for the installation. Eligibility is based upon the total gross annual income of each household unit that completes an income screening application. Each household unit should complete a separate income screening application.

If you need additional information, call 1-800-361-5663.

y Information – I	nstallation address wh	nere the clean ei	nergy improvement(s) will be made.
	Last Name		
F. 4	Faccil Address		
EXI.	Email Address	5	
			Unit #
	State	Zip	County
Rental Unit			
3-Family Home	4-Family Home	Mobile Ho	me
ormation – Compl	ete this section only if	the property ow	ner is different than the applicant.
	Last Name		
Ext.	Email Addres	S	
on address)			Unit #
	State	Zip	County
mation			
	Constituenc	v-Based Organia	ration Name (if applicable)
	Ext. Rental Unit 3-Family Home ormation - Compl Ext.	Ext. Email Address State Rental Unit 3-Family Home 4-Family Home Ormation – Complete this section only if Last Name Ext. Email Address on address) State mation	Ext. Email Address State Zip Rental Unit 3-Family Home 4-Family Home Mobile Ho Ormation – Complete this section only if the property ow Last Name Ext. Email Address on address)

Electric Utility Name		Account Number		Name on A	ccount	
Electricity is paid by:	Owner Tenant					
Natural Gas Utility Name ((if applicable)	Account Number		Name on A	ccount	
leat is paid by: Owner	r 🗆 Tenant					
section E – Income	Screening for In	terest Rate & Ince	ntive			
ncome information and durrent gross annual inco rom self-employment, bu lages, if needed.	me for all residents of	f the household, age 18	and over,	who are not fu	ıll-time students. If	listing income
Household Occupant Income	First Name	Last Name	Age	Full-Time Student (Y/N)	Income Type (ex. Wages)	Current Ann Income Amount
lousehold Income arner 1				-		\$ \$ \$
lousehold Income arner 2						\$
ousehold Income arner 3						\$
ousehold Income arner 4						\$
				_		\$
st All Non-Income arning Household lembers				-		
Jennoera				-		
Total number of people ew York Customers re you currently eligible for, NYSERDA's EmPower Ne ecurity income. If your hous dditional income document your household has not rec	or have you received wit w York Program, the Nev ehold receives any of the ation other than the awa	w York State Weatherization ese sources of income, plea ard letter.	n Assistand ase provide	e Program, HEAI the service awa	rd letter. You do not r	need to provide a

Tax Returns: Provide a copy of the most recent Federal Income Tax Return (Form 1040, 1040A, or 1040EZ). If the borrower and co-borrower are providing tax returns to document income, all additional household members must also document income by providing tax returns. This option is only available if all household members required to file a return did file a return. If earning rental/self-employment income, submit Schedule C, E, and F along with the return. If you do not have rental/self-employment income, you do not need to provide the Schedules or Forms filed with the return. If you do not have a copy of your return, you may request a transcription of your return to be mailed to you free of charge by completing IRS Form 4506-T or by going to IRS.gov and clicking on "Get a tax transcript", or by calling 1-800-908-9946.

OR

Individual Income Sources: If your current income is significantly different from the income on your last filed tax return, or if you have sources of income not included on your tax return, provide documentation of income for each individual listed in the table above per the table on the following page.



Wages/Salary/Commission	Copy of two most recent paystubs showing year-to-date gross earnings, or letter from employer stating gross year-to-date earnings
Pension/Social Security	Copy of award letter for current year or copy of bank statement showing deposit sources and amounts
401(k)/IRA/Interest Earnings	Copy of brokerage/account statements showing regular pattern of distributions
Alimony	Copy of divorce decree or court order that established the support

Section F – Income-Eligible Incentive Consent & Signatures

By Signing below, I/we certify that all information provided on this application, including statements and documents submitted in connection with this application, are correct and complete to the best of my knowledge. I acknowledge that my project partner has retained Energy Finance Solutions ("EFS"); services offered by Slipstream Inc. ("Slipstream"), to process and underwrite my/our income qualification application. If necessary, I further agree to provide additional information to EFS and Slipstream to underwrite my/our income screening application.

I further acknowledge and agree that my project partner and EFS may share with and disclose to, orally and/or in writing, the project partner(s) identified by me above, or as subsequently identified by me to EFS, the following information regarding this application: whether the application has been pre-approved by EFS, and any additional items requested by EFS in order to complete my income qualification application; whether the application has been approved by EFS, and the approved incentive amount so that my project partner(s) can proceed with scheduling the work; and whether my application has been denied, so that the project partner(s) can determine whether I intend to proceed.

I understand that my signature on this form gives permission for my project partner, or its designee, to verify records necessary to assure my program eligibility. I understand that if I give false information or withhold information in order to make myself eligible for benefits that I am not entitled to, I can be prosecuted to the fullest extent of the law.

I understand this application does not guarantee assistance will be granted but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the number of applicants received, the remaining funding available, and the priorities to be met by the program.

Whether or not the undersigned have elected to sign this document electronically, EFS, and or any subsequent holders of this document, shall have the right to convert and store the manual signature electronically, and the undersigned consents to the use of the electronically stored version in the same manner as an original signed copy.

I understand and intend that a legal signature is formed by entering my name on this and other documents provided to me, and by entering my name on this and other documents provided in relation to this transaction I intend for my electronic signature to have the same force and effect as my manual signature. If any of the parties do not wish to sign this document electronically, all must opt out together and request a paper copy to sign manually.

By entering my name below, I am creating a legally binding signature and confirm that I agree and accept the electronic signature terms and conditions.

One household member listed in Section F is required to sign and date below.

Signature _____ Date _____

Submit completed application to Energy Finance Solutions through one of the following methods:

Mail: Energy Finance Solutions 431 Catalyst Way Madison, WI 53719 **Fax:** 608-249-5788

Email: efs@energyfinancesolutions.com

For more information, please contact Energy Finance Solutions (EFS) **Toll Free:** 1-800-361-5663

