



City of Foster City Solar Grant Program

Residential Solar Photovoltaic (PV) Incentive Program Application

Part I: Applicant Information

All correspondence and payments will be made based on this information.

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Applicant Email: _____

Part II: Installation Location Information

Completion of this section of the application form will "reserve" a \$1,000 Incentive for this project, subject to successful completion and sign-off of the project within one year.

Assessor's Parcel Number: _____
(available at www.smcare.org/apps/ParcelMaps/default.aspx)

Solar Installation Address: _____

Part III: Intent to Apply for Grant Funding

Verify that the following is correct:

- I own the property listed above as the Installation Location.
- I have rights to modify the roof on the above property.
- I plan to own the PV system (leases and power purchase agreements not eligible)
- I understand that failing to ensure that my home is energy efficient before installing renewable energy generation will result the need for a larger and typically more expensive system.

Applicant Signature: _____ Date: _____

Project must be completed within one year of the approval date in the box below or the incentive reservation will be cancelled and the applicant will need to resubmit a reservation request with a new effective date.

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- Unique APN
- Qualifying Property

Reservation Approved: _____ Date: _____

City of Foster City Solar Grant Program Application Form

Part IV: Request for Reimbursement

Upon completion of the project, complete this section to request Incentive Payment.

Assessor's Parcel Number: _____

Please verify that the following is correct:

- I own the property identified at the above APN at which the Solar PV system was installed.
- I own the PV system (leases and power purchase agreements not eligible).
- I have attached proof of payment for costs associated with the installation of my solar PV system in an amount not less than \$1,000.
- I have attached a copy of the final permit, signed by the Building Department.

Having fulfilled the requirements, I request \$1,000 in Incentive Funding from the City of Foster City for installation of a Solar PV System.

Applicant Signature: _____ Date: _____

Completed forms and required documentation should be sent to: City of Foster City Solar Incentive Program, C/O Public Works Department, 610 Foster City Boulevard, Foster City, CA 94404.

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Unique APN Qualifying Property/System Signed Permit Proof of Payment

Qualifications Approved: _____ Date: _____

Check No.: _____ Date: _____

Payable from Account No. 007-0914-431-4279