*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.**

**FOR OFFICIAL USE ONLY**

☐ Unique APN ☐ Qualifying Property

Reservation Approved:_____ Date: _____

**Submit only this page of the form to request the rebate reservation.**

**Upon completion of the project, complete this page of the form to request rebate payment.**

## Part IV: Request for Reimbursement

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.**

**FOR OFFICIAL USE ONLY**

☐ Unique APN ☐ Qualifying Property/System ☐ Signed Permit ☐ Proof of Payment

Qualifications Approved: _____ Date: _____

Check No.: _____ Date: _____

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