



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.

*City of Foster City Solar Grant Program Application Form*

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

**Part IV: Request for Reimbursement**

Applicant Name: \_\_\_\_\_

Installation Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

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 COST and proof of PAYMENT for costs associated with the installation of my solar PV system in an amount not less than \$1,000. (Proof of payment is typically a receipt from the vendor showing "paid" and no balance remaining OR copy of the front and back of a payment check.)
- 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 Cost/Payment

Qualification Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Check No.: \_\_\_\_\_ Date: \_\_\_\_\_

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