



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.

<u>FOR OFFICIAL USE ONLY</u>	
<input type="checkbox"/> Unique APN	<input type="checkbox"/> Qualifying Property
Reservation Approved: _____ Date: _____	

To request the rebate reservation, submit a hard-copy of this page with an original signature to City of Foster City Solar Incentive Program, C/O Public Works Department, 610 Foster City Boulevard, Foster City, CA 94404.

City of Foster City Solar Grant Program Application Form

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: _____

Send completed forms with original signature and required documentation 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