

LEMOORE REDEVELOPMENT AGENCY

Residential Solar Grant Program
Application

Please print or type this form

Address of home \_\_\_\_\_

(Mailing Address, if different than above: \_\_\_\_\_)

Applicant Name(s) Social Security No. Daytime Phone No.
\_\_\_\_\_

HOUSEHOLD INFORMATION

Gross Annual Income \$ \_\_\_\_\_ # of Persons in Household \_\_\_\_\_
(You must attach proof of all sources of income and assets for all family members: Most recently filed IRS 1040 and W-2's, one month's current check stubs, a recent statement from SSA, SSI, Retirement, Child Support, etc., plus one month's bank statements for each bank or investment account and verification of any other assets. You must also attach copies of the Driver's License and Social Security Card for all adult family members.)

Table with 9 columns: Household Size (1-8+), Maximum Household Income (\$48,050 to \$90,600)

Are you the owner of the above property? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently residing at the above address? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this property within the Lemoore Redevelopment Project Area? Yes \_\_\_\_\_ No \_\_\_\_\_
(If you are unsure whether your property is in the RDA Project Area, please contact the Housing Specialist to verify)

Have you used the Residential Solar Grant Program previously? Yes \_\_\_\_\_ No \_\_\_\_\_

I/We certify that the information provided in this application is complete and true, and I/we understand that any misrepresentation may result in my/our disqualification from the above-mentioned program.

All adult family members must sign the application. If additional lines are necessary, please add them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_