



COMMUNITY SOLAR PROGRAM APPLICATION

Enrolling in a community solar garden is a simple way to lower your electricity bill while also supporting clean, renewable energy in Colorado. Energy Outreach Colorado partners with several solar developers to bring this opportunity to Xcel and Black Hills electric customers that are at or below 80% of the Area Median Income.

Households subscribed to the community solar garden will pay less for the energy they use each month. There is no cost to enroll or leave this program, and no equipment installed on your home.

If you are interested in the Community Solar Program, please return a completed application to Energy Outreach Colorado via the email, fax, or mailing address on the following page.

Alternatively, if you are in need of utility bill payment assistance or are interested in LEAP, please call 1-866-HEAT-HELP for more information.

APPLICANT INFORMATION

Full Name _____ Email Address _____

Primary Phone # _____ Date of Birth _____

Number in Household* (Enter ALL in Household): Adults (Age 18-64): _____ Seniors (Age 65+): _____
Children (Age 6 and under): _____ Children (Age 7 - 17): _____

**Note: Household members are only people who live with you for whom you have financial responsibilities. For example, spouses and children are household members, but roommates or members of other families living with you are not.*

Gender Identity: Female Male Non-Binary Other Prefer not to answer

Employment Status: Full Time Part Time Unemployed Retired Other

Is anyone in your household disabled? Yes No

Race: American Indian/Alaska Native Asian Black/African American White/Caucasian Native Hawaiian/Pacific Islander
Other _____ Prefer not to answer

Ethnicity: Hispanic/LatinX/Spanish Not Hispanic/LatinX/Spanish Don't know/prefer not to answer

Preferred Language: English Spanish Arabic French German Korean Russian Vietnamese
Other: _____

How did you hear about this program? _____

ADDRESS INFORMATION

Physical Address _____ County _____

City _____ State _____ Zip _____

Check here if your physical address and mailing address are the same

Mailing Address _____ County _____

City _____ State _____ Zip _____

Housing Type: Apartment / Condo Townhome House / Duplex Mobile Home

Housing Status: Own Rent

ELECTRIC UTILITY ACCOUNT INFORMATION

OFFICE USE ONLY: Premise #

You can find this information on your utility bill. This information MUST be provided and accurate in order to process the application and receive services. Please note that this program is only available to households receiving their electricity from Xcel Energy or Black Hills Energy at this time.

Utility Name: Xcel Energy - Electric Black Hills Energy - Electric

Electric Account # _____ Account Holder's Full Name _____

If applicable, why is the account not in your name? _____ Are you listed on the account? Yes No

What is your primary heating source? Electric Gas Propane Wood Pellets Coal Kerosene Oil

REFERRAL

OFFICE USE ONLY Pre-Approved: Yes No Household Income: _____ Referral Program: _____

Household Assistance and Income Verification Documentation not required if income is pre-approved through a referral program.

Annual Household Income Pre-Tax (entire household income must be represented): \$ _____

HOUSEHOLD ASSISTANCE

Do you currently receive any of the below benefits? Check all that apply:

Aid to the Blind (AB)	Section 8 Housing
Aid to the Needy Disabled (AND)	Women, Infants, and Children (WIC)
Supplemental Nutrition Assistance Program (SNAP)	Temporary Aid to Needy Families (TANF)
Old Age Pension (OAP)	LEAP (Utility Bill Assistance)*

*If you are currently receiving LEAP benefits, or enrolled in the current program year, no Income Verification Documentation is needed.

REQUIRED INCOME VERIFICATION DOCUMENTATION

Applicant MUST submit **ONE** of the paperwork options below with the application (must submit income information for ALL household earners)

Proof of benefit from above list	Most recent income (3 most recent paystubs)	Social Security Income (SSI)
Most recent Tax Return-IRS Form 1040**	Retirement Benefits Letter	Social Security Disability Income (SSDI)
Wages or Tax Statement W-2**	Letter from Employer	Supplemental Security Income (SSI)

** Please remove Social Security Number from documents

APPLICANT AUTHORIZATION

I certify that the information in this application and supporting documentation is accurate and true to the best of my knowledge. I acknowledge that providing false, inaccurate, or incomplete information may result in termination of participation in the program and possible criminal liability. By signing this document, I release Energy Outreach Colorado (EOC) and its partner agencies to exchange with other entities including, but not limited to, energy vendors any essential information about my case that is necessary to obtain resources to meet my needs for assistance. Any information exchanged with third parties will be done so without discrimination and with respect for my rights. This information will be used solely for the purpose of providing me with energy assistance and related services. In addition, I consent to be contacted about other programs and services such as solar subsidies and weatherization that may help me to reduce my long-term energy costs. I hereby release EOC, its officers, directors, employees, agents, and affiliated entities from any liability related to the supplying of the information on this application.

X

Signature of Applicant

Date

APPLICATION SUBMITTAL

Applicants may submit their completed and signed applications to Energy Outreach Colorado.



Mail
Energy Outreach Colorado
Attn: Community Solar Program
303 E. 17th Avenue, Suite 405
Denver, Colorado 80203

Email
solar@energyoutreach.org

Fax
303-547-1888

Questions
303-226-7060

PROGRAM REQUIREMENTS

1. ENERGY OUTREACH COLORADO'S ACCEPTANCE OF A SUBMITTED APPLICATION DOES NOT GUARANTEE THAT THE CUSTOMER OR MEMBER'S HOME WILL RECEIVE ENROLLMENT IN A COMMUNITY SOLAR GARDEN. 2. ENERGY OUTREACH COLORADO DOES NOT GUARANTEE THAT A SPECIFIC LEVEL OF COST SAVINGS WILL RESULT FROM ENROLLMENT IN THE PROGRAM. 3. SAVINGS WILL APPEAR IN THE FORM OF A SOLAR CREDIT ON THE CUSTOMER'S ENERGY BILL, AND THE RATE OF THE CREDIT IS SUBJECT TO CHANGE ANNUALLY PER A TARIFF FILED BY THE UTILITY. 4. ENERGY OUTREACH COLORADO RESERVES THE RIGHT TO MODIFY A CUSTOMER'S ALLOCATION IN THE COMMUNITY SOLAR GARDEN, DEPENDING ON THE CUSTOMER'S ANNUAL ELECTRIC USAGE. 5. CUSTOMERS WHO FALL BEHIND ON THEIR BILL ARE ENCOURAGED TO APPLY FOR ENERGY ASSISTANCE AND TO CALL THEIR UTILITY TO START AN AFFORDABLE PAYMENT PLAN. CUSTOMERS WHO DO NOT SEEK ASSISTANCE IN AN ATTEMPT TO PAY ARREARS MAY BE REMOVED FROM THE SOLAR GARDEN AND/OR DISCONNECTED FROM THE UTILITY. 6. SUBSCRIBERS WHO MOVE MUST CONTACT EOC IN ORDER TO BE RE-ENROLLED IN THE PROGRAM. RE-ENROLLMENT REQUIRES AN ACTIVE ACCOUNT WITHIN THE UTILITY'S SERVICE TERRITORY.