

Community Solar Subsidy Participation Self-Assessment

Basic Information

Full Name

Email Address

Home Address

Eligibility Criteria

Do you currently reside in the area served by a community solar program?

☐ Yes ☐ No

Are you the primary account holder for your electricity bill?

☐ Yes ☐ No

Annual Household Income Range

Do you receive any of the following assistance? (Check all that apply)

☐ SNAP ☐ Medicaid ☐ SSI ☐ None of the above

Participation Interest

Why are you interested in participating in a community solar program?

Additional Comments