*Please carefully review your application form and associated attachments prior to submitting an application to the Residential Clean Energy Rebate Program offered by the Maryland Energy Administration (“MEA”). Be advised that any incomplete or missing information and/or documentation will prevent your application from being approved.*

|  |  |
| --- | --- |
| **Checklist for Application** | |
| ☐ | Applicant has installed a qualified Clean Energy system, is a resident of the State of Maryland, and the installation address is the applicant’s primary residence. |
| ☐ | Applicant and system information has been filled out completely and has been signed and dated by the Applicant. |
| ☐ | Installation Contractor and Project information, including hours worked, has been filled out completely. |
| ☐ | Permit number and Inspection information have been included for all required permits. |
| ☐ | The Residential Clean Energy Rebate Program Funding Opportunity Announcement has been reviewed. This document can be found on the [MEA website](https://energy.maryland.gov/business/Pages/Incentives/CleanEnergyGrants.aspx)[[1]](#footnote-1). |

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| **Required Supporting Documentation to be Submitted with Application** | |
| ☐ | Copies of all final inspections indicating a passed/approved status from all applicable local, State, and federal jurisdictions. |
| ☐ | Itemized $0.00 balance invoice from the Installation Contractor indicating that all costs associated with the installation and commissioning of the clean energy system have been paid-in-full. |
| ☐ | Photograph(s) of the completed clean energy system in operation depicting that the system has been fully installed. |

**Please mail the complete completion package to MEA at the following address:**

**Maryland Energy Administration  
Attn: Residential Energy Rebate Program**

**1800 Washington Blvd, Suite 755  
Baltimore, MD 21230**

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| **Section 1 – Applicant Information (System Owner)** | | | | | | |
| **Legal First Name**  (As shown on your MD income tax return) | | **Middle Initial**  (**Only if** used on your tax return) | | **Last Name, Incl. “Suffix” (i.e., Jr, III)**  (As shown on your income tax return) | | |
| Click to enter | | Click to enter | | Click to enter | | |
| **Email Address of Applicant** | | | | **Phone Number** | | |
| Click to enter | | | | Click to enter | | |
| **Installation Address** | | | **City** | | **State** | **Zip Code** |
| Click to enter | | | Click to enter | | **MD** | Click to enter |
| **County** | | | **Congressional District\*** | | **MD Legislative District\*** | |
| Click to enter | | | Choose an item. | | Choose an item. | |
| **Mailing Address** (If different than Installation Address) | | | **City** | | **State** | **Zip Code** |
| Click to enter | | | Click to enter | | Choose | Click to enter |
| **Primary Point of Contact** | ☐ Applicant ☐ Contractor | | | | | |
| ***\*****Find your Congressional and MD Legislative Districts at* [*https://www.mdelect.net*](https://www.mdelect.net) | | | | | | |

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| **Section 2 – Clean Energy System Information** | | | | | |
| **Clean Energy Technology** | | **System Capacity** | | **Total System Cost** | **Rebate Amount** |
| ☐ | Solar Photovoltaic (PV) | Click to enter | kW DC | Click to enter | $1,000.00 |
| ☐ | Solar Shingles | Click to enter | kW DC | Click to enter | $1,000.00 |
| ☐ | Solar Water Heating (SWH) | Click to enter | Sq. Ft. | Click to enter | $500.00 |
| ☐ | Geothermal Heat Pump (GEO) | Click to enter | Tons | Click to enter | $3,000.00 |

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| **Section 3 – Applicant Signature – CAREFULLY READ THE STATEMENTS BELOW BEFORE SIGNING** | | | | | | | | |
| **I affirm under penalties of law that: 1.** A qualified clean energy system has been installed on the installation property specified in Section 1 of this Residential Clean Energy Rebate Application. **2.** I am a legal resident of the State of Maryland. **3.** I own the property for which I am applying, and it is my primary residence. **4.** *If the property is held in a trust:* I attest that the trust is revocable and that I have the right to remove the property from the trust. **5.** I have complied with all state laws, local ordinances, and other legally-binding requirements. **6.** The contents of this application are true to the best of my knowledge, information, and belief. **7.** I have read and agree to the terms outlined in the Residential Clean Energy Rebate Program FY23 Funding Opportunity Announcement. | | | | | | | | |
| **Print Full Name (As shown on your Income Tax Return)** | OFFICIAL USE ONLY | | | | | | | |
| D13 | | 03 | | 512SA | | 1298 | 23 |
| Click to enter | AGENCY | | FUND | | PCA | | SUB-OBJ | FY |
|  | | | | | |  | |
| **Social Security Number (REQUIRED to issue payment)** | SSN | | | | | | AMOUNT | |
| Click to enter |  | MEA- | | | | |  | |
| PM INIT | MEA INVOICE NUMBER | | | | | DATE RECEIVED | |
| **Handwritten Signature (Typed signatures are not accepted)** |  | | | | |  | | |
| **X** | MEA APPROVAL | | | | | FINANCIAL ADM APPROVAL | | |
| DATE: | | |  | | | | |
| **PLEASE NOTE**  **YOUR APPLICATION IS NOT VALID UNLESS SIGNED** | POSTED: | | |  | | | | |

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| **Section 4 – Permitting & Installation Information** | | | |
| State the Permitting Authority (County or Municipality having jurisdiction) and all applicable permit numbers and dates of final inspections below. Include evidence of passed inspections. | | | |
| Select Y or N: |  |  | ***Final*** Inspections: |
| **Building** Permit Required? | Permitting Authority | **Building** Permit Number | Date ***Passed*** |
| ☐ Y ☐ N | Click to enter | Click to enter | Click to enter |
| **Electrical** Permit Required? | Permitting Authority | **Electrical** Permit Number | Date ***Passed*** |
| ☐ Y ☐ N | Click to enter | Click to enter | Click to enter |
| **HVAC** Permit Required? | Permitting Authority | **HVAC** Permit Number | Date ***Passed*** |
| ☐ Y ☐ N | Click to enter | Click to enter | Click to enter |
| **Plumbing** Permit Required? | Permitting Authority | **Plumbing** Permit Number | Date ***Passed*** |
| ☐ Y ☐ N | Click to enter | Click to enter | Click to enter |
| **Well** Permit Required? | Permitting Authority | **Well** Permit Number | Date ***Passed*** |
| ☐ Y ☐ N | **State of Maryland** | Click to enter | Click to enter |

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| **Project Information** | | |
| Project Start Date | Project Completion Date\* | Total Person-Hours Worked |
| Click to enter | Click to enter | Click to enter |

*\*The date on which the project is fully installed, operational, and all required inspections are passed.*

**The following question applies ONLY to Solar Water Heating Systems (leave blank otherwise):**Please indicate the type of Hot Water Heater replaced by the Solar Hot Water System:

|  |  |  |
| --- | --- | --- |
| ☐ Electric | ☐ Non-electric | ☐ N/A – New Construction |

**The following two questions apply ONLY to Geothermal Systems (leave blank otherwise):**Please indicate the geothermal system type:

|  |  |  |
| --- | --- | --- |
| ☐ Horizontal Loop | ☐ Vertical Well | ☐ Pond/Lake |
| ☐ Other (Please Specify): Click to enter | | |

Indicate the type of HVAC system replaced by the geothermal system:

|  |  |  |
| --- | --- | --- |
| ☐ Electric | ☐ Non-electric | ☐ N/A – New Construction |

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| **Section 5 – Installation Contractor Information** | | | | | |
| Please enter the information for the installation contracting company that installed the clean energy system in the section below. Contractors must be incorporated or registered to do business in the State of Maryland, possess all licenses and certifications required by all applicable Federal, State, and local laws, regulations, and other legally-binding requirements and be in Good Standing with the Maryland State Department of Assessments and Taxation. | | | | | |
| Company Name | | MD License Type | | MD License Number | |
| Click to enter | | Click to enter | | Click to enter | |
| Name of Contact Person | | Title of Contact Person | | | |
| Click to enter | | Click to enter | | | |
| Company Phone number | | Contact Person’s Email Address | | | |
| Click to enter | | Click to enter | | | |
| Company Street Address | City | | State | | Zip Code |
| Click to enter | Click to enter | | Choose | | Click to enter |

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| **For Solar PV Systems Only: MANDATORY NABCEP Certification *(To be completed by Installation Contractor)*** | |
| Name of NABCEP **PV Installation Professional (PVIP)** | NABCEP Certification Number |
| Click to enter | Click to enter |

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| **System and Site Verification by Installation Contractor** | |
| By signing the application below, I affirm that the foregoing information is true and correct to the best of my knowledge, information, and belief. I affirm that each component of the installed system is listed or labeled by a recognized national testing laboratory. In addition, I affirm that I have reviewed the Funding Opportunity Announcement for this program and that the project meets the terms and conditions described in it. | |
| Contractor/Authorized Representative Printed Name | Title |
|  | Click to enter |
| Contractor/Authorized Representative Signature | Date Signed |
| **X** |  |
| Contractor/Authorized Representative Email Address |  |
|  |  |

1. <https://energy.maryland.gov/business/Pages/Incentives/CleanEnergyGrants.aspx> [↑](#footnote-ref-1)