



Residential Grant Application

Maryland Community Solar Grant Program - FY18

The Residential Grant Application and supporting documentation must be submitted to the Maryland Energy Administration after the subscription agreement has been signed by both the subscriber and the subscription organization. **Payment will occur only after the community solar system is operational, but before June 1, 2019.**

Checklist for Applications:

- Grant Applicant (the residential subscriber) information and subscription information has been filled out completely, signed and dated.
- Include a valid email (if possible) and telephone number for communication purposes.** This information will be invaluable to help MEA contact you in the event you move before the project is completed. MEA will not distribute your email or telephone number to any outside party or use it for any purpose other than grant status communication.
- Review the Residential Community Solar Grant Program Terms and Conditions (attached).

Required Supporting Documents from the Applicant:

- Show proof of residence: Copy of Drivers License, or electric bill and a second bill mailed to you at your place of residence.
- Show proof of payment in full (invoice showing a zero balance, an invoice marked "Paid in Full", or other documentation showing the subscription has been fully paid for). *Not to include annual O&M payments.*
- Show proof of your utility (ex. Copy of your monthly bill).

Please Mail the original Application Form and Supporting Documentation to:

**Maryland Energy Administration
Attn: Residential Community Solar Grant Program
1800 Washington Blvd. Suite 755
Baltimore, MD 21230**

Please Mail a Copy of the Application Form to the Subscriber Organization and Keep a Copy for Your Files

Questions about the application or Community Solar Grant Program may be directed to:

David Comis, E: david.comis@maryland.gov, T: 410-537-4064



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A. Applicant Information

Grant Applicant	Legal First Name		Legal Last Name		
	Phone Number		Email (Used ONLY for communication purposes)		
Mailing Address	Applicant Address			Suite/Apt/Bld	
	City	Zip	Maryland County		
	Congressional District			Legislative District	

If you do not know your Congressional or Maryland Legislative District look it up here: <http://mdelect.net>

Are you applying as a Low/Moderate Income (LMI) subscriber?*		Number of Persons in Household								
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 8+

* Low Income Limit: less than or equal to 175% Federal Poverty Level (see table below) ¹

* Moderate Income Limit: less than or equal to 80% of Maryland Medium Income ²

175% of federal Poverty Level (2016 data)

# of Persons in Household	1	2	3	4	5	6	7	8
175%	\$21,105	\$28,420	\$35,420	\$43,050	\$50,365	\$57,680	\$64,995	\$72,310

B. Electricity Usage

Annual Electricity Usage in kWh/year	Your Electric Utility

C1. Project Information (Get Information from Subscriber Organization)

Subscriber Organization Number	Subscriber Organization Name	Project Address	
		City	Zip

¹ Poverty Guidelines, US. HHS (office of the Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/poverty-guidelines>)

² Income Limits. DHCD (Housing and Economic Development Research Office), April 2017. dhcd.marylandgov/housing/development/documents/prhp/2017_MD_income_limits.pdf



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C2. Solar Photovoltaic (PV) System Information (Get Information from Subscriber Organization)

Total System Capacity (kW DC)	Grant Request (\$) **	Kilowatts subscribed

**The residential incentive rate is set as \$80/kW (\$240/kW for LMI subscribers), with a size limit of the lesser of 100% of annual energy use (kWh) divided by 1250 kWh/kW, or 13 kW.

D. Terms and Conditions Compliance

I have read and agree to the terms outlined in the *Residential Community Solar Grant Terms and Conditions*.

E. Applicant Signature

I affirm under penalties of law that a) I am a legal resident of the State of Maryland and b) this is my primary domicile c) the contents of the foregoing application are true to the best of my knowledge, information and belief.

If I have indicated "Yes" as a Low/Moderate Income Subscriber, I consent to allowing the Subscriber Organization to verify this status and inform MEA and the Servicing Utility of the result.

Print Name (required)

Social Security / Tax ID. No.*

Date (required)

SIGN BELOW IN ORIGINAL INK
Your application is not valid unless signed.

X

Original Ink Signature (required)

Photocopied signatures will not be accepted.

OFFICIAL USE ONLY
DATE: _____
POSTED: _____

OFFICIAL USE ONLY				
AGENCY	FUND	PCA	SUB-OBJ	FY
SSN			AMOUNT	
PM INIT	MEA INVOICE NUMBER		DATE RECEIVED	
MEA APPROVAL			FINANCIAL ADM APPROVAL	

*** Social Security Number/Tax ID Number must be on the MEA copy but should NOT be on the Subscriber Organization copy.**

TERMS AND CONDITIONS WILL BE ATTACHED HERE