

## GoSolarSF Supplemental Low-Income Non-SASH Incentive INFORMATION & INSTRUCTIONS

The GoSolarSF program offers a one-time incentive payment to local solar electric projects to reduce the cost of installation. In addition to the GoSolarSF residential incentive (\$400 - \$1,600), low-income households are eligible to receive a supplemental low-income incentive (\$2,000 - \$8,000). GoSolarSF is administered by the San Francisco Public Utilities Commission (SFPUC).

**Please contact the SFPUC at 415-554-3434 or [GoSolarSF@sfgwater.org](mailto:GoSolarSF@sfgwater.org) if you have questions about the GoSolarSF program. GoSolarSF program information is available at [www.solarsf.org](http://www.solarsf.org).**

### Qualifying for a Low-Income Non-SASH Incentive

**Note:** Households that qualify for the SASH program **must** apply for the Low-Income SASH incentive and may not apply for the Low-Income Non-SASH incentives. For more information, go to: [www.solarsf.org](http://www.solarsf.org) and click on the link for “Determine eligibility for Low-Income SASH.”

Complete and submit the attached GoSolarSF Supplemental Low-Income Non-SASH Incentive application. To be deemed a low-income household, the annual household gross income may not exceed the following income guidelines adjusted by household size. Each individual household member age 18 or over must submit income verification documents.

| Household Size | Annual Gross Income |
|----------------|---------------------|
| 1              | \$64,550            |
| 2              | \$73,800            |
| 3              | \$83,000            |
| 4              | \$92,250            |
| 5              | \$99,600            |
| 6              | \$107,000           |
| 7              | \$114,350           |
| 8              | \$121,750           |

*2017 Income Guidelines*

### Completing the Supplemental Low-Income Non-SASH Incentive Application

SFPUC will make a determination on all complete applications. Incomplete applications will be returned. Please use the checklist below to be sure your application package is complete.

**To determine if a household is low-income, applicants must submit the following:**

- A signed GoSolarSF Supplemental Low-Income Non-SASH Application.
- Most recent PG&E bill, showing the account holder’s name and address.
- Two most recent paystubs for each household member age 18 or over. The paystubs must be dated within the past six months. If a household member over age 18 has not worked in the past six months, then the two most recent federal income tax returns must be submitted instead (rather than only one as required below).
- Most recent federal income tax return for each household member age 18 or over, including all schedules and W2s. The tax return must be from the most recently completed tax year.
- If self-employed, submit the two most recent federal income tax returns, including all schedules and W2s.

If a household member age 18 or over does not file his/her own tax returns and is not claimed on the applicant's taxes (for example, a student, an unemployed person, or a retired person), please submit a self-written letter from that person including his/her name, address, a brief statement explaining the lack of income, and his/her signature.

**The Low-Income Non-SASH application and all supporting documents may be submitted by either:**

- Uploading all documents into PowerClerk. Your solar installer has access to the PowerClerk system and can assist you.
- Mailing to: SFPUC, 525 Golden Gate Ave., 7<sup>th</sup> Floor, San Francisco, CA 94102, Attn: GoSolarSF

Note: Please remove your Social Security number from your documents.

### Qualification Process

SFPUC reviews applications and responds within 30 days. Incomplete applications will be returned with a request for additional information. If the applicant's annual household gross income exceeds the guideline, SFPUC will send the applicant a letter explaining why the household does not qualify for the GoSolarSF Low-Income Non-SASH Incentive. If the household income qualifies as low-income, the applicant will receive a letter confirming the low-income qualification, which will be valid for six months. If the applicant would like his/her solar installer to receive notice that the low-income status was approved, part IV of the application must be completed. A copy of the approval letter is required when you apply for the GoSolarSF incentive.

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## Instructions for GoSolarSF Low-Income Non-SASH Incentive Supplemental Application

Please complete the application on the following page.

### **Part I: APPLICANT INFORMATION**

All fields are required except Marital Status.

"Site Address" refers to the address where the solar array will be installed.

### **Part II: EMPLOYER INFORMATION**

Complete if employed.

### **Part III: HOUSEHOLD COMPOSITION**

All fields are required for each occupant age 18 or over.

### **Part IV: SOLAR INSTALLER**

Complete only if you wish to have SFPUC send a copy of the approval letter for low-income status to the installer.

### **Checklist**

- GoSolarSF Supplemental Low-Income Non-SASH Application
- Two most recent paystubs for all occupants that are 18 years old or older (or two most recent federal income tax returns for those who have not worked in the past six months or longer)
- Most recent federal income tax return for all occupants that are 18 years old or older (two required for those who have not worked in the past six months or longer)
- If self-employed, submit two most recent federal income tax returns including all schedules and W2s
- Most recent PG&E bill (please be sure account holder's name and address are on the bill)
- If applicable, a self-written letter by household members age 18 or over who do not file their own tax returns and are not claimed on the applicant's taxes. Household members age 18 or over who are claimed as a dependent and have income must submit proof of income.

If you have questions, please contact the SFPUC at 415-554-3434 or [GoSolarSF@sfgwater.org](mailto:GoSolarSF@sfgwater.org)

## GoSolarSF Supplemental Low-Income Non-SASH Application

Please submit the application along with the required documentation listed on the checklist below. **Fields with asterisk (\*) require a response** or the application will be returned to the applicant. The applicant must be the holder of the PG&E account (referred to as the Host Customer on the GoSolarSF application).

| PART I: APPLICANT INFORMATION   |           |      |      | PART II: EMPLOYER INFORMATION |                   |                    |
|---|-----------|------|------|-------------------------------|-------------------|--------------------|
| Site Address*   |           |      |      | Employer Name                 |                   |                    |
| Applicant Name*   |           |      |      | Employer Street Address       |                   |                    |
| Marital Status  |           |      |      | City and Zip Code             |                   |                    |
| Phone Number*   |           |      |      | Position Title                |                   |                    |
| Email Address*  |           |      |      | How often are you paid?       |                   |                    |
| Number of Units*  |           |      |      |                               |                   |                    |
| PART III: HOUSEHOLD COMPOSITION: income verification required for every occupant age 18 or over   |           |      |      |                               |                   |                    |
|   | Name*     | Sex* | Age* | Relationship*                 | Source of Income* | Claimed on Taxes?* |
| 1   |           |      |      |                               |                   |                    |
| 2   |           |      |      |                               |                   |                    |
| 3   |           |      |      |                               |                   |                    |
| 4   |           |      |      |                               |                   |                    |
| 5   |           |      |      |                               |                   |                    |
| 6   |           |      |      |                               |                   |                    |
| 7   |           |      |      |                               |                   |                    |
| 8   |           |      |      |                               |                   |                    |
| PART IV: SOLAR INSTALLER  |           |      |      |                               |                   |                    |
| If you would like SFPUC to send a copy of the approval letter for the low-income incentive to the installer, please provide the following information. Please note that you must provide an email address for the installer.  |           |      |      |                               |                   |                    |
| Contact Name  |           |      |      |                               |                   |                    |
| Company Name  |           |      |      |                               |                   |                    |
| Company Address   |           |      |      |                               |                   |                    |
| City and Zip code   |           |      |      | Phone Number                  |                   |                    |
| Email Address   |           |      |      |                               |                   |                    |
| PART V: ACKNOWLEDGEMENT   |           |      |      |                               |                   |                    |
| <p>The San Francisco Public Utilities Commission (SFPUC) must verify all the information and obtain any documents needed to verify the information provided. By signing below, I/we certify that all statements made in this application are true to the best of my/our knowledge. I/we fully understand that it is a federal crime and punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts.</p> <p><b>APPLICANT:</b></p> <p>_____</p> |           |      |      |                               |                   |                    |
| Printed Name  | Signature |      |      | Date                          |                   |                    |