



The NSE-Solar for All project is sharing the profits generated by this clean energy with neighbors like you! The Energy Stipend is a direct payment to your electric bill of up to \$500 annually. The Root + Branch team is administering the benefits for the NSE solar project

To be eligible to participate in this Energy Stipend program you must:

- 1) Have a Pepco Electricity bill in your name
- 2) Be income qualified
- 3) Be a resident of the District of Columbia

Please complete the information below. Incomplete or missing information may result in denial or delay in approval of your application. You can learn more about this funding and the NSE Solar for All project at [www.nsesolarforall.com](http://www.nsesolarforall.com)

If you have questions about this program or application please email [solarforall@rootandbranchinc.com](mailto:solarforall@rootandbranchinc.com) or text us your questions to 202.495.1657. You can also call 202.495.1657 and leave a message with your name and number and we will return your call as soon as we can!

Submit this application via email to [solarforall@rootandbranchinc.com](mailto:solarforall@rootandbranchinc.com) with a recent electric bill showing your address and account number. If you selected a category of income eligibility, please also provide proof of eligibility; document(s) must be from within the last year.

Date \_\_\_\_\_

**Name\*** \_\_\_\_\_

Social Security # \_\_\_\_\_

**Address\*** \_\_\_\_\_

Apt # \_\_\_\_\_

**City/State/Zip\*** \_\_\_\_\_

Citizenship \_\_\_\_\_ Gender \_\_\_\_\_

Contact Number\* \_\_\_\_\_

Email \_\_\_\_\_

**Pepco Account Number\*** \_\_\_\_\_

Ward \_\_\_\_\_ ANC, if known \_\_\_\_\_

**\*Required**

**Tell us a little about your home (optional):**

Is this a temporary address? Yes \_\_\_ No \_\_\_

Type of Dwelling: ( ) Single Family ( ) Multi-Family

Are you the homeowner? ( ) Yes ( ) No

Do you own or rent ( ) Own ( ) Rent

Do you currently receive a utility allowance? ( ) yes ( ) no

Are you responsible for paying your electric bill? ( ) Yes ( ) No



neighborhood  
SOLAR EQUITY

**Household and Eligibility (Required)\*:**

**Do any of these apply to you?**

- Existing Temporary Assistance for Needy Families (TANF) recipient
- Existing Supplemental Nutrition Assistance Program (SNAP) recipient
- Existing Supplemental Security Income (SSI) recipient
- Existing District's Housing Choice Voucher Program recipient
- Existing Low Income Energy Assistance Program (LIHEAP) recipient or an
- Existing Residential Aid Discount Program (RAD) recipient
- Another Solar for All program
- None of the above (see next question)

**If yes to any of the above please provide proof of participation in at least one of the programs you are participating dated within the last 12 months. This is all you will need to verify your income eligibility.**

**If no to all of the above please attach with this application:**

Copies of your (1) DC Issued photo ID, (2) Social Security Card, **and** (3) Proof of gross annual income for each individual within the home.

**Tell us a little more about yourself (Optional):**

Primary Language

English  Amharic  Chinese  French  Spanish  Vietnamese  Korean  Other \_\_\_\_\_

I am interested in learning more about District of Columbia programs for:  Weatherization  Solar  Utility discount programs

How did you hear about the Neighborhood Solar Equity program?

DOEE  Housing Up  Salvation Army  Jubilee Housing

George Washington University  NSE Website  Other \_\_\_\_\_



**Application Affirmation and Authorization to Verify Income (Required)**

I swear or affirm that all information on this application, and all information I submitted or will submit in support of this application, is true, correct and complete to the best of my knowledge, ability and belief. My signature on this application grants NSE, or its designee, permission to contact any party necessary to verify the information I have provided.

I understand that I will be notified in the event that this Solar for All assistance is no longer available or if this application is denied.

I hereby grant permission to NSE to provide me with information about programs for which I may also be eligible.

Report Fraud, Waste, Abuse, and Mismanagement to the District of Columbia Office of the Inspector General. Confidential Toll Free Hotline: 1-800-521-1639 or 202-724-TIPS (8477). Email: [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date