Colorado

Clear form

Solar*Rewards Income Qualified Verification Form

The purpose of this form is to verify that the Xcel Energy customer stated below meets the income-based eligibility requirements to participate in Xcel Energy's Solar*Rewards Income Qualified programs for Xcel Energy's Colorado residential electric customers.

Customers' income-based eligibility must be verified by one of the following representing organizations:

- Energy Outreach Colorado (EOC)
- Colorado LEAP Program
- Municipal Housing Authority (Ex. Denver Housing Authority)
- Grid Alternatives
- Colorado Energy Office

To be eligible for Xcel Energy's Solar*Rewards income qualified programs, the customer must meet one or more of the following criteria:

- Median household income less than or equal to two hundred percent of the federal poverty guideline;
- Median household income less than or equal to eighty percent of area median income; or,
- Qualification under income guidelines adopted by the Department of Human Services, pursuant to Section 40-8.5-105, C.R.S.

In addition to meeting the income-based eligibility requirements reflected on this form, the customer's ability to enroll and participate in Xcel Energy's Solar*Rewards income qualified programs is subject to available capacity, program eligibility requirements, and applicable terms and conditions. Xcel Energy and the Colorado Public Utilities Commission may also perform an audit to separately verify that the customer meets the income-based eligibility requirements reflected on this form.

Xcel Energy Customer Information:

Customer Name: _____

Customer Account Number: _____ Customer Premise Number: _____

Customer Address: _____

Customer City:_____ State:_____ ZIP: _____

Representing Organization Verification:

The customer stated above qualifies as an Income Qualified subscriber for the Solar*Rewards Program. This verification is made based on reasonable inquiry into the customer's financial information, and Xcel Energy may rely on this verification without independent inquiry.

Name and Job Title: (printed) _____

Representing Organization: _____

Date eligibility verified: _____

Signature*: _____

*A legal representative of the representing organization