

HOME SOLAR APPLICATION FORM

NAME

CHAPTER

MAILING ADDRESS

HOME LOCATION ADDRESS

PHONE NUMBER

EMAIL ADDRESS

ARE THERE SCHOOL AGE
CHILDREN LIVING AT
YOUR HOME?

YES NO

ELDER IN HOME?

YES NO

DO YOU NOW HAVE ANY
ELECTRIC POWER FROM
ANY SOURCE?

YES NO

WILL YOU ALLOW THE
INSTALLERS ACCESS TO
YOUR ROOF AND HOUSE
INTERIOR?

YES NO

SIGNATURE
