

Household Intake Form

Introduction:

The Solar Ambassador Prize, hosted by DOE, is designed to fast-track community efforts to enhance energy resilience by performing outreach and engagement to disadvantaged Puerto Rican households who qualify for residential solar and battery storage systems. **The information below is being collected for the purpose of identifying eligible households.**

Solar Ambassador Program Privacy Act Statement

The Privacy Act of 1974 (5 U.S.C. § 552a) requires that when the Federal Government requests personally identifiable information from individuals, we tell them our legal right to ask for the information, why we are asking for it, whether providing it is mandatory or voluntary, any effects on individuals not providing it, and how it will be used. The U.S. Department of Energy (DOE) Grid Deployment Office (GDO) established the Puerto Rico Energy Resilience Fund (PR-ERF) to administer a program focused on both residential and community-based energy resilience investments. DOE has launched the Solar Ambassadors Prize to partner with local community-based organizations and non-profit and for-profit entities to assist in collecting information. The purpose of this information collection is to determine an applicant's eligibility to receive rooftop solar and battery storage systems installation under Funding Opportunity Announcement DE-FOA-0003096. This program is authorized by the Consolidated Appropriations Act, 2023 (Public Law No. 117-328).

We are collecting information on income status, electricity dependency (e.g., whether you require electricity for a medical purpose or to operate a medical device), proof of homeownership, rooftop solar readiness, and whether your residence is located in a defined census tract. Providing this information is voluntary but necessary to process your application for approval to receive program benefits. If you choose to apply for the Solar Ambassador Prize, you must provide all requested information. Failure to provide complete information may delay or prevent processing or review of your application for benefits.

This information could be disclosed to the Department of Justice for the purpose of litigating any civil, administrative, or judicial proceeding or criminal prosecution (including the presentation of evidence, disclosures to opposing counsel or witnesses, in discovery, or in settlement negotiations, or in response to a subpoena) where the United States, DOE, or its employees (in their official capacities or where the government has decided to represent them) are parties; and to provide information to congressional offices in response to inquiries made at the request of the individuals to whom the information pertains. The full system of records notice with complete description of routine uses may be found under the heading "Routine Uses" in the system of records notice under DOE-82, Grant and Contract Records for Research Projects, Science Education, and Related Activities, published in the Federal Register at 74 Fed. Reg. 994 (January 9, 2009).

Paperwork Reduction Act Burden Disclosure Statement

Submission of this data is voluntary but is a mandatory requirement to qualify households as eligible for participation in the deployment phase of the Puerto Rico Energy Resiliency Fund (PR-ERF). The data you supply will be used to verify your household's eligibility to receive rooftop solar and (as applicable) battery storage technologies supported by the PR-ERF.

The public reporting burden for this collection of information is estimated to average fifty-five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. No person is required to respond to, nor shall any person be subject to a penalty for failure to comply with this collection of information, unless this collection of information displays a currently valid OMB control number. The OMB Control No. for this collection of information is OMB 1910-5200. Send comments regarding this burden estimate or any other aspect of this collection of information,

including suggestions for reducing this burden, to Office of the Chief Information Officer, Enterprise Policy Development & Implementation Office, IM-22, Information Collection Management Program (OMB 1910-5200), U.S. Department of Energy, 1000 Independence Ave SW, Washington, DC 20585; and to the Office of Management and Budget (OMB), OIRA, Paperwork Reduction Project (OMB 1910-5200), Washington, DC 20503.

Do you want to proceed? Yes, (if Yes, go to Part A) No

Part A: Answer questions 1, 2, and 3 and only proceed if answers to all three questions are 'YES'.

1. Construction-type Eligibility

Is the house a single-family house (i.e., fully detached house, semidetached (side-by-side) house, row house, or townhouse)?

Yes No

2. Income Eligibility

Is at least one of the residents of the household enrolled in or receive benefits from one or more of the following government assistance programs: Low-Income Home Energy Assistance Program (LIHEAP), Nutrition Assistance Program (NAP), or Temporary Assistance for Needy Families (TANF).

Yes No

3. Primary Residence

Is this the primary residence of the homeowner?

Yes No

Part B: Answer questions 4 and 5 and only proceed if answer to at least one question is 'YES'.

4. Energy-Dependent Disability Eligibility

Does at least one of the residents of the household qualify as an *Individual with an Energy Dependent Disability*?

Yes No

If so, select from below all medical devices in use at the household:

Individual with Energy Dependent Disability: Individuals with disabilities that rely on electricity-dependent or battery-dependent medical equipment or assistive technology to live independently or to assist in performing activities of daily living. This includes individuals who are unable to control body temperature and therefore require heating or cooling systems to prevent injury or death, as well as those that rely on medication that is required to be refrigerated. Below is a non-exhaustive list of examples of medical devices considered to rely on electricity-dependent or rechargeable battery-dependent medical equipment or assistive technology:

- | | | |
|--|---|--|
| <input type="checkbox"/> ventilator, | <input type="checkbox"/> electric bed equipment in the | <input type="checkbox"/> right ventricular |
| <input type="checkbox"/> bilevel positive airway pressure (BiPAP) machine, | past 13 months; | assistive device (RVAD), |
| <input type="checkbox"/> enteral feeding machine, | <input type="checkbox"/> oxygen concentrator | <input type="checkbox"/> bi-ventricular assistive device (BIVAD), |
| <input type="checkbox"/> intravenous (IV) infusion pump, | equipment in the past 36 months; | <input type="checkbox"/> total artificial heart (TAH) in the past 5 years. |
| <input type="checkbox"/> suction pump, | <input type="checkbox"/> implanted cardiac devices that include left ventricular assistive device (LVAD), | <input type="checkbox"/> medications that require refrigeration |
| <input type="checkbox"/> at-home dialysis machine, | | |
| <input type="checkbox"/> electric wheelchair, | | |
| <input type="checkbox"/> electric scooter, | | |

If your medical equipment is not listed above but fits the definition, please state it here for consideration:

5. Geographic Eligibility (Last Mile Community)

Is the household located in a [Last Mile Community](#) (a qualifying census block that has a high percent of very low-income households, and experiences frequent and prolonged power outages)?

Yes No

Part C: Please proceed only if the homeowner answered 'Yes' to all questions in Part A; and 'Yes' to at least one question in Part B.

Section 1: Household Data	
Installation Physical Address: House Number and Street Name: City: Zip Code: Municipality:	
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Mailing Address (if different from physical address): House Number and Street Name: City: Zip Code: Municipality:	
Latitude: _____	Longitude: _____
Name of Homeowner: First Name: Middle Name: Paternal Last Name: Maternal Last Name:	
Homeowner's Phone number: () _____ - _____	
Alternate phone number (if identified by the homeowner, someone who lives at or outside the household): () _____ - _____	
Homeowner's Email: _____	

Section 2: Qualifying Resident Data	
Name of Individual enrolled in TANF, PAN, or LIHEAP: First Name: Middle Name: Paternal Last Name: Maternal Last Name:	
Name of Individual with energy dependent disability (if applicable): First Name: Middle Name: Paternal Last Name: Maternal Last Name:	

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Section 3: Document Upload

<p>Proof of enrollment in Low-Income Home Energy Assistance Program (LIHEAP), Nutrition Assistance Program (NAP), or Temporary Assistance for Needy Families (TANF):</p> <ul style="list-style-type: none">o Certificate letter from the Department of the Family	
<p>Proof of <i>Individual with Energy Dependent Disability</i> living in household, please provide the following:</p> <ul style="list-style-type: none">o Photograph of all the electrical medical devices (avoid pictures where the individual is visible) ANDo Letter verifying benefits status (i/e Social Security Administration/SSA, Medicare, Medicaid, Veteran Affairs/VA) OR an official letter signed by a medical doctor or medical institution/program detailing medical need. <p>Benefits verification links: For SSA, Medicare/Medicaid verification: Get benefit verification letter SSA For VA: Download VA Benefit Letters Veterans Affairs</p> <p style="text-align: center;">DRAFT</p>	
<p>Proof of Home Ownership (provide one of the following):</p> <ul style="list-style-type: none">o Property deed,o Most recent year property tax receipt from the Centro de Recaudación de Ingresos Municipales (CRIM) or municipal tax authority,o Screenshot of parcel registration from CRIM web application (https://catastro.crimpr.net/cdprpc/)o Mortgage Statement with property owner name,o If none of the above exists, provide a copy of a notarized affidavit of ownership. If multiple owners, affidavit needs to be signed by all.	
<p>Proof of most recent electric bill</p> <ul style="list-style-type: none">o LUMA electric bill that includes annual consumption and rate schedule information.	

Section 4: Verification of Information
(To be completed by Homeowner)

By completing and submitting this Application to the Federal Government, I certify that I have read, understood, and agree to all the terms and conditions of the Puerto Rico Energy Resiliency Fund (PR-ERF). By signing below, I represent that the information provided on this Application is true, correct, complete, and contains no misrepresentations. I further agree to provide additional information to any contracted parties to review this Application. I understand false statements or misrepresentations to the Federal Government may result in civil and/or criminal penalties under 18 U.S.C. § 1001.

I hereby authorize LUMA to release my electric utility account number and account information. This includes location information for the purpose of allowing [Contracted Party Name] to assess the effectiveness and feasibility of home installation. I further grant [Contracted Party Name] permission to access my electricity usage history and data from LUMA's website.

I understand I must meet eligibility criteria and requirements for enrollment in PR-ERF, including the stated income limits or Electrically Dependent Disability.

Signature: _____
Date: _____

Section 5: Ambassador Statement
(To be completed by Ambassador)

I certify that I aided the homeowner in completing the intake form and uploading the proofs of eligibility facilitated by the homeowner. I certify that all records have been provided to a third party for verification and will not be kept by the Solar Ambassador either in a printed or digital format.

Signature: _____

Organization's name: _____

Date: _____

Section 6: Rooftop Solar Readiness			
	Yes	No	Unsure
Is the single dwelling house 50 years of age or older? years _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the house have any tall surrounding vegetation (trees) and/or large structures (buildings) that may shade the roof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Type (material)	Cement/ Concrete <input type="checkbox"/>	Metal/ Zinc <input type="checkbox"/>	Other: _____
Roof type (flat or inclined/pitched)	Flat <input type="checkbox"/>	Pitched/ Inclined <input type="checkbox"/>	<input type="checkbox"/>

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