AFFIDAVIT CONFIRMING CUSTOMER QUALIFICATION FOR RSIP and RSIP-E LMI INCENTIVE PROGRAM

The undersigned being duly sworn, deposes and says:

1. I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath.

2. I am [Insert Eligible Contractor's Title of Employment] _____ of [Insert Company Name] _____ , an entity formed and existing under the laws of Connecticut, and an Eligible Contractor under the Residential Solar Investment Program (RSIP) and Residential Solar Investment Program Extension (RSIP-E) ("Eligible Contractor").

3. _____ ("Customer"), a potential customer is interested in receiving the Low-to-Moderate Income incentive offered by the Connecticut Green Bank through the RSIP and RSIP-E LMI Incentive Program.

4. I understand that Eligible Contractor is responsible for verifying the income level of Customer and will make the determination as to whether Customer qualifies for the above mentioned incentive.

5. In order to ascertain the qualifications of Customer for the program, I have reviewed and have kept on file (check box):

   ☐ a. Last two pay stubs for all members of the household who are 15 years old and older earning more than $3500 a year and a list of the number of members in the household to confirm whether Customer's household income level qualifies per the RSIP and RSIP-E LMI Incentive Program Guidelines;

   ☐ b. W2 from the previous year calendar year; or

   ☐ c. Documentation of Customer's current enrollment in one of the following programs:

   (Check all that apply for all income-earners in the household)

   ☐ Low Income Home Energy Assistance Program (LIHEAP) - **proof of CURRENT enrollment**
   ☐ Home Energy Solutions – Income Eligible (HES-IE)- **within last month***
   ☐ Supplemental Security Income -Social Security (SSI)- **annual letter**
   ☐ Supplemental Security Disability Insurance - Social Security (SSDI not SSD)
   ☐ Supplemental Nutritional Assistance Program (SNAP)- **monthly letter***
   ☐ Women, Infants, and Children (WIC)- **monthly letter***
   ☐ Temporary Family Assistance (TFA)- **monthly letter***
   ☐ Free and Reduced Price School Meals- **for current school year**
   ☐ State-Administered General Assistance (SAGA) Medical Program- **annual letter**
   ☐ Connecticut HUSKY- **annual letter**
   ☐ Past two (2) consecutive years of Individual Tax Return (IRS Form 1040)

   * **Must be in same month as form signed**

6. I Certify that as a result of this review, Customer has qualified for entrance into the LMI Incentive Program and acknowledge that improper certification of Customer shall subject Eligible Contractor, amongst other things, to criminal or disciplinary action imposed by the Connecticut Green Bank pursuant to the Eligible Contractor's participation in the RSIP, RSIP-E and the LMI Incentive Program, including but not limited to, probation, suspension, or termination from program participation, and/or suspension or termination of incentive or loan payments.

7. I further certify that I am authorized to execute and deliver this affidavit on behalf of the Eligible Contractor.

_____
Signature of Eligible Contractor Date

_____
Printed Name

_____
Signature of Customer Date

_____
Printed Name

_____
Signature of Customer Date

_____
Printed Name