

Green Energy Money \$aver On-Bill Program (GEM\$ or Program) Residential Homeowner Application

GEM\$ On-Bill Program This GEM\$ Application (Application), for residential homeowners, must be submitted and approved **prior** to purchasing or installing your equipment. Approval of this Application does not guarantee funding. GEM\$ funding requires completed installation of the approved Energy Improvement and fulfillment of all terms and conditions contained in this Application and the GEM\$ Program documents. Please complete all fields. Incomplete Applications will delay processing. Only approved Energy Improvements, which have not yet been installed are eligible for GEM\$. Please submit this completed Application to HGIA along with a **copy of your most recent electric utility bill, driver's license or other valid government identification and lease (if applicable)**.

All parties listed on title to the property will need to execute program documents. Properties held in trust may be eligible for financing if all named trustees agree to the term and conditions of the GEM\$ On-Bill Program. A full trust review will be performed if the property is in trust. The review is subject to a \$167.54 fee per trust. Properties with multiple trusts will be subject to additional fees. Paying the trust review fee does not guarantee financing approval.

Should you have questions while completing this Application, please call HGIA at 808-587-3868.

1. PRE-APPLICATION SURVEY

How did you hear about the GEM\$ On-Bill Program? (check all that apply)

- ☐ Contractor
 ☐ Community Organization
 ☐ News/Radio/TV
 ☐ Online (Internet)
 ☐ Utility
☐ Public Event
 ☐ Hawaii Energy
 ☐ Friends & Family
 ☐ Other: _____

Which of these do you have in your home? (check all that apply)

- ☐ Washer; Age of Washer: _____
 ☐ Dryer; Age of Dryer: _____
☐ Kitchen Refrigerator; Age of Kitchen Refrigerator: _____
 ☐ 2ND Refrigerator; Age of 2ND Refrigerator: _____
☐ Chest Freezer; Age of Chest Freezer: _____
 ☐ Solar Hot Water heater; Age of Solar Hot Water Heater: _____
☐ Solar PV System; Age of Solar PV System: _____
 ☐ LED or CFL Light Bulbs
 ☐ WIFI

Which energy savings product(s) would you most likely be interested in installing within the next three (3) years? (check all that apply)

- ☐ Washer
 ☐ Dryer
 ☐ Kitchen Refrigerator
 ☐ Solar Hot Water Heater
 ☐ Solar PV System
☐ LED or CFL Light Bulbs
 ☐ Other: _____

Where are you most likely to go to get assistance or training regarding managing energy costs and finances? (check all that apply)

- ☐ Church
 ☐ Community Event
 ☐ School/Class
 ☐ Online
 ☐ Accountant/Tax Preparer
☐ Financial Advisor
 ☐ Other: _____

Is there anyone you know that could benefit from lowering their energy costs? ☐ No ☐ Yes If yes, please indicate below.

Name: _____ Phone: _____ Email: _____

2. RATEPAYER INFORMATION

The person named on the electric utility account should be the Applicant.

Name on Utility Account (first, middle, last) **Please print name(s) exactly as it appears on your utility bill.**

Utility Account Number: _____

3. ENERGY IMPROVEMENT

Which GEM\$ Approved Energy Improvement would you like to install? (check all that apply)

- ☐ Solar Thermal Hot Water Heater
 ☐ Solar PV Water Heater
 ☐ Heat Pump Water Heater
 ☐ Solar PV System

4. CONTRACTOR INFORMATION

Have you met with a GEM\$ Approved Contractor regarding this installation? ☐ No ☐ Yes If yes, please indicate below.

Contractor Name: _____ Contact Name: _____

5. INSTALLATION ADDRESS

This is the address at which the proposed Energy Improvement will be installed.

Street Address (Street, City, State, Zip)

On which island is this located? (check one box)

- ☐ Oahu
 ☐ Maui
 ☐ Lanai
 ☐ Molokai
 ☐ Hawaii

Type of Residence (check one box)

- ☐ Single Family Dwelling
 ☐ Duplex
 ☐ Townhouse
 ☐ Apartment
 ☐ Other: _____

6. DATA FOR PROGRAM REPORTING PURPOSES

Information and data collected may be used to assess the Program's effectiveness, and results, which will be anonymized and aggregated, may be included in mandatory reporting obligations of the Program.

What is your Annual Household (HH) Income? Please include income from all person(s) occupying the home. \$ _____

What is the total number of people occupying the home? _____

Of this total, how many are Adults? _____ Of the adults indicated, how many are retired? _____

Ages 5 or Younger: _____ Ages 6 to 12: _____ Ages 13 to 17: _____

Number of HH Members at Work/School During the Day? _____ Number of HH Members at Work/School During the Night? _____

Number of HH Members at Home During the Day? _____ Number of HH Members Working From Home? _____

Employer's Name:	Occupation/Position	Work Number
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7. APPLICANT'S INFORMATION

The Applicant is the person named on the utility account named above in Section 2.

Email:	Home Phone:	Cell Phone:
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Mailing Address (if different from Installation Address in Section 5) (street, city, state, zip)

Please list all parties named on Title to the Installation Address in Section 5 (including Trusts)

Other Owner(s)	Relationship to Applicant
Other Owner(s)	Relationship to Applicant

8. SYSTEM OWNER (For Solar Tax Credits)

Name of Entity(ies) or Person(s) who will claim TaxCredit: _____

If the entity(ies) or person(s) claiming the Tax Credit is not one of the Property Owner(s), please indicate relationship to Owner(s): _____

* Please check with your tax advisor. Please also have the name of the system owner added to the EI contract (along with the utility account holder).

9. DISCLOSURE AND AGREEMENT REGARDING GEM\$ APPLICATION

By completing and submitting an Application, I certify that I have read, understand, and agree to all of the terms and conditions of the GEM\$ Program. By signing below, I certify that all information provided on this Application is true, correct and complete. If necessary, I further agree to provide additional information to HGIA to review this Application. I hereby authorize HGIA to retain this Application whether or not it is approved.

I further agree, that HGIA may communicate and share with the Contractor identified in Section 4 above, or subsequently identified by me to HGIA, and disclose orally and/or in writing, the following information regarding this Application: energy usage history; whether this Application has been pre-approved by HGIA and any additional items requested by HGIA in order to complete the processing of my request; whether this Application has been approved by HGIA so that my Contractor(s) can proceed with scheduling the work; and whether this Application has been denied so that the Contractor(s) can determine if there is other financing available and whether I intend to proceed.

I understand and agree that HGIA does not guarantee the security of any data submitted electronically and will not be held responsible or liable for interception by third parties. I understand and agree that in no event will HGIA be liable for any technical, hardware or software failure of any kind, any interruption in the availability of this service, any delay in operation or transmission, any incomplete transmission, computer virus, loss of data, or other similar loss.

As an agency of the State of Hawaii, HGIA is subject to section 92F-12(a)(8) of the Hawaii Revised Statutes, which requires agencies to collect and make available upon request "the name, address and occupation of any person borrowing funds from a state or county loan program and the amount, purpose, and current status of the loan."

I also authorize and grant HGIA unrestricted permission to share the information provided on this Application and subsequent Program information related to the on-bill obligation (OBO), which will be the amount financed by HGIA to install the approved Energy Improvement, until the OBO is paid in full, with HGIA's Servicing Agent, HGIA's Board of Directors, my electric utility, the Public Benefits Fund Administrator (currently known as Hawaii Energy) and the State of Hawaii.

I understand I must meet all eligibility criteria and requirements, including at least an estimated 10% net utility bill savings for each Energy Improvement requested and utilize a GEMS Approved Contractor in order to participate in GEM\$.

The federal Equal Credit Opportunity Act (ECOA) prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission Consumer Response Center Washington, DC 20580 1-877-FTC-HELP (1-877-382-4357) TDD: 1-866- 653-4261 www.ftc.gov.

By signing this Application, I confirm that I have received HGIA's Privacy Notice as part of this Application packet. I also agree that I may, but am not required to, agree to and accept the terms of this Application by electronic means, and that my submission of this Application by electronic means shall be sufficient evidence of my agreement to do so by electronic means.

Applicant's Signature:	Date:
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(Please sign application exactly as it appears on your utility bill.)



AUTHORIZATION FOR RELEASE OF INFORMATION

HGIA Green Energy Money \$aver On-Bill Program (Eligibility and Ongoing Participation)

Customer Name: _____ Date: _____
 (Please print name exactly as it appears on your utility bill)

Service Address: _____
 (Please print Service Address exactly as it appears on your utility bill)

Utility (**must select one**):

☐ Hawaiian Electric ☐ Maui Electric ☐ Hawai'i Electric Light

Utility Account Number: _____

I am applying to participate in the Hawaii Green Infrastructure Authority's ("HGIA") Green Energy Money \$aver On-Bill Program ("Program"). As part of the Program, HGIA needs access to my utility bill information. I understand that information about my utility bill will be shared with HGIA, both initially to evaluate my application and on an on-going basis for as long as I am a participant in the Program. I hereby authorize the utility indicated above to release the following information to HGIA and any of its representatives, agents, and contractors for the Program:

- Information to identify my account, including account numbers and identifiers for my service address.
- Bill history information, including prior disconnects, months of active service, the start date and any future move-out date.
- Information about my current bill and payment, including the dates, amounts, and document numbers.
- Rate information, including whether there is an interconnection agreement for this location, the rate schedule and tariff.

Information about my utility bill will be handled confidentially by HGIA, its representatives, agents and contractors for the Program.

I understand that my authorization will remain effective from the date of my signature until my application evaluation is complete, and for as long as I am a participant in the Program and an on-bill obligation is outstanding at the service address identified above. I also understand that information and data collected may be used to assess the Program's effectiveness and results, which will be anonymized and aggregated, and may be included in Program reports provided to the Hawaii Public Utilities Commission.

I have read and understand the nature of this authorization.

 Name of Customer (Please print name exactly as it appears on your utility bill)

 Signature of Customer
 (Please sign name exactly as it appears on your utility bill)

 Date