

NSHP-2

PAYMENT CLAIM FORM INITIAL APPROVAL FOR SOLAR AS OPTION NEW SOLAR HOMES PARTNERSHIP

[CEC use only]

EPBI annual TDV: _____ Rebate @ _____ =
\$ _____

Reservation Approval Date: _____

Reservation # _____

Project Name
Address or _____

Lot Number _____

1. Confirmation of Reservation Amount

A. Payment Claim Form for Solar Installed on a Specified Number of Homes

_____ has been granted a reservation of \$ _____ for a _____ kW solar system. The reservation will expire on _____. The system is being installed at _____ and is expected to produce _____ (kWh per year). The payment will be made to _____.

The solar system must be completed and the claim submitted with the appropriate documentation by the deadline. Claims must be postmarked by the expiration date or the reservation will expire. This reservation is non-transferable. System must be installed at the installation address and sold to the above.

B. Initial Approval for Solar as Option

This is to confirm that your application to reserve financial incentives through the NSHP has been approved. The amount of funding reserved for your project is _____. This approval is based on the information you provided in your application NSHP-1, dated _____, and any subsequent information you provided.

Please complete Sections 2 and 3 only, sign below, and attach all required supporting documentation to this Form for each residential building with solar installed within 18 months, starting on the date stated above. Some changes may affect the amount of financial incentives you will ultimately be entitled to.

Once this form and all supporting documentation have been submitted and reviewed, the program will issue you a new NSHP-2 Rebate Payment Claim Form with residential building-specific information incorporated.

2. Major System Equipment of Record (Modules, Inverters, Meters)

Quantity	Manufacturer	Model	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. System Details

Total System Price: _____	Lot Number: _____
EPBI annual TDV : _____	Final Address: _____
HERS rater name: _____	Building Permit Signoff _____
HERS rater number: _____	Date: _____
_____	_____

Final Equipment Seller Name and Address:

Final System Installer Name and Address:

4. Modifications

Has any of the information in section 2 or 3 above changed? Yes No

If yes note the changes before claiming payment.

5. Payment Assignment

Is payment assigned to another party?

Yes (Please fill out all the sections below.)

No (Please skip Section 5 and complete all others.)

Assignment Request

I, _____, the designated payee or authorized representative of the payee, hereby assign the right to receive payment for the above noted reservation under the NSHP to the following individual or entity and request that payment be forwarded to this individual or entity at the address below. An STD-204 should be submitted for the person/entity receiving the payment, if not already on record with the Energy Commission.

Name: _____

Address: _____

Phone Number: _____

As the designated payee or authorized representative, I understand that I remain responsible for complying with the requirements of the NSHP and will remain liable for any tax consequences associated with the reservation payment, despite the payment's assignment. I further understand that I may revoke this payment assignment at any time prior to the Energy Commission's processing of the payment by providing written notice to the Energy Commission's Renewable Energy Office.

Signature: _____

Date: _____

Name: _____

Title: _____

6. Signatures

The undersigned parties declare under penalty of perjury that the information in this form and the supporting documentation submitted herewith is true and correct to the best of their knowledge. The parties further declare under penalty of perjury that the following statements are true and correct to the best of their knowledge:

- (1) The electrical generating system described above and in any attached documents meets the terms and conditions of the Energy Commission's NSHP and has been installed and is operating satisfactorily as of the date stated below.
- (2) The electrical generating system described above and in any attached documents is properly interconnected to the utility distribution grid and has or will be issued utility approval to operate the system as interconnected to the distribution grid.
- (3) The rated electrical output of the generating system, the physical location of the system, and the equipment identified were installed as stated above.
- (4) Except as noted above, there were no changes in the information previously submitted for this system.

The undersigned parties further acknowledge that they are aware of the requirements and conditions of receiving funding under the NSHP and agree to comply with all such requirements and conditions as provided in the Energy Commission's NSHP Guidebook and Overall Program Guidebook as a condition to receiving funding under the NSHP. As specified in the NSHP Guidebook, the undersigned Purchaser authorizes the Energy Commission during the term of the NSHP to exchange information on this form with the electric utility servicing the system in order to verify compliance with the NSHP requirements. If a copy of the utility "letter of authorization to operate" the system is not submitted with this payment claim form, the undersigned Builder understands that he/she is obligated to submit a copy of this letter to the Energy Commission once it is received.

<i>Builder</i>	<i>Seller</i>
Print Name _____	Print Name _____
and Title: _____	and Title: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Mail complete payment claim to: California Energy Commission NSHP, Payment Claim 1516 Ninth Street, MS-45 Sacramento, CA 95814-5512	Documents to Attach: <ul style="list-style-type: none"> • Final Building Permit Signoff • Proof of Payment of Final Invoices • Ten-Year Warranty Form • Letter of Authorization to Interconnect 	(For options) Mail update to: California Energy Commission NSHP, Options Update 1516 Ninth Street, MS-45 Sacramento, CA 95814-5512	Documents to Attach: <ul style="list-style-type: none"> • CF-4R • CF-4R-PV
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