

Solar Ambassador 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 one hour 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-NEW**. 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-NEW)**, 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-NEW**, 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, semi-detached (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 receiving 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

Individual with Energy-Dependent Disability: An individual with a disability that relies 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 past 13 months | <input type="checkbox"/> right ventricular assistive device (RVAD) |
| <input type="checkbox"/> bilevel positive airway pressure (BiPAP) machine | <input type="checkbox"/> oxygen concentrator equipment in the past 36 months | <input type="checkbox"/> bi-ventricular assistive device (BIVAD) |
| <input type="checkbox"/> enteral feeding machine | <input type="checkbox"/> implanted cardiac devices that include left ventricular assistive device (LVAD) | <input type="checkbox"/> total artificial heart (TAH) in the past 5 years |
| <input type="checkbox"/> intravenous (IV) infusion pump | | <input type="checkbox"/> medications that require refrigeration |
| <input type="checkbox"/> suction pump | | |
| <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: _____			
Street	Apt/House #	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

Section 3: Document Upload	
Proof of enrollment in Low-Income Home Energy Assistance Program (LIHEAP), Nutrition Assistance Program (NAP), or Temporary Assistance for Needy Families (TANF): <input type="checkbox"/> Certificate letter from the Department of the Family	
Proof of <i>Individual with Energy-Dependent Disability</i> living in household, please provide the following: <input type="checkbox"/> Photograph of ONLY the electrical medical devices (avoid pictures where the individual is visible) AND <input type="checkbox"/> Letter verifying benefits status (i/e Social Security Administration/SSA, Medicare, Medicaid, Veteran Affairs/VA) Benefits verification links: For SSA, Medicare/Medicaid verification: Get benefit verification letter SSA For VA: Download VA Benefit Letters Veterans Affairs	
Proof of Home Ownership, please provide one of the following: <input type="checkbox"/> Copy of property deed, <input type="checkbox"/> Copy of notarized affidavit of ownerships. If multiple owners, affidavit needs to be signed by all. <input type="checkbox"/> Property tax receipts for the last year, <input type="checkbox"/> Utility bills for an account under the homeowner's name for the last 4 months	
Proof of most recent electric bill	

o LUMA electric bill	
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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
(This section is to be completed by the Solar Ambassador during the in-person site visit)

	Yes	No	Unable to assess
Does the house have an intact roof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the house appear to be a single-family dwelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the house have any tall surrounding vegetation and/or trees that may shade the roof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the household have reliable internet connection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>