

Application Deposit Refund Reassignment Request Form



All SOMAH Applicants applying for systems ≥ 10 kW are required to pay an Application Deposit, ranging from \$1,250 - \$20,000 based on the system size (kW). Upon approval of the Incentive Claim Milestone, the Application Deposit will be returned in full to Application Deposit Payor by default, unless the SOMAH PA receives a written request to return the Application Deposit to a another party.

This Application Deposit Refund Reassignment Request Form may be used to designate a different recipient for the application deposit refund to be paid to.

APPLICATION INFORMATION	
SOMAH Application Number	[XXX-SOMAH-XXXX]
Property Name	[Property Name]
Host Customer Company	[Host Customer Company]
Application Deposit Amount	\$0
Application Deposit Paid By	[Application Deposit Payee]
Application Deposit Paid Date	[Deposit Date]
APPLICATION DEPOSIT REFUND RECIPIENT (if other than the Application Deposit Payor)	
Application Deposit Refund Recipient Name	[Deposit Refund Recipient]
Application Deposit Refund Recipient Company	[Deposit Refund Recipient Company]
Mailing Address	[Deposit Refund Recipient Address]
Method of Payment	[Electronic payment or check]
SIGNATURE	
Deposit Refund Recipient	
	Signature
	Date
Application Deposit Payor	
	Signature
	Date