

Solar On Multifamily Affordable Housing Upfront Technical Assistance Request

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Form Version	TAR-V1-2019
Application Number	XXX-SOMAH-XXXXX
Preparation Date	[Date]



APPLICANT	
Requester Name	[Applicant Name]
Company Name	[Applicant Company]

HOST CUSTOMER	
Contact Name	[Host Customer Name]
Contact Type	[Host Customer Contact Type]
Company	[Host Customer Company Name]
Mailing Address	[Host Customer Address]
City, State, Zip Code	[Host Customer City, State, Zip]
Phone Number	[Host Customer Phone Number]
Email	[Host Customer Email Address]
Preferred Contact Method	[Email/Phone]
Best Day Week and Time to Call	[Best Day of Week and Time to Call]

PROJECT SITE INFORMATION	
Site Address	[Project Site Address]
City, State, Zip Code	[Project Site City, State, Zip]
Property Ownership Type	[Property Ownership Type]
Total Number of Units	[Total Number of Units]
Number of Building Stories	[Number of Building Stories]
Number of Buildings on Property	[Number of Buildings on Property]
Valid Certificate of Occupancy	[Yes/No]

HOW DID YOU FIND OUT ABOUT THIS PROGRAM?

[How the applicant heard about SOMAH]

WHAT TYPE OF UPFRONT TECHNICAL ASSISTANCE ARE YOU INTERESTED IN RECEIVING?	
[True/False]	Solar Feasibility (sizing and savings potential analysis)
[True/False]	Financing
[True/False]	Coordination with Non-SOMAH Energy Programs and Upgrades
[True/False]	Contractor Bidding Support
[True/False]	SOMAH Reservation Support

Thank you for your interest in the SOMAH Program. Once your request has been reviewed, a SOMAH PA member will follow up for additional information.