## **Main Street** Energy Efficiency Financing Program



## **Application for Main Street Energy Efficiency Financing Program**

| 0, 11  |                                  |                     |  |                       |                       |                               |  |
|--|----------------------------------|---------------------|--|-----------------------|-----------------------|-------------------------------|--|
| Applicant  |                                  |                     |  |                       |                       |                               |  |
| Full Name  |                                  |                     |  |                       | Date of Birth         |                               |  |
| Home Address   |                                  |                     |  |                       |                       |                               |  |
| Mailing Address (if differ   | ent)                             |                     |  |                       |                       |                               |  |
| City   |                                  | State               |  | Zip                   |                       | Do you occupy this residence? |  |
| Do you own this residence? Home Pho  |                                  |                     | Home Phor  | ne Number             |                       |                               |  |
|  |                                  |                     | How long at this address?                        |                       |                       |                               |  |
| Applicant's Employment Information   |                                  |                     |  |                       |                       |                               |  |
| Name of Employer   |                                  |                     |  |                       | How long at this job? |                               |  |
| Work Address   |                                  |                     |  | Work Number           |                       |                               |  |
| City   |                                  | State               |  | Zip                   | Job or Position       |                               |  |
| Monthly wages or salary?   |                                  |                     | Have you filed or are you filing for bankruptcy? |                       |                       |                               |  |
| Optional: Other sources of income and amount (alimony, child support, other)?  |                                  |                     |  |                       |                       |                               |  |
| Any judgments against your income? If so, how much monthly?  |                                  |                     |  |                       |                       |                               |  |
| Income Other Than Applicant's (Optional)   |                                  |                     |  |                       |                       |                               |  |
| Full Name  |                                  |                     |  |                       | Date of Birth         |                               |  |
| Relationship to Applicant:   |                                  | □ Married           | Married  |                       | ed .                  | □ Other                       |  |
| Name of Employer   |                                  |                     |  | How long at this job? |                       |                               |  |
| Work Address   |                                  |                     |  |                       | Work Number           |                               |  |
| City   |                                  | State               |  | Zip                   |                       | Job or Position               |  |
| Monthly wages or salary?   |                                  |                     | Have you filed or are you filing for bankruptcy? |                       |                       |                               |  |
| Optional: Other sources of income and amount (alimony, child support, other)?  |                                  |                     |  |                       |                       |                               |  |
| Any judgments against your income? If so, how much monthly?  |                                  |                     |  |                       |                       |                               |  |
| By Signing Below the Applicant Certifies the Information In This Application is True and Complete                            |                                  |                     |  |                       |                       |                               |  |
| I own the residence in which the installation or improvements will be done   |                                  |                     |  |                       |                       |                               |  |
| I authorize the city to check my credit and employment history to determine creditworthiness                                 |                                  |                     |  |                       |                       |                               |  |
| • I agree to pay the loan in full if the residence where the improvements are made is sold prior to the loan term expiration |                                  |                     |  |                       |                       |                               |  |
| I agree to follow all the guidelines of the Main Street Energy Efficiency Financing Program                                  |                                  |                     |  |                       |                       |                               |  |
| Applicant's Signature  |                                  |                     |  | Date                  |                       | Qualified Contractor          |  |
| Requested Terms: \$  | •                                |                     | Months   |                       | Monthly Pay           | ment + \$3.00 Admin Charge    |  |
|  | 24 Month Utility Payment History |                     |  |                       |                       | Credit Rating                 |  |
| Approved By (Authorized Pr<br>Supervisor):   | ogram                            | Date Loan<br>Issued |  |                       |                       | Date Work<br>Inspected        |  |