



A not for profit charitable organization

San Diego County Location:
P.O. Box 122232
San Diego, CA 92112
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P: (866) 731-3486

FORM SAF-1AP – Disabled Veteran Request for Solar System Installation Benefit

Instructions: Please complete this application with the most recent information you have available. If you have questions, please call or email The Solar Alliance Foundation.

If you are applying on behalf of an individual (i.e. Case Manager) please provide your Name and Phone Number:

Form with fields for Applicant First Name, Applicant Last Name, Home Address, City, County, State and Zip, Birth date, Phone, Cell, and Email.

Military Service Information (include any pertinent information below)

Form with fields for Branch of Service, Discharge Date, Rank, and Additional Information.

Disability and Personal Information (please provide requested information below)

Form with fields for Are you a Disabled Veteran?, Date of Disability, Percentage of Disability, Please describe your disability, financial effects and needed medical care, Do you own your home?, Do you live with family members?, Who?, Number of dependants, 2012 Individual Income, and 2012 Household Income.

Please tell us about your Average Monthly electrical use (you will need to review a few of your utility bills)

Form with fields for Average Monthly Electric Bill, Average Monthly Kilowatt Hours, Gas Heat? Yes No, and If you require the use of special medical equipment powered or charged by electricity, please describe below.

You may scan and email this form electronically, or you may fill out all requested information and mail to us:

Email: SolarAlliance@SolarAllianceFoundation.org

Mail: The Solar Alliance Foundation
P.O.Box 122232
San Diego, CA 92112