



PROPOSAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

EMAIL ADDRESS: _____

CELL NUMBER: _____ - _____ - _____

LAST 12 MONTHS USAGE (kwh): _____

HOME OWNER'S ASSOCIATION (IF ANY)

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ - _____ - _____

LANGUAGE: ENGLISH SPANISH OTHER: _____

ROOF TYPE: (TILE / SHINGLE / FLAT): _____

ROOF AGE: (APROX. YEARS): _____

IDEAL INFORMATION CHECKLIST

LAST YEAR TOTAL \$ PAID: _____

ARE YOU PURCHASING AN ELECTRIC CAR IN THE FURUTE? IF YES, THE SOLAR SYSTEM NEEDS TO BE 30% BIGGER. YES NO

PHOTO ID

INCOME (W2, 1099, PAYSTUBS)

CO-APPLICANT

HAVE A WATER TREATMENT?

HAVE ALKALINE WATER?

WOULD LIKE SOME REMODELATION?

WOULD LIKE TO ELIMINATE THE GAS BILL? CHANGE GAS APPLIANCES, THE SOLAR SYSTEM NEEDS TO 30% BIGGER