



# Submit completed applications via email or mail below:

Email: ESAPsupport@nvenergy.com

Mail: NV Energy

P.O. Box 883

Aurora, OR 97002-7002

### **Eligible Premise Application Form**

Docortification

Now Application

L New Application L Recentling	ation						
PREFERRED METHOD OF CONTACT (	(Select o	ne):	□ Mail		Email		
Do you currently have a rooftop solar s	□ Yes □ No		No	If you selected Yes, you are not eligible to participate in ESAP.			
ACCOUNT HOLDER/CO-APPLICANT FIRST NAME		ACCOUNT HOLDER/CO-APPLICANT LA			T LAST NAME		MIDDLE INITIAL
CUSTOMER ADDRESS (PREMISE)							
CITY	STATE	ZIP CODE		EMAIL			
19-DIGIT NV ENERGY ACCOUNT #			HOME PHONE			CELL PHONE	
MAILING ADDRESS (IF DIFFERENT FROM PREMISE)			CITY			STATE	ZIP CODE

#### DO YOU OWN A SINGLE-FAMILY HOME?

To certify that a rooftop solar system cannot be installed on your home, please choose **one** of the following reasons and provide the proper documentation:

- Picture(s) of physical obstructions, such as trees, adjacent building, or other items that block the sun.
- Type of roof is not appropriated for solar modules installation (ex: wood shingles).
- Other documentation verifying that a solar system cannot be installed, such as sun hits roof less than 5 hours a day, etc.

By submitting this form, you are certifying that financial constraints are not the reason for not installing a solar system.

#### DO YOU RENT OR LEASE?

Provide **one** of the following:

- Lease Agreement
- Rental Agreement
- Other document verifying renter status

## DO YOU OWN A TOWNHOME, CONDO, OR MULTI-FAMILY HOME?

Provide **one** of the following:

- Picture(s) of entire building with your address visible
- Building schematics
- Building blueprints
- Other documentation verifying that building is multi-family