

PA Sunshine Program
ARRA Funding Compliance
Commonwealth of Pennsylvania

Grant Program: PA Sunshine Program

- This is for residential applications only -

Application Number: _____
Installer Name: _____
Customer Name: _____
Incentive Program: (Circle one) Solar Electric (PV): OR Solar Hot Water (SHW)

Please determine that your residence (select YES or NO for EACH of the following questions):

- YES or NO Is the residence that the system will be installed at 50 or more years old?
- YES or NO Is the residence that the system will be installed at a historical home?
- YES or NO Is the residence that the system will be installed at in a historical district?

I certify that the above information is true and correct and that I am authorized to prepare, sign, and submit this form on behalf of the identified organization. I acknowledge that: the information provided by me on behalf of my organization is material and important; the Commonwealth of Pennsylvania shall rely upon this information in submitting reports to the federal government pursuant to the *American Recovery and Reinvestment Act*, and the Commonwealth shall treat any misstatement, omission or misrepresentation as fraudulent concealment of the true facts, punishable pursuant to 18 Pa. C.S. § 4904.

Signature and Date: _____
Name and Title (Printed): _____

Please return this completed form promptly:

Please send one hard copy of this form with an original signature to:

Attn: Walt Dinda
ARRA PA Sunshine Compliance
P.O. Box 8772
Harrisburg PA.17105-8772

At your earliest convenience, please provide a scanned copy via email of this signed form to Walt Dinda (wdinda@state.pa.us). If you have any questions, please contact Walt Dinda at 717-772-8912.