



Cook County Sun and Save Application

About the Program

Cook County Sun and Save is a residential solar photovoltaic (PV) installation program. The program will help eligible Cook County residents reduce their energy burden, reduce utility costs, and reduce greenhouse gas emissions through solar installation.

The Cook County Sun and Save program is free for residents and fully covers the cost of solar PV installations for eligible owner-occupied homes in Cook County.

The program is available to moderate-income residents whose household incomes are above 80% of the Area Median Income (AMI) and at or below 120% of the AMI (see median income table below). Low-income residents with household incomes less than 80% of the AMI are eligible for the [Illinois Solar for All program](#).

Cook County Sun and Save is being supported, in whole or in part, by federal award number ALN 21.027 awarded to Cook County by the U.S. Department of the Treasury.

Household Eligibility

Each household interested in the Cook County Sun and Save program must file a separate application. Applications will be evaluated based on the following criteria:

Site and Applicant Requirements

- The residence must be in Cook County.
- The residence receiving solar PV installation must be a single-family home or small multi-family home (no more than four units).
- All residences must be owner-occupied. In a small multi-family home, the property owner must live in at least one of the units.
- The applicant must be the property owner of record.
- For roof mount installations, all properties should have a roof that will not need to be replaced within 15 years. The roof must be sufficiently free from shading and other obstructions.
 - Email Cook County Sun and Save at sunandsave@sedac.org in advance if the roof must be replaced as part of the solar installation job.
- For ground mount installations, email Cook County Sun and Save at sunandsave@sedac.org in advance. The solar PV foundation cannot be in a high flood risk zone.

- The applicant must have the legal authority to permit contractors to complete solar PV installation and related work on their property.
 - Check with local jurisdictions if your home is in a historic preservation district or if homeowner association rules apply.
- Completed applications must be emailed to sunandsave@sedac.org.
- The applicant must be at least 18 years old.

Household Income Requirements

Household income must be between 80% and 120% Area Median Income (see table below). For example, a family of four that owns their own home in Cook County with a household gross income between \$88,250 and \$132,360 in 2023 may qualify for the Cook County Sun and Save program.

The Area Median Income charts are updated annually.

https://www.chicago.gov/city/en/depts/doh/provdrs/renters/svcs/ami_chart.html

Area Median Income Chart

Household Size	Area Median Income Limits 2024 - effective April 1, 2024		
	80%	100%	120%
1	\$62,800	\$78,500	\$94,200
2	\$71,800	\$89,700	\$107,640
3	\$80,750	\$100,900	\$121,080
4	\$89,700	\$112,100	\$134,520
5	\$96,900	\$121,100	\$145,320
6	\$104,100	\$130,100	\$156,120
7	\$111,250	\$139,100	\$166,920
8	\$118,450	\$148,000	\$177,600

Applicants must provide an income affidavit in this application along with the previous year’s federal tax return, W2s and/or 1099s for all household members 18 years old or older to verify gross (total) household income.

Only one income affidavit is required per household. If the federal tax return is unavailable, the program requires the income affidavit to be submitted with 3 months of pay statements for all household members 18 years old or older. The Cook County Sun and Save program will verify that the applicant is the property owner of record. Children under the age of 18 living in the home are exempt from income verification.

For more information about how the program calculates Household Gross Income, please see **Appendix 1** at the end of this application form.

Additional Applicant Information Requirements

After the application and solar PV project has been approved, the applicant will receive a link to complete a required demographic survey. This demographic data is confidential and used by Cook

County for federal reporting purposes only. Names and identifying information, such as addresses and contact information, will remain anonymous and will not be used in public reports. The demographic data collected in the survey will not impact eligibility or solar system approval.

Site Visits and Property Access Requirements

The applicant must provide information and reasonable access to their property during the assessment, construction, and project completion phases. The solar PV installers and Cook County Sun and Save personnel will need property access to conduct site reviews, construction, and verification.

For more information about the program or if you have any questions about this application, please email sunandsave@sedac.org.

Application to Cook County Sun and Save

Application Requirements Checklist

- 1. Complete the application below and include all required attachments.
- 2. Attach a copy of the most recent electricity bill for the residence. (Cook County Sun and Save may share the electricity bill with a Qualified Solar Installer for solar PV system sizing purposes.)
- 3. Provide information for income verification.
 - o Income affidavit plus one of the following sets of documentation:
 - Previous year’s federal tax returns and W2s and/or 1099s for all household members 18 years old or older, or
 - Paystubs or earnings statements for all household members 18 years old or older, for the 3 months prior to application
- 4. All property owners named on the property deed have consented to this application and provided their signatures.
- 5. Email the completed application and required attachments to sunandsave@sedac.org.

APPLICANT HOUSEHOLD AND PROPERTY INFORMATION

To be completed by the applicant. All fields in this section are required.

1. Name (First, Last) as it appears on the property deed:		
2. Telephone:		3. Email:
4. Street Address:		5. City:
6. County:	7. State:	8. Zip Code:

9. Name of person receiving electricity bills at this address:
10. If applicable, provide the names of all other owners listed on the deed. (First, Last):
11. Property type: <input type="checkbox"/> Single Family Home <input type="checkbox"/> Multifamily Property (2 units) <input type="checkbox"/> Multifamily Property (3 units) <input type="checkbox"/> Multifamily Property (4 units)
12. Is this property your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. What year was your roof installed? Enter a year: _____ Tell us about any significant shading on your roof: _____
14. How many adults aged 18 years or older, including yourself, are currently living in your home? Enter a number: _____
15. How many children under 18 years old are part of your household? Enter a number: _____
16. What is your household's gross annual income level? (See Appendix 1 for information about calculating gross income.) <input type="checkbox"/> \$0 - \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$51,000-\$75,000 <input type="checkbox"/> \$76,000-\$100,000 <input type="checkbox"/> \$101,000-\$125,000 <input type="checkbox"/> \$126,000-\$150,000

<input type="checkbox"/> \$151,000-\$175,000 <input type="checkbox"/> \$176,000-\$200,000 <input type="checkbox"/> More than \$200,000
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OCCUPANT INFORMATION

List the name and birthdate for all members of the household at this address, including the applicant.

Occupant 1 – Applicant	
Name (First, Last):	Birthdate (Month/Day/Year):

Occupant 2	
Name (First, Last):	Birthdate (Month/Day/Year):
Relation to Primary Applicant:	

Occupant 3	
Name (First, Last):	Birthdate (Month/Day/Year):
Relation to Primary Applicant:	

Occupant 4	
Name (First, Last):	Birthdate (Month/Day/Year):
Relation to Primary Applicant:	

Occupant 5	
Name (First, Last):	Birthdate (Month/Day/Year):
Relation to Primary Applicant:	

Occupant 6	
Name (First, Last):	Birthdate (Month/Day/Year):
Relation to Primary Applicant:	

Occupant 7	
Name (First, Last):	Birthdate (Month/Day/Year):
Relation to Primary Applicant:	

Occupant 8	
Name (First, Last):	Birthdate (Month/Day/Year):
Relation to Primary Applicant:	

*Add additional pages for any additional occupants.

APPLICANT CERTIFICATION AND PROPERTY OWNERS' AGREEMENT TO THIS APPLICATION

I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for denying the application, whenever discovered. _____ (applicant initials)

____ Initial. I understand that the Cook County Sun and Save Program is for households with gross income between 80% and 120% of Area Median Income based on household size. Refer to the Area Median Income table on page 2 and Appendix 1 for more information.

____ Initial. I understand that proof-of-income is a requirement for all adult household members that are a recipient of Cook County Sun and Save Program funds.

____ Initial. I understand that this information is subject to verification by Cook County Sun and Save. I certify that the information presented in this letter is true and correct to the best of my knowledge and belief. Cook County Sun and Save reserves the right to deny any application based on receiving false information regarding household income and number of people living in the home.

____ Initial. I understand that, if Cook County Sun and Save authorizes and provides funds for work at my home and later discovers that household income documentation was falsified, the applicant may be held responsible to pay for the entire project, reimbursing either Cook County Sun and Save or the Solar Company responsible for the installation, at penalty to my credit and savings.

The applicant and all other owners of this property agree to submit this application to Cook County Sun and Save. Completion of an application does not guarantee approval for the program.

<p>Applicant:</p> <p>_____</p> <p><i>Signature</i></p>	<p><i>Date:</i> _____</p>
<p>Property Co-Owner 1 (if applicable):</p> <p><i>Printed Name:</i> _____</p> <p>_____</p> <p><i>Signature</i></p>	<p><i>Date:</i> _____</p>
<p>Property Co-Owner 2 (if applicable):</p> <p><i>Printed Name:</i> _____</p> <p>_____</p> <p><i>Signature</i></p>	<p><i>Date:</i> _____</p>

Attach an additional page with property co-owner names, signatures, and date, if needed.

SELF AFFIDAVIT OF INCOME

I _____ (first name, last name) am providing this affidavit to verify the gross (total) income for all household members aged 18 years or older in my household.

All income verification documents must be attached to the application.

1. I am providing all of last year’s federal tax returns and W2s and/or 1099s for members of my household aged 18 or older. **Check the box that applies to you:**

I am providing last year’s federal tax returns and W2s and/or 1099s for the following members of my household:

Household member name (First, Last)

Not applicable. None of the members of my household aged 18 or older have last year’s federal tax returns and W2s and/or 1099s.

2. If there is household income not accounted for in last year’s tax statements and W2s and/or 1099s, I am providing pay statements for the members of my household aged 18 or older, from the last 3 months. This includes proof of income and wages from positions held during the last 3 months, including all independent contractor jobs. This includes but is not limited to driving for Uber or Lyft; providing grocery or fast-food delivery services through InstaCart or DoorDash; providing in-home or out-of-home adult-care services; child-care services; pet-care services, etc.

Acceptable documentation from **EACH EMPLOYER** that the applicant works for must be provided as an attachment to the income affidavit. Include all relevant statements from the 3 previous months of all pay. Generally accepted documentation includes:

- a. Pay stubs, pay statements, or copies of paychecks for 3 months of previous pay.
- b. In lieu of pay statements, a letter on company letterhead signed by human-resources representative stating your gross income for 3-months prior to solar application may be submitted.
- c. Copies of checks from recurring independent contract jobs.

Check the box that applies to you:

Not applicable. All household income is provided in last year's federal tax returns and W2s and/or 1099s.

I am providing copies or PDF scans of the last 3 months of pay statements, pay receipts, or copies of pay checks for the purposes of calculating household gross income for the following members of my household:

Household member name (First, Last)	Name of employer	Starting date with this employer	Frequency of payment	Annual income from this employer

3. I certify that all household income has been disclosed in this application, for all members of my household aged 18 and older.

Signature of applicant

Printed name of applicant

Date

Appendix 1.

DEFINITION OF INCOME

A. **INCOME:** Income means Cash Receipts earned and/or received by the applicant before taxes during applicable tax year(s) but not the Income Exclusions listed below in Section C. Gross Income is to be used, not Net Income.

B. CASH RECEIPTS: Cash Receipts include the following:

1. Money, wages and salaries before any deductions;
2. Net receipts from self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business);
3. Regular payments from social security, social security disability insurance (SSDI), supplemental security income (SSI), railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments;
4. Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments;
5. Dividends and/or interest;
6. Net rental income and net royalties;
7. Periodic receipts from estates or trusts; and
8. Net gambling or lottery winnings.

C. INCOME EXCLUSIONS: The following Cash Receipts are not considered sources of Income for the purposes of determining applicant eligibility:

1. Capital gains;
2. Any assets drawn down as withdrawals from a bank;
3. Money received from the sale of a property, house, or car;
4. One-time payments from a welfare agency to a family or person who is in temporary financial difficulty;
5. Tax refunds;
6. Gifts, loans, or lump-sum inheritances;
7. College scholarships;
8. One-time insurance payments, or compensation for injury;
9. Non-cash benefits, such as the employer-paid or union-paid portion of health insurance;
10. Employee fringe benefits, food or housing received in lieu of wages;
11. The value of food and fuel produced and consumed on farms;
12. The imputed value of rent from owner-occupied non-farm or farm housing;
13. Depreciation for farm or business assets;
14. Federal non-cash benefit programs such as Medicare, Medicaid, Food Stamps, school lunches, and housing assistance;
15. Combat zone pay to the military;
16. Child support
17. Reverse mortgages; and
18. Payments for care of Foster Children.