



**HAWAII GREEN INFRASTRUCTURE AUTHORITY (HGIA)**  
**Green Energy Money Saver On-Bill Program (GEM\$ or Program)**  
**Energy Services Program Application**

**GEM\$ On-Bill Program.** This GEM\$ Application (Application), for residential homeowners who are interested in leasing a solar PV system, must be submitted and approved **prior** to leasing or installing the solar equipment.

Please complete all fields. Incomplete Applications will delay processing. Only approved Energy Improvements, which have not yet been installed are eligible for GEM\$. Please submit this completed Application to your Contractor along with a **copy of your most recent electric utility bill**. Should you have questions while completing this Application, please call your Contractor or HGIA at 808-587-3868.

**1. PRE-APPLICATION SURVEY**

How did you hear about the GEM\$ On-Bill Program? (check all that apply)  
 Contractor     Community Organization     News/Radio/TV     Online (Internet)     Utility  
 Public Event     Hawaii Energy     Friends & Family     Other: \_\_\_\_\_

Which of these do you have in your home? (check all that apply)  
 Washer; Age of Washer: \_\_\_ Yrs     Dryer; Age of Dryer: \_\_\_ Yrs  
 Kitchen Refrigerator; Age of Kitchen Refrigerator: \_\_\_ Yrs     2<sup>nd</sup> Refrigerator; Age of 2<sup>nd</sup> Refrigerator: \_\_\_ Yrs  
 Chest Freezer; Age of Chest Freezer: \_\_\_ Yrs     Solar Hot Water heater; Age of Solar Hot Water Heater: \_\_\_ Yrs  
 Solar PV System; Age of Solar PV System: \_\_\_ Yrs     LED or CFL Light Bulbs     WIFI

Which energy savings product(s) would you most likely be interested in installing within the next three (3) years? (check all that apply)  
 Washer     Dryer     Kitchen Refrigerator     Solar Hot Water Heater     Solar PV System  
 LED or CFL Light Bulbs     Other: \_\_\_\_\_

Where are you most likely to go to get assistance or training regarding managing energy costs and finances? (check all that apply)  
 Church     Community Event     School/Class     Online     Accountant/Tax Preparer  
 Financial Advisor     Other: \_\_\_\_\_

Do you know anyone who would like to learn how to reduce their energy costs? Please indicate below.  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. RATEPAYER INFORMATION** The person named on the electric utility account should be the Applicant.  
 Name on Utility Account (first, middle, last) **Please print name(s) exactly as it appears on your utility bill.**

Utility Account Number: \_\_\_\_\_

**3. ENERGY IMPROVEMENT**

Which GEM\$ Approved Energy Improvement would you like to install? (check all that apply)  
 Solar Thermal Hot Water Heater     Solar PV Water Heater     Heat Pump Water Heater     Solar PV System

**4. CONTRACTOR INFORMATION**

Have you met with a GEM\$ Approved Contractor regarding this installation?  No     Yes    If yes, please indicate below.  
 Contractor Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**5. INSTALLATION ADDRESS** This is the address at which the proposed Energy Improvement will be installed.

Street Address (Street, City, State, Zip)

On which island is this located? (check one box)  
 Oahu     Maui     Lanai     Molokai     Hawaii

Type of Residence (check one box)  
 Single Family Dwelling     Duplex     Townhouse     Apartment     Other: \_\_\_\_\_

|   |   |
|---|---|
| Please select property type:<br><input type="checkbox"/> Fee <input type="checkbox"/> Leasehold | If leasehold, please select the leasehold type:<br><input type="checkbox"/> DHHL <input type="checkbox"/> DLNR <input type="checkbox"/> HHFDC <input type="checkbox"/> Other: _____ |
|---|---|



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6. DATA FOR PROGRAM REPORTING PURPOSES Information and data collected may be used to assess the Program's effectiveness, and results, which will be anonymized and aggregated, may be included in mandatory reporting obligations of the Program.

What is your Annual Household (HH) Income? Please include income from all person(s) occupying the home. \$ \_\_\_\_\_

What is the total number of people occupying the home? \_\_\_\_\_

Of this total, how many are Adults? \_\_\_\_\_ Of the adults indicated, how many are retired? \_\_\_\_\_

Please indicate the number of children in each age category:

Ages 12 or Younger: \_\_\_\_\_

Ages 13 to 17: \_\_\_\_\_

The sum of all numbers below must equal the Total Number of People Occupying the Home:

Table with 5 columns: Away from home (at work or school) between 8:00 a.m. to 5:00 p.m., Away from home (at work or school) between 4:00 p.m. to midnight, Away from home (at work) between midnight and 8:00 a.m., At home most days and nights (home-schooled child, stay-at home parent, retired), Working from home (telework or home-based business) on an ongoing basis. Rows include Children, Teens/Adult, and Retired Adults.

7. APPLICANT'S INFORMATION The Applicant is the person named on the utility account named above in Section 2.

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address (if different from Installation Address in Section 5) (street, city, state, zip)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_
Employer's Name: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_ Work Number: \_\_\_\_\_
Name of Nearest Relative Not Living with You: \_\_\_\_\_ Relative's Email & Phone: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Please list all parties named on Title to the Installation Address in Section 5 (including Trusts)
Other Owner(s) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_
Other Owner(s) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

8. DISCLOSURE AND AGREEMENT REGARDING GEM\$ APPLICATION

By signing below, I certify that all information provided on this Application is true, correct and complete. If necessary, I further agree to provide additional information to my Contractor and HGIA to review this Application. I hereby authorize HGIA to retain this Application whether or not it is approved.

I further agree, that HGIA may communicate and share with the Contractor identified in Section 4 above, and disclose orally and/or in writing, the following information regarding this Application: energy usage history; whether this Application has been pre-approved by HGIA and any additional items requested by HGIA in order to complete the processing of my request; whether this Application has been approved by HGIA so that my Contractor can proceed with scheduling the work; and whether this Application has been denied so that the Contractor can determine if there are other options available.

If the Application is submitted electronically, I understand and agree that HGIA does not guarantee the security of any data submitted electronically and will not be held responsible or liable for interception by third parties. I understand and agree that in no event will HGIA be liable for any technical, hardware or software failure of any kind, any interruption in the availability of this service, any delay in operation or transmission, any incomplete transmission, computer virus, loss of data, or other similar loss.

I authorize and grant HGIA unrestricted permission to share the information provided on this Application and subsequent Program information related to the GEM\$ on-bill obligation (OBO), which will equal the aggregate amount of monthly payments due under my Energy Services Program Agreement, until the OBO is paid in full, with HGIA's Servicing Agent, HGIA's Board of Directors, my electric utility, the Public Benefits Fund Administrator (currently known as Hawaii Energy) and the State of Hawaii.

I understand I must meet all eligibility criteria and requirements, including at least an estimated 10% net utility bill savings for the solar PV system requested and utilize a GEMS Approved Contractor in order to participate in GEM\$.

The federal Equal Credit Opportunity Act (ECOA) prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection



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Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission Consumer Response Center Washington, DC 20580 1-877-FTC-HELP (1-877-382-4357) TDD: 1-866-653-4261 [www.ftc.gov](http://www.ftc.gov).

By signing this Application, I confirm that I have received HGIA's Privacy Notice as part of this Application packet. I also agree that I may, but am not required to, agree to and accept the terms of this Application by electronic means, and that my submission of this Application by electronic means shall be sufficient evidence of my agreement to do so by electronic means.

|                        |       |
|------------------------|-------|
| Applicant's Signature: | Date: |
|------------------------|-------|

**(Please sign application exactly as it appears on your utility bill.)**



**AUTHORIZATION FOR RELEASE OF INFORMATION**

**HGIA Green Energy Money \$aver On-Bill Program (Eligibility and Ongoing Participation)**

Customer Name: \_\_\_\_\_  
**(Please print name exactly as it appears on your utility bill)**

Service Address: \_\_\_\_\_  
**(Please print Service Address exactly as it appears on your utility bill)**

Island (**must select one**):

- Oahu
- Maui
- Molokai
- Lanai
- Hawai'i Island

Utility Account Number: \_\_\_\_\_

I am applying to participate in the Hawaii Green Infrastructure Authority's ("HGIA") Green Energy Money \$aver On-Bill Program ("Program"). As part of the Program, HGIA needs access to my electric utility bill information. I understand that information about my electric utility bill will be shared with HGIA, both initially to evaluate my application and on an on-going basis for as long as I am a participant in the Program. I hereby authorize Hawaiian Electric to release the following information to HGIA and any of its representatives, agents, and contractors for the Program:

- Information to identify my account, including account numbers and identifiers for my service address.
- Bill history information, including prior disconnection notices, months of active service, the start date and any future move-out date.
- Information about my current bill and payment, including the dates, amounts, and document numbers.
- Information about my current bill in arrears (if applicable), including aggregate amount and number of months past due, if I'm on a payment plan and if a final disconnection notice has been issued.
- Rate information, including whether there is an interconnection agreement for this location, the rate schedule and tariff.
- Information on existing solar system, as applicable, including the system size (kW), year system was placed in service and existing interconnection program.

Information about my utility bill will be handled confidentially by HGIA, its representatives, agents and contractors for the Program.

I understand that my authorization will remain effective from the date of my signature until my application evaluation is complete, and for as long as I am a participant in the Program and an on-bill obligation is outstanding at the service address identified above. I also understand that information and data collected may be used to assess the Program's effectiveness and results, which will be anonymized and aggregated, and may be included in Program reports provided to the Hawaii Public Utilities Commission.

I have read and understand the nature of this authorization.

\_\_\_\_\_  
Name of Customer **(Please print exactly as it appears on your utility bill)**

\_\_\_\_\_  
Signature of Customer  
**(Please sign your name exactly as it appears on your utility bill)**

\_\_\_\_\_  
Date