

ENERGY\$OLUTIONS™

FOR THE HOME

This is not a contract for a loan nor does it lock you into any commitment with a contractor. This is an application that will allow us to proceed with your request for a loan to finance your improvement(s). This will include reviewing your credit history.



CREDIT APPLICATION

Please complete all information requested. Incomplete applications will be returned to you for completion. **You must include a copy of your contractor's estimate and, for loan requests above \$4,000, proof of income** (recent check stub or if self-employed, provide a copy of previous year's federal tax return). Only new projects not yet started are eligible for financing. Upon completion of the application, please submit it and your contractor's estimate and proof of income (if necessary) to:

Energy\$olutionsSM for the Home Program • c/o Energy Finance Solutions • 211 S. Paterson Street 3rd Floor • Madison, WI 53703
Phone for Pre-Approval: 800-600-7066 / Fax to: 608-249-5788

Applicant and Home Information (please print clearly and answer all questions)			
Applicant Name (Last, First, MI)		Title (Optional) <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	
Applicant Social Security Number		Date of Birth	
Joint Applicant or Other Party Name (Last, First, MI)		Title (Optional) <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	
Joint Applicant or Other Party Social Security Number		Date of Birth	
Street Address		City	State/Zip
Installation Address (where improvements are to be made)		City	State/Zip
Home Telephone Number (with area code)	Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own or rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent	Dwelling Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Multifamily (#of units) _____
Years in Home _____		Monthly Mortgage Amount (including taxes & insurance) \$ _____	
		Total Assets \$ _____	

Installation Information (please print clearly and include a copy of your contractor's estimate(s))		
Measure to be Installed: (check all that apply)	Efficiency Level of Measure:	Total Cost of Measure*:
<input type="checkbox"/> Solar Water Heating System _____	_____	\$ _____
<input type="checkbox"/> Other _____	_____	\$ _____
Total Project Cost		\$ _____
Loan Amount Requested (cannot exceed total project cost)		\$ _____
* Include any associated costs such as venting, wiring or other electrical work, warranties, etc.		
Contractor and Address:		
Contractor and Address:		
Loan Term Desired: <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 7 years <input type="checkbox"/> 10 years		

Employment and Income Information (please print clearly and answer all questions)			
Applicant	Joint Applicant or Other Party		
Employer: _____	_____		
Address: _____	_____		
City/State/Zip: _____	_____		
Telephone #: _____	_____		
Years Employed _____	Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Employed _____	Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Monthly Income (before taxes): \$ _____		Gross Monthly Income (before taxes): \$ _____	
Other Income: \$ _____ Source: _____		Other Income: \$ _____ Source: _____	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding			
Employment Category:	<input type="checkbox"/> 1. Agriculture	<input type="checkbox"/> 4. Manufacturing	<input type="checkbox"/> 7. Retail Trade
(Please check one box per applicant)	<input type="checkbox"/> 2. Construction	<input type="checkbox"/> 5. Finance/Insurance/Real Estate	<input type="checkbox"/> 8. Services
	<input type="checkbox"/> 3. Mining	<input type="checkbox"/> 6. Wholesale Trade	<input type="checkbox"/> 9. Government

EFS (White)

Contractor (Yellow)

Customer (Pink)



Occupation (please select one code per applicant)

- | | | | |
|---------------------------|-------------------------------|-------------------------------|-------------------------|
| 100. Executive | 106. Medical | 112. Household/Personal Care | 118. Production Workers |
| 101. Manager/Supervisor | 107. Social/Religious Worker | 113. Clerical Workers | 119. Retired |
| 102. Analysts/Specialists | 108. Legal Practitioner | 114. Administrative/Secretary | 120. Self-Employed |
| 103. Professional | 109. Teacher | 115. Protective Services | 121. Enlisted Military |
| 104. Scientist | 110. Arts/Entertainment/Media | 116. Food Services | 122. Unemployed |
| 105. Technician/Assistant | 111. Sales | 117. Skilled Trade Laborers | 123. Student |

From the above list, please enter the occupation code that applies: Applicant: _____ Joint Applicant or Other Party: _____

If joint application, include Asset and Debt information about both the Applicant and Joint Applicant.

Asset Total

Total Assets (checking balance + savings balance + house + automobile + other assets): \$ _____

Outstanding Debts (attach additional sheet if needed)

Mortgage Holder: _____ Account Number: _____

Name in which the account is carried: _____

Monthly Payments (including taxes): \$ _____ Current Value/Balance: \$ _____

Automobile(s) Creditor: _____ Account Number: _____

Name in which the account is carried: _____

Monthly Payments (including taxes): \$ _____ Current Value/Balance: \$ _____

Other Debts: _____ Account Number: _____

Name in which the account is carried: _____

Monthly Payments (including taxes): \$ _____ Current Value/Balance: \$ _____

Are you obligated to make Alimony, Support or Maintenance Payments? Yes No

If yes, to whom (Name/Address): _____ Amount per Month: \$ _____

Are you a co-maker, endorser, or guarantor on any loan or contract? Yes No

If yes, for whom: _____ To whom: _____ Amount per Month: \$ _____

Are there any unsatisfied judgements against you? Yes No

If yes, to whom owed: _____ Total Amount Owed: \$ _____

Have you declared bankruptcy in the last 7 years? Yes No

If yes, what city/state: _____ Year: _____

Applicant Authorization

All information provided on this application is correct. My (Our) signature below authorizes EFS to perform a review of my credit history for the purpose of approving the loan I am requesting. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status.

Applicant's Signature: _____ Date: _____

Joint Applicant or Other Party's Signature: _____ Date: _____