

**SELF-GENERATION INCENTIVE PROGRAM
HOST CUSTOMER ATTESTATION OF MEDICAL BASELINE PRIMARY
RESIDENCE AND SELF-CERTIFICATION**

I, the Host Customer, _____ [print name of Host Customer] attest that my primary residence is located at _____ [site address].

I occupy my primary residence described above as the _____ [homeowner or tenant]. This primary residence is a _____ [single family home or multi-family building].

I am a customer of _____ [Investor Owned Utility]. I am applying for incentives under the Self-Generation Incentive Program (SGIP) and (1) attest that the Equity Resiliency Budget incentive will be used for energy storage equipment installed at my primary residence listed above, and (2) self-certify that I have a serious illness or condition that is or could become life threatening if utility service is disconnected.

I declare and attest under penalty of perjury that the foregoing is true, correct, and complete to the best of my knowledge.

Executed on this _____ day of _____, 20__ at _____ [City, State].

[Name]

[Signature]