



**Application and Verification Form for Residential Energy
Tax Credit Certification: 2000–2001**

Wind System

OREGON OFFICE OF ENERGY

625 Marion St. NE, Suite 1, Salem, OR 97301-3742
Toll-free: 1-800-221-8035, Salem: (503) 378-4040
Web site: www.energy.state.or.us

FOR OFFICE USE ONLY

| |
|-----------------------|
| File no.: |
| Date received: |
| Tax credit amount: \$ |
| Tax year: |

Please note: We cannot approve your application unless it is complete and signed and receipts are attached.

IDENTIFICATION

| | | | |
|--|--------|-----------------------|--------------------|
| Name: | | Social Security No.*: | |
| Mailing address (street or PO box): | | | Daytime phone: |
| City: | State: | ZIP: | County: |
| Site address (if different): | | | |
| City: | State: | ZIP: | County: |
| If different from mailing address, please explain: | | | |
| Electric utility: | | Natural gas utility: | |
| Net cost of system (from item D.16 of Wind System Worksheet): \$ | | | Installation date: |
| Are you a <input type="checkbox"/> Homeowner or <input type="checkbox"/> Renter? (Landlords, builders and developers are not eligible for the tax credit.) | | | |
| Number of people in household: | | | |

SYSTEM CHARACTERISTICS

System type (check one):

- Utility independent (not connected to electric utility services)
- Utility interactive (connected to electric utility services)
Ask your electric utility about net metering. It allows you to run your meter backwards when you have surplus wind electricity—and get a credit on your bill at the full retail rate.

Generator rating: _____ kW Voltage: _____ AC or _____ DC

Wind turbine: Brand _____ Model No. _____

Estimated first-year energy savings in dollars \$ _____
(From item C.2 of the Wind System Worksheet)

NOTE: The wind system must meet 10 percent of the energy needs of the home to qualify for the tax credit.

TAX CREDIT CALCULATION

| | |
|--|-----------------|
| a. Total kilowatt hours saved (from item C.1 of the Wind System Worksheet) | _____ |
| b. Tax credit factor (60¢ per kilowatt hour saved) | \$0.60 |
| Tax credit amount: Multiply line a by line b (Maximum of \$1,500) | \$ _____ |

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DECLARATIONS AND INSTALLATION VERIFICATION

I understand that the Oregon Office of Energy does not make any warranty concerning the performance, operation, installation, or any other characteristic or feature of this system. Office of Energy approval is only for purposes of obtaining the Oregon Residential Energy Tax Credit. By signing below, I (we) certify that the system described in this application is installed and that the information contained herein is accurate and true.

INITIAL each item below:

_____ A copy of each item listed below is attached:

___ Wind System Worksheet for tax credit

___ Wind resource data

___ Easement (be sure to record it)

___ Sketch of system

___ Map(s) of wind measurement site(s)

___ One-year guarantee

___ Energy bills

___ Manufacturer's spec sheets

___ Calculation worksheets

___ Copy of all applicable state, local and federal permits and licenses

___ Test results according to American Wind Energy Association standards

_____ I give permission to release to the Office of Energy results of utility inspections of my system.

_____ I give the Office of Energy permission to inspect this installation.

Note: Refusing access for inspection may result in denial of this application.

_____ I have received an owner's manual for my system.

_____ **I have attached proof of payment for this installation:** a copy of the canceled check **plus** an itemized contract **or** an itemized contract, invoice, or receipt marked "paid" by the contractor and dated.

_____ I give permission to release to the Office of Energy my electric utility records. **(Voluntary)**

Have you received a tax credit through the Oregon Residential Energy Tax Credit program for a prior year? Yes No If yes, what year? _____ For what type of system? _____

On occasion, the Oregon Office of Energy is asked to disclose information from your application. We are required by law to comply. Your name, address and other information may be released. The Office of Energy does not endorse any company to whom the information is released.

Each investor must sign below. If two or more persons are investing in this device and file separate tax returns, give names, addresses and amounts invested.

Signature: _____ Date: _____

Signature of other investor: _____ Date: _____

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DECLARATIONS AND INSTALLATION VERIFICATION (CONTINUED)

Name, addresses and amounts invested by investors filing separate tax returns:

Name: _____ Address: _____ Amount invested: \$ _____

Name: _____ Address: _____ Amount invested: \$ _____

Name: _____ Address: _____ Amount invested: \$ _____

I declare that this system meets all the requirements of ORS 469.160 through 469.180. I have supplied the required consumer information and the estimated annual savings for this system to the person claiming this credit. All necessary permits have been obtained prior to system installation. To the best of my knowledge, the system meets all local building codes and requirements of the Oregon Office of Energy. The Oregon Office of Energy may require changes in the system to make it conform with ORS 469.160 through 469.180 and OAR 330-70-010 through 330-70-097. The installer/contractor agrees to make any changes required by the Oregon Office of Energy. By signing below I certify that the system described in this application is installed and that the information contained herein is accurate and true.

Installer / contractor (please print): _____

Contractor's signature: _____

Construction Contractor's Board no.: _____ Date: _____

**Attach proof of payment and send the original of this form to:
Oregon Office of Energy, 625 Marion St. NE, Suite 1, Salem, OR 97301-3742**