



COMMUNITIES IN CHARGE

S I T E V E R I F I C A T I O N F O R M





Communities in Charge Site Verification Form

This document is required by all applicants to Communities in Charge

Communities in Charge Applicants who do not own the property where the proposed infrastructure installation site is located must provide authorization to the satisfaction of Communities in Charge Staff that the installation work is authorized by the owner of the real property (Property Owner) and the Applicant. Communities in Charge Staff reserves the right to require that Applicant and Owner provide such further information as may be required to review and approve an Applicant’s application. **All fields below are required to be completed.**

PROJECT SITE. Please complete as follows:

The installation address must match that of the project site address included across all documentation submitted to Communities in Charge Staff. Do not use a PO Box. If no physical address can be shared for the project site, a Parcel Number or Latitude/Longitude may be used. City and state are required regardless.

Installation Address:

City:

State: California

Zip Code:

Parcel Number (if applicable)

Latitude/Longitude (if applicable)
format as latitude, longitude with preferably 5 or more decimal places

Any EVSE made accessible to the general public must be available at least 18 hours a day, seven days a week, excluding Federal Holidays, in accordance with the definition of “Publicly Accessible EVSE” in the Implementation Manual.

Yes No

Will EVSE at this project site be made accessible to the public? Select ‘No’ if this is intended for private use.

Please provide the total annual operating hours for your project site.
(e.g. 354 operating days x 18 hours = 6,372 hours)

Address associated with the utility meter (only if different from above Installation Address):

APPLICANT. Please complete as follows:

The Applicant is the entity or organization that will receive the incentive payment. The Applicant must be the entity to incur project costs to be eligible for incentives. The Applicant may be the Site Owner, their authorized lessee, or their authorized representative.

Applicant Organization Name:
(must match all documentation provided to Communities in Charge Staff)

Organization Address:

City:

State:

Zip Code:

Primary Contact Name (first and last):

Primary Contact Title:

Primary Contact Organization (if different from Applicant Organization):

Publish Date: August 2025



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Primary Contact Phone:	
Primary Contact Email:	
Please provide an alternate contact in the event the primary contact above cannot be reached.	
Alternate Contact Name (first and last):	
Alternate Contact Title:	
Alternate Contact Organization (if different from Applicant Organization)	
Alternate Contact Phone:	
Alternate Contact Email:	
Please complete these required Applicant attestations.	
<i>The Applicant hereby attests that the project site is eligible under the definitions laid out in the Funding Wave 4 Implementation Manual, namely that the site is either a multi-family housing property, or a multi-family housing related property within 1/8 mile (660 feet) walkable distance from a multi-family housing site(s), and either publicly available or available to at least one resident of at least one unit within an eligible multi-family housing property. Applicant further acknowledges that if a project site is found to be ineligible by these definitions, their Application and Award is subject to cancellation.</i>	
Is the project site a multi-family housing property or multi-family housing <i>related</i> property?	<input type="checkbox"/> Multi-family housing property <input type="checkbox"/> Multi-family housing <i>related</i> property
If the project site is a multi-family related property, provide the name and address of at least one multi-family property within 1/8-mile walkable distance:	Name:
	Address:
<i>Applicant hereby represents and warrants to Communities in Charge Staff: (i) that all the foregoing information is true and correct; and (ii) that the undersigned has been duly authorized by Applicant to execute and submit this Site Verification Form on behalf of the Applicant. Applicant acknowledges and agrees that Communities in Charge Staff is relying on Applicant's foregoing certifications in reviewing and approving of Applicant's application.</i>	
Signature of Certifying Officer of Applicant:	
Printed Name:	Title:
Date:	

PROPERTY OWNER. Please complete as follows:

Provide the name of the company, city, trust, organization, or individual that owns the property where the project site will be located ("Owner").

Property Owner Name:	
Contact Name (first and last):	
Phone:	Email:



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The undersigned, on behalf of _____ (“Owner”), hereby represents and warrants to Communities in Charge Staff (i) that Owner is the property Owner located at

(Street Address) _____

(City) _____ (State) California (Zip) _____

Parcel Number, if applicable: _____ Latitude, Longitude, if applicable:
_____ (“Property”);

(ii) the Property Owner is the Applicant or has consented to Applicant’s installation of certain EV charging station equipment at the property; and (iii) that the undersigned has been duly authorized to execute and submit this Site Verification Form to Communities in Charge Staff. Owner acknowledges and agrees that Communities in Charge Staff is relying on Owner’s certifications of the information described above in reviewing and approving of Applicant’s application.

Signature of Property Owner or Certifying Officer of
Property Owner:

Printed Name:

Title:

Date: