



# Statement of Certification

## Residential Homeowner

### Statement:

Kennedy Skylights certifies that the:

- SOLAR ATTIC FAN 10 & 12 WATT UNITS**
- SOLAR ATTIC FAN 20 & 24 WATT UNITS**
- SOLAR ATTIC FAN 30 & 36 WATT UNITS**
- SOLAR ATTIC FAN 50 & 60 WATT UNITS**
- SOLAR ATTIC FAN GABLE UNITS**

qualify for federal tax credits in the Solar Energy Systems category under Photovoltaic Systems as defined in the **The Energy Policy Act of 2005**.

In order to qualify, the Kennedy Skylights Solar Attic Fan products must have been placed in service on January 1, 2009 through December 31, 2019 on an existing or new construction residential home. Units installed on rental properties do not qualify for tax credits. In addition, the products must have been properly installed meeting all applicable building, electrical and fire codes.

The homeowner is eligible to receive a 30% federal tax credit on the solar panel portion of the unit as well as any installation costs incurred. There is no cap on the cost amount on which a tax credit can be claimed on qualifying photovoltaic systems in accordance to the Energy Policy Act of 2005.

To claim a tax credit, this Statement of Certification is not required to be filed with the tax forms, but income tax regulations require taxpayers to have appropriate documentation to qualify for a tax credit. Please complete the form below and keep it with your tax records. Also, keep the receipt for the system including installation costs.

Disclaimer: This Statement of Certification was prepared on January 1, 2011 in accordance to the qualifications for tax credits as the law states on this date. Kennedy Skylights cannot guarantee the products eligibility if the current requirements or laws change after 1/1/11. Kennedy Skylights recommends consulting a tax professional if considering filing for a tax credit. More information about tax rebates is available from the IRS. Kennedy Skylights is not responsible or liable for a taxpayers ability to receive tax credits.

### Residential Certification: *Please fill out and keep with your tax records*

\_\_\_\_\_  
Taxpayer Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Address

\_\_\_\_\_  
Product(s) Installed

Material Cost (inc tax): \_\_\_\_\_

Date Purchased: \_\_\_\_\_

Date Installed: \_\_\_\_\_