

Income Eligibility Certificate
Self-Certification Form of Income Eligibility
for Full Incentive Energy Efficiency Services

This statement is made to verify my household income. The Public Utility Commission of Texas has authorized energy efficiency programs to reduce the electric usage of income eligible households.

Name: _____			
Street Address: _____			Apartment Number _____
City: _____		State TX	Zipcode _____
Area Code _____	Phone Number _____	Number of Persons in Household _____	

Step 1. Fill out the Income Calculation Worksheet. To Accurately determine your household income you must include the income of all persons residing in your home from all sources. To determine the amount in each category enter the amount(s) on the check or benefit statement.

- Wages from full or part-time employment as shown on paystub or W-2 form
- Unemployment or Worker's Compensation
- Social Security
- Retirement Income
- Child Support and/or Alimony
- All other earnings

TOTAL HOUSEHOLD INCOME

(Add the amount entered on each line to figure your total household income.)

Amount per week / month / year (circle one)

Step 2. Compare your total household income per week, month or year to the amount shown in the table below for the number of persons in your household. If your total household income is equal to or less than the amount shown in the table you are income eligible.

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$25,760	\$2,147	\$537
2	\$34,840	\$2,903	\$726
3	\$43,920	\$3,660	\$915
4	\$53,000	\$4,417	\$1,104
5	\$62,080	\$5,173	\$1,293
6	\$71,160	\$5,930	\$1,483
7	\$80,240	\$6,687	\$1,672
8	\$89,320	\$7,443	\$1,861

Notice: Income ceilings must be calculated based on the federal poverty guidelines as published annually in the *Federal Register*. Annual updated income ceilings are posted on www.puc.state.tx.us.

Under penalty of perjury, I certify that the above declaration is true and correct. I understand that the information is subject to audit and investigation by the Public Utility Commission of Texas.

Applicant signature	Date	Contractor signature	Date
_____	_____	_____	_____

The information provided on this form will be used solely for the purpose of determining whether your household is eligible for this program and will be kept confidential by the Service Provider and by the Public Utility Commission of Texas. It will not be sold or provided to any other party. Keep a copy of this form for your records.