



WELCOME

2022 RESIDENTIAL LOW INCOME VALIDATION PRESENTATION

JANUARY 31, 2022

Carl Brown

AGENDA





LOW INCOME VERIFICATION



The Energy Efficiency programs Oncor manages are regulated by the Public Utility Commission of Texas (PUCT).

- In 2021 the PUCT reviewed the existing guidelines, forms and processes utilities use to verify household income eligibility for customers wanting to participate in any of the Low-Income programs.
- As a result the PUCT as made several changes to these guidelines, forms and processes that the utility can use to verify and qualify household income for participation in Low-Income programs.

NEW INCOME VERIFICATION FORMS



Low-Income Program

Low-Income Weatherization program introduces four (4) new income verification categories on the new forms that are now required.

- Single-Family (four or less units or owner-occupied)
- Multifamily Apartment Complex (five or more units)
 - Tenant Household Income Determination Worksheet
- Service providers <u>MUST NOT</u> use any Income forms from 2021

SINGLE-FAMILY FOUR OR LESS UNITS OR OWNER-OCCUPIED



	This statement is made to verify my household income eligib energy efficiency programs to reduce the utility bills of incom programs receive higher incontive payments when you are ir enable the contractor to provide the improvements at a very will not affect your eligibility for other program benefits in	e-elig ncome low o	ible househo e-eligible. Thost or no cos	olds. Contr e purpose	actors participating in the of the higher payment is to
	The information provided below will be used solely for the purpose of determining hous other representative and by the Public Utility Commission of Texas and their contracto.	sehold e v. It will i	ligibility and will b not be sold or pro	e kept confider vided to any of	itial by the investor-owned utility contractor or her party.
	Name				
	Street Address			Apartment I	kumber
	City			State	Zip Code
	Phone Number with Area Code		Number of P	TX ersons in Househ	old
	() -				
I	Category 1A: Eligible through other programs or se	ervice	es		
	with this form): Bureau of Indian Affairs (BIA) General Assistance Federal Public Housing Assistance (FPHA) Food Distribution Program on Indian Reservations (FDPIR) Health Benefit Coverage under Child Health Plan (CHIP) Low-Income Energy Assistance Program (LIHEAP) or Comprehensive Energy Assistance Program (CEAP) Medicaid (includes CHIP)		(Food Stamp Supplements Temporary A (TANF) Texas Lifelin Tribal Head s income-quali	al Security II assistance for e Discount Start (only h fying standa	or Needy Families
	Medicare, Qualified Beneficiary		(Tribal TANF Veterans Per		it or Survivors Pension Benefit
	National School Lunch Program—Free Lunch Program		Veterans Per	nsion or Sur	vivors Benefit Programs
	Section 8 Housing Voucher		- condition of		
	Your signature is required on the last page of this form.				
	Category 1B: Eligible through community action or (COMPLETED BY UTILITY, COMMUNITY A				E AGENCY)
	I certify the named household participates in one of the programs in agency qualifies participation.	n Cate	gory 1A or oth	ner low-inco	me program service for which our
	Agency Name Contact Name				one Number with Area Code) -
ı	Category 1C: Eligible through geographic location			PROVIDE	

gory 2:	Eligible through income verifi	ication (Do Not Comp	lete if 1A, 1B, or 1C	completed above)
ources.	To accurately determine your <u>hous</u> To determine the amount of income tion must be provided (all persona	in each category, enter th	e amount(s) on the che	ck or benefit statement. Su
	rill out the Income Calculation Amounts listed are shown (☑che		Monthly 1	Veekly
	Source of income		2.0	Amount (\$)
	Wages from full- or part-time emp or W-2 form	loyment as shown on a pa	rystub	
	Unemployment or worker's compe	ensation		
	Social security			
	Retirement income			
	Child support or alimony			
	All other earnings			
	Total household income (add the amount entered on each	line to figure your total ho	usehold income)	\$0.00
1	Compare your total household below for the number of perso If your total household income is 200 Percent of Health and	ns in your household equal to or less than th	ne amount shown in t	he table, you are income
	below for the number of perso If your total household income is	ns in your household equal to or less than th	ne amount shown in t	he table, you are income
	below for the number of perso If your total household income is 200 Percent of Health and Size of family unit	ns in your household equal to or less than the Human Services (HHS) Annual income \$ 25,520	ne amount shown in the amount shown in the Poverty Guidelines—I Monthly Income \$ 2,127	the table, you are income to be updated Weekly income \$ 491
	below for the number of person If your total household income is 200 Percent of Health and Size of family unit 1	ens in your household equal to or less than the Human Services (HHS) Annual income \$ 25,520 \$ 34,480	Poverty Guidelines— Monthly income \$ 2,127 \$ 2,873	he table, you are income to be updated Weekly income \$ 491 \$ 663
	below for the number of perso If your total household income is 200 Percent of Health and Size of family unit	ns in your household equal to or less than the Human Services (HHS) Annual income \$ 25,520	ne amount shown in the amount shown in the Poverty Guidelines—I Monthly Income \$ 2,127	the table, you are income to be updated Weekly income \$ 491
	below for the number of person If your total household income is 200 Percent of Health and Size of family unit 1 2 3	ns in your household equal to or less than th Human Services (HHS) Annual income \$ 25,520 \$ 34,480 \$ 43,440 \$ 52,400	Poverty Guidelines Monthly income \$ 2,127 \$ 2,873 \$ 3,620 \$ 4,367	he table, you are income to be updated Weekly income \$ 491 \$ 663 \$ 835 \$ 1,008
	below for the number of person If your total household income is 200 Percent of Health and Size of family unit 1 2 3 4 5	ns in your household equal to or less than the Human Services (HHS) Annual income \$ 25,520 \$ 34,480 \$ 43,440 \$ 52,400 \$ 61,360	Poverty Guidelines Monthly income \$ 2,127 \$ 2,873 \$ 3,620 \$ 4,367 \$ 5,113	he table, you are income to be updated Weekly income \$ 491 \$ 663 \$ 835 \$ 1,008 \$ 1,180
	below for the number of person If your total household income is 200 Percent of Health and Size of family unit 1 2 3 4 5	ns in your household equal to or less than the Human Services (HHS) Annual income \$ 25,520 \$ 34,480 \$ 43,440 \$ 52,400 \$ 61,360 \$ 70,320	Poverty Guidelines Monthly income \$ 2,127 \$ 2,873 \$ 3,620 \$ 4,367 \$ 5,113 \$ 5,860	he table, you are income to be updated Weekly income \$ 491 \$ 663 \$ 835 \$ 1,008 \$ 1,180 \$ 1,352
	below for the number of person for your total household income is 200 Percent of Health and Size of family unit 1 2 3 4 5 6 7	ns in your household equal to or less than the Human Services (HHS) Annual Income \$ 25,520 \$ 34,480 \$ 43,440 \$ 52,400 \$ 61,360 \$ 70,320 \$ 79,280	Monthly income \$ 2,127 \$ 2,873 \$ 3,620 \$ 4,367 \$ 5,113 \$ 5,860 \$ 6,607	he table, you are income to be updated Weekly income \$ 491 \$ 663 \$ 835 \$ 1,008 \$ 1,180 \$ 1,352 \$ 1,525
	below for the number of person for your total household income is 200 Percent of Health and Size of family unit 1 2 3 4 5 6 7 8	ns in your household equal to or less than the Human Services (HHS) Annual Income \$ 25,520 \$ 34,480 \$ 43,440 \$ 52,400 \$ 61,360 \$ 70,320 \$ 79,280 \$ 88,240	Monthly income \$ 2,127 \$ 2,873 \$ 3,620 \$ 4,367 \$ 5,113 \$ 5,860 \$ 6,607 \$ 7,353	he table, you are income to be updated Weekly income \$ 491 \$ 663 \$ 835 \$ 1,008 \$ 1,180 \$ 1,352 \$ 1,525 \$ 1,697
	below for the number of person fly your total household income is 200 Percent of Health and Size of family unit 1 2 3 4 5 6 6 7 8 Each additional person, add:	ms in your household equal to or less than the Human Services (HHS) Annual Income \$ 25,520 \$ 34,480 \$ 43,440 \$ 52,400 \$ 61,360 \$ 70,320 \$ 79,280 \$ 88,240 \$ 8,960	Monthly Income \$ 2,873 \$ 3,620 \$ 4,367 \$ 5,113 \$ 5,860 \$ 6,607 \$ 7,353 \$ 747	he table, you are income to be updated Weekly income \$ 491 \$ 663 \$ 835 \$ 1,008 \$ 1,180 \$ 1,352 \$ 1,525
N BELO	below for the number of person fly your total household income is 200 Percent of Health and Size of family unit 1 2 3 4 5 6 6 7 8 Each additional person, add: * Notice: Income ceilings are for Annual updates are posted on 1 W: I certify that the above info is subject to audit and investi	ns in your household equal to or less than th Human Services (HHS) Annual Income \$ 25,520 \$ 34,480 \$ 43,440 \$ 52,400 \$ 61,360 \$ 70,320 \$ 79,280 \$ 88,240 \$ 8,960 February 1, 2022—Janualtp://www.puc.texas.gov/irmation and declarati	Monthly Income \$ 2,127 \$ 2,873 \$ 3,620 \$ 4,367 \$ 5,113 \$ 5,860 \$ 6,607 \$ 7,353 \$ 747 ry 31, 2023. ndustry/electric/forms/ on are true and corr	he table, you are income to be updated Weekly income \$ 491 \$ 663 \$ 835 \$ 1,008 \$ 1,180 \$ 1,352 \$ 1,525 \$ 1,697 \$ 172
4 BELO	below for the number of person for your total household income is 200 Percent of Health and Size of family unit 1 2 3 4 5 6 6 7 8 Each additional person, add: 'Notice: Income ceilings are for Annual updates are posted on 1 W: I certify that the above infolis subject to audit and investirvices.	ns in your household equal to or less than th Human Services (HHS) Annual Income \$ 25,520 \$ 34,480 \$ 43,440 \$ 52,400 \$ 61,360 \$ 70,320 \$ 79,280 \$ 88,240 \$ 8,960 February 1, 2022—Janualtp://www.puc.texas.gov/irmation and declarati	Monthly Income \$ 2,127 \$ 2,873 \$ 3,620 \$ 4,367 \$ 5,113 \$ 5,860 \$ 6,607 \$ 7,353 \$ 747 ry 31, 2023. ndustry/electric/forms/ on are true and corr	he table, you are income to be updated Weekly income \$ 491 \$ 663 \$ 835 \$ 1,008 \$ 1,180 \$ 1,352 \$ 1,525 \$ 1,697 \$ 172

MULTIFAMILY APARTMENT COMPLEX (5 OR MORE UNITS)



	family Apartment Complex (five ne Eligibility for Full-Incentive E		y Services						Complex (five or more unit				
						100000			200 BES				
	orm is to verify that at least 75 percent					Cate	gory	2: Eligible	through income verification	(Do Not Complete	if 1A, 1B or 1C	completed above	e)
house	nission of Texas has authorized ene holds. Contractors participating in t is qualify as income-eligible. One for	the programs rec	eive higher incention	e payment	s when at least 75 percent of the				t to be eligible, at least 75 perc ral poverty guidelines.	ent of the tenant ho	usehold incomes	before taxes are	at or below
	mation provided below will be used solely for the			, ,		STE	P 1:		Apartment Complex Income	Calculation Works	heet. (Excel or I	hard copy must l	be include
	resentative and by the Public Utility Commission of							To accurate	rm) ly determine tenant <u>househol</u> d	d income, you may	use the tenant re	ntal application si	howing the
	Name of Applicant (Property Owner or Agent)	me of Applicant (Property Owner or Agent) Name of Property Owner						number of in	dividuals residing in the unit a	nd the household inc	come dated from	within the past 18	8 months. If
	Name of Multifamily Apartment Complex	me of Multifamily Apartment Complex Number of Units in Complex					the tenant(s)	plication does not show the re) must complete the Single-Fa rm. Supporting documentation	mily Income Eligib	ility for Full-Inc	entive Energy Ef		
	Name of Management Company			Name of 6	On-Site Property Manager	STE	P 2:	Compare th	e tenant's total household in	come per week. m	onth, or year to	the amount sho	wn in the
	Complex Street Address			Suite Nun	rbar	11		less than the	for the number of persons re amount shown in the table, the ble, the unit is eligible for the re	esiding in the unit. ne unit is income-elig	If the total house lible for the full in	ehold income is e	qual to or
	City			State	Zip Code			income-eligii	200 Percent of Health and Hu			to be undated	
	Property Owner or Agent's Phone Number with Area (Code	For North	TX ber with Area Code					Size of family unit		Monthly income		
	() -	Code	(I -					Size of family unit	\$ 25.520	\$ 2,127	\$ 491	
	Management Company's Phone Number with Area Co	code	Face Numb	per with Area Code	•				2	\$ 34.480	\$ 2,127	\$ 663	
	() .		,	, ,		Carl			3	\$ 43,440	\$ 3,620	\$ 835	
Categ	gory 1A: Eligible through oth	her programs or	r services						4	\$ 52,400	\$ 4,367	\$ 1,008	
The n	nultifamily apartment complex qual	lifies in one or mo	ore of the programs	s listed belo	w				5	\$ 61,360	\$ 5,113	\$ 1,180	
	heck all that apply, digital or pape ired with this form):	er copy of proof	of participation s	uch as the	land use restriction agreement				6	\$ 70,320	\$ 5,860	\$ 1,160	
	fordable Housing Disposition Prog	gram [Project-Based S	Section 8					7	\$ 79,280	\$ 6,607	\$ 1,525	
=	IOME Rental Housing Developmen	100000	Rural Rental Se		FMHA)				8	\$ 88,240	\$ 7,353	\$ 1,697	
=	ow-Income Housing Tax Credit Pro	Marrie and	=		Assistance Program				Each additional person, add:	\$ 8.960	\$7,555	\$ 172	
	with less than 25 percent of units at			goot recital	Assistance Program				* Notice: Income ceilings are for		*****		
	fultifamily Bond Program with less than 25 percent of units at		Texas Housing	Trust Fund		STE	P 3:	Fill out the	Annual updates are posted on I Apartment Complex Income	http://www.puc.texas.gov	industry/electric/form	ns/	
	ublic Housing Authority	[Other Income-C	lualifying H	ousing Program				Apartment Complex Incom	ne Calculation Summ	ary N	umber of units	
(Texas Housing Association)		Program Name:						Number of income-eligible u				
Categ	ory 1B: Eligible through con								Number of non-income-eligit	ble units, including vac	ant units		
	(COMPLETED BY UT	TILITY, COMMU	NITY ACTION, OR	SOCIAL S	SERVICE AGENCY)				Total number of units	and annual reasons are			
	the named multifamily complex or 75			one of the	programs in Category 1A or other				Percentage of income-eligibi	le units		96	
	ome program service, which our agenc		ation.						(income-eligible units divided		f units)		
Aguncy	Nama	Contact Name			Contact Phone Number with Area Code				of income-eligible units" (calcu		ercent or higher,	please certify the	•
Categ	gory 1C: Eligible through ge (COMPLETED BY U			TIVE OR P	ROVIDER)	I certi	ify that	the above inf	formation and declaration are tr	ue and correct. I und			ect
(☑ c	heck box if applies):							ture (Property Owne		Date			
	lousing and Urban Developmen	nt (HUD) Low-In	come Housing-Q	ualified Co	ensus Tract or Block	Contra	actor Sign	ature		Date			
						Keep	а сор	y of this form	for your records.				
Rev	. 11/2021				Page 1 of 2	Re	v. 11/2	021				Page 2 of 2	

MULTIFAMILY APARTMENT COMPLEX WORKSHEET (5 OR MORE UNITS)



Verification Date:	10/15/2019		% Qualified=	96.3%
# of Units:	80		∕∘ Quaimeu=	90.5%
# Qualified:	77			

Public Utility Commission of Texas

Tenant Household Income Determination Worksheet

Instructions: This worksheet must be completed if you check Category 2 on page one of the application. The household and income information must be from within the last 18 months. You may make copies of [or add additional rows to] the worksheet if there are more than 40 units in the multi-family property.

Apartment #	Household Size	Date of Income	Househol	ld Income	Self Certification	Eligible (Y/N)	
Apartment #	Household Size	Verification	\$	рег	Category 1 (Y/N)		
211	3	10/14/2019	\$16,605	year	N	Y	
212	2	9/1/2019	\$19,417	year	N	Y	
213	1	1/13/2019	\$8,328	year	N	Y	
214	4	9/10/2019	\$24,600	year	N	Y	
215	2	8/1/2019	\$21,744	year	N	Y	
216	1	4/30/2019	\$10,332	year	N	Y	
217	1	6/1/2019	\$13,393	year	N	Y	
218	2	10/1/2019	\$17,676	year	N	Y	
221	4	4/1/2019	\$12,324	year	N	Y	
222	2	9/1/2019	\$10,771	year	N	Υ	
223	2	11/21/2019	\$14,724	year	N	Y	
224	3	10/17/2019	\$12,674	year	N	Υ	
225	3	2/11/2019	\$25,632	year	N	Y	
226	1	1/14/2019	\$13,543	year	N	Υ	
227	1	7/9/2019	\$19,061	year	N	Y	
228	2	9/1/2019	\$22,397	year	N	Υ	
232	2	2/1/2019	\$9,252	year	N	Y	
233	1	9/1/2019	\$7,895	year	N	Υ	
236	2	1/1/ 2019	\$10,443	year	N	Y	
237	4	3/4/2019	\$41,086	year	N	Υ	
311	3	6/8/2019	\$0	year	N	Υ	
312	2	1/10/2019	\$19,460	year	N	Υ	
313	2	12/3/2018	\$11,658	year	N	Υ	
314	3	10/2/2019	\$23,462	year	N	Y	
315	1	10/3/2019	\$10,779	year	N	Υ	
316	2	3/20/2019	\$19,342	уеаг	N	Y	
317	2	3/27/2019	\$7,704	уеаг	N	Y	
318	2	2/28/2019	\$16,120	уеаг	N	Υ	
321	2	1 1/1/ 2018	\$5,616	уеаг	N	Y	
322	1	6/4/2019	\$8,893	уеаг	N	Y	

INCOME CATEGORIES



Category 1A: Eligible through other programs or services

Category 1A: Eligible through other programs	or services
The multifamily apartment complex qualifies in one or (check all that apply, digital or paper copy of proceedured with this form):	more of the programs listed below of of participation such as the land use restriction agreement
Affordable Housing Disposition Program	Project-Based Section 8
☐ HOME Rental Housing Development	Rural Rental Section 515 (FMHA)
Low-Income Housing Tax Credit Program (with less than 25 percent of units at market rate)	Section 811 Project Rental Assistance Program
Multifamily Bond Program (with less than 25 percent of units at market rate)	Texas Housing Trust Fund
Public Housing Authority (Texas Housing Association)	Other Income-Qualifying Housing Program Program Name:

 Documentation: Verify LIW form is completed and supporting program documentation was provided – <u>Signature is required on the last page of this</u> <u>form - Form(s) uploaded in EEPM.</u>

INCOME CATEGORIES (cont.)



Category 1B: Eligible through community action or social service agency (COMPLETED BY UTILITY, COMMUNITY ACTION, OR SOCIAL SERVICE AGENCY)

Category 1B:		ity action or social service agency	SERVICE AGENCY)
	nultifamily complex or 75 percer service, which our agency qual	nt or more of tenants participate in one of the lifies participation.	programs in Category 1A or other
Agency Name	Co	ontact Name	Contact Phone Number with Area Code () -

 Documentation: Verify form is completed and signed by social service or community action agency – <u>Signature is required on the last page of this form -</u> <u>Form(s) uploaded in EEPM.</u>

INCOME CATEGORIES (cont.)



Category 1C: Eligible through geographic location (COMPLETED BY UTILITY OR THEIR REPRESENTATIVE OR PROVIDER)

Category 1C:	Eligible through geographic location (COMPLETED BY UTILITY OR THEIR REPRESENTATIVE OR PROVIDER)
(☑ check box if a ☐ Housing and	applies): Urban Development (HUD) Low-Income Housing-Qualified Census Tract or Block

 Documentation: Verify address of serviced home is within one of the two qualifying geographic designations – <u>NO Signature is Required</u> - Certification from on-line tool uploaded in EEPM.

INCOME CATEGORIES Single Family Form (cont.)



Category 2: Eligible through income verification (Do Not Complete if 1A, 1B, or 1C

Source of income			Amount (\$)
Wages from full- or part-time empl	lovment as shown on a na	vetuh	Amount (¢)
or W-2 form	oyment as snown on a pa	iystub	
Unemployment or worker's compe			
Social security			
Retirement income			
Child support or alimony			i
All other earnings			
Total household income (add the amount entered on each	line to figure your total ho	usehold income)	\$0.00
Compare your total household below for the number of perso f your total household income is 200 Percent of Health and	ns in your household equal to or less than th	ne amount shown in t	he table, you are in
pelow for the number of perso f your total household income is	ns in your household equal to or less than th	ne amount shown in t	he table, you are in
pelow for the number of perso f your total household income is 200 Percent of Health and	ns in your household equal to or less than the Human Services (HHS)	ne amount shown in t Poverty Guidelines—I	ne table, you are ind o be updated
pelow for the number of person f your total household income is 200 Percent of Health and Size of family unit	ns in your household equal to or less than the Human Services (HHS) Annual income	ne amount shown in t Poverty Guidelines—t Monthly income	he table, you are inco o be updated Weekly income
pelow for the number of person f your total household income is 200 Percent of Health and Size of family unit	ns in your household equal to or less than the Human Services (HHS) Annual income \$ 25,520	Poverty Guidelines—I Monthly income \$ 2,127	ne table, you are inco to be updated Weekly income \$ 491
pelow for the number of person from total household income is 200 Percent of Health and Size of family unit 1	equal to or less than the Human Services (HHS) Annual income \$ 25,520 \$ 34,480	ne amount shown in the poverty Guidelines—I Monthly income \$ 2,127	ne table, you are incoope updated Weekly income \$ 491 \$ 663
pelow for the number of person from the number of person from total household income is 200 Percent of Health and Size of family unit 1 2 3	equal to or less than the Human Services (HHS) Annual income \$ 25,520 \$ 34,480 \$ 43,440	Poverty Guidelines— Monthly income \$ 2,127 \$ 2,873 \$ 3,620	he table, you are incoope updated Weekly income \$ 491 \$ 663 \$ 835
pelow for the number of person from total household income is 200 Percent of Health and Size of family unit 1 2 3 4	equal to or less than the Human Services (HHS) Annual income \$ 25,520 \$ 34,480 \$ 43,440 \$ 52,400	Poverty Guidelines—I Monthly income \$ 2,127 \$ 2,873 \$ 3,620 \$ 4,367	weekly income \$ 491 \$ 663 \$ 835 \$ 1,008
pelow for the number of person from the numb	equal to or less than the Human Services (HHS) Annual income \$ 25,520 \$ 34,480 \$ 43,440 \$ 52,400 \$ 61,360	## Application ## App	weekly income \$491 \$663 \$835 \$1,008
pelow for the number of person from the numb	### sin your household equal to or less than the Human Services (HHS) ### Annual income \$ 25,520 \$ 34,480 \$ 43,440 \$ 52,400 \$ 61,360 \$ 70,320	## Application ## App	weekly income \$ 491 \$ 663 \$ 835 \$ 1,008 \$ 1,180 \$ 1,352

 Documentation: Verify form is completed and supporting income information was submitted to service provider/landlord/property manager – <u>Signature is required</u> - <u>uploaded in EEPM.</u>

INCOME CATEGORIES Multifamily Form (cont.)



Category 2: Eligible through income verification (Do Not Complete if

1A, 1B, or 1C

Category	2:	Eligible through income verification	n (Do Not Comple	te if 1A, 1B or 1C	completed above	9)		
		Complex to be eligible, at least 75 per the federal poverty guidelines.	rcent of the tenant h	nousehold incomes	s before taxes are	at or below		
STEP 1:	STEP 1: Fill out the Apartment Complex Income Calculation Worksheet. (Excel or hard copy must be include with this form) To accurately determine tenant household income, you may use the tenant rental application showing the number of individuals residing in the unit and the household income dated from within the past 18 months. If the rental application does not show the required information or the information is over 18 months old, then the tenant(s) must complete the Single-Family Income Eligibility for Full-Incentive Energy Efficiency Services form. Supporting documentation for each unit must be available for utility audit.							
STEP 2:	STEP 2: Compare the tenant's total household income per week, month, or year to the amount shown in the table below for the number of persons residing in the unit. If the total household income is equal to or less than the amount shown in the table, the unit is income-eligible for the full incentive. If the unit is not income-eligible, the unit is eligible for the residential incentive level.							
		200 Percent of Health and Hi		, ,				
		Size of family unit	Annual income	Monthly income	Weekly income			
		1	\$ 25,520	\$ 2,127	\$ 491			
		2	\$ 34,480	\$ 2,873	\$ 663			
		3	\$ 43,440	\$ 3,620	\$ 835			
		4	\$ 52,400	\$ 4,367	\$ 1,008			
		5	\$ 61,360	\$ 5,113	\$ 1,180			
		6	\$ 70,320	\$ 5,860	\$ 1,352			
		7	\$ 79,280	\$ 6,607	\$ 1,525			
		8 5	\$ 88,240 \$ 8,960	\$ 7,353 \$747	\$ 1,697 \$ 172			
2750 4	-	* Notice: Income ceilings are for Annual updates are posted or	r February 1, 2021—Jar http://www.puc.texas.g	nuary 31, 2022. ov/industry/electric/form				
STEP 3:	FIII	out the Apartment Complex Income						
		Apartment Complex Inco		mary N	umber of units			
		Number of income-eligible	units					
		Number of non-income-elig	ible units, including v	acant units				
		Total number of units						
	Percentage of income-eligible units (income-eligible units divided by the total number of units) %							
eligibility of I certify that	the the	centage of income-eligible units" (calc Apartment Complex with your signatur above information and declaration are i stigation by the investor-owned utility	re below. true and correct. I ur	nderstand that the i	nformation is subj			
Applicant Signa	iture (f	roperty Owner or Agent)	Date					
Contractor Sign	ature		Date					

 Documentation: Verify form is completed and supporting income information was submitted to service provider/landlord/property manager – <u>Signature is required</u> - <u>uploaded in EEPM.</u>

INCOME VALIDATION

ONCOR.

Oncor requires the use of this document when choosing to use Category

1A, 1B or 2

Income Eligibility for Energy Efficiency
Approved!
This meter address qualifies for the LIW Reserve, LIW Multifamily or LIW HVAC program based on the checked Category below:
Meter Address:
Meter ID:
Service Provider:
Type of Residence:
Category 1A: Category 1 B: Category 2:
In accordance with TRM 9.0 Vol. 5, Section 3.1.2. Quality Assurance/Quality Control (QA/QC), page 12, the auditor's signature below verifies the required supporting documentation to support the checked Category above has been verified through visual inspection.
Auditor understands for Category 1A, 1B and 2, all completed forms and supporting documentation, if applicable, should be stored for all projects for a minimum of 24 months.
Contact information of the auditor
Name of Auditor:
Signature of Auditor:
Email address of Auditor:
Phone # of Auditor:

INCOME VALIDATION



Oncor strongly encourages the use of <u>Category 1C</u> to validate/qualify the income for the household. Should Category 1C not apply contact the Oncor Program Manager for other options.

Benefits for Using Category 1C:

- Least intrusive method for the customer
- Easy for provider to look up before approaching the customer
- Easy documentation with <u>NO customer signature required</u>
- Easy look up tool with map of qualified area
- Marketing the Program is much easier with known boundaries
- One certificate will apply to the entire multifamily property

LOOK UP TOOL FOR INCOME VALIDATION



Oncor has selected the Easier Energy Efficiency Eligibility for Texas website www.e4-tx.com as it's look-up tool for the Low-Income Weatherization Program's verification source

How to use the Look Up tool:

Visit www.e4-tx.com

Enter login:

- Username: Oncor
- Password: Oncor

Once logged in follow the below steps:

Enter:

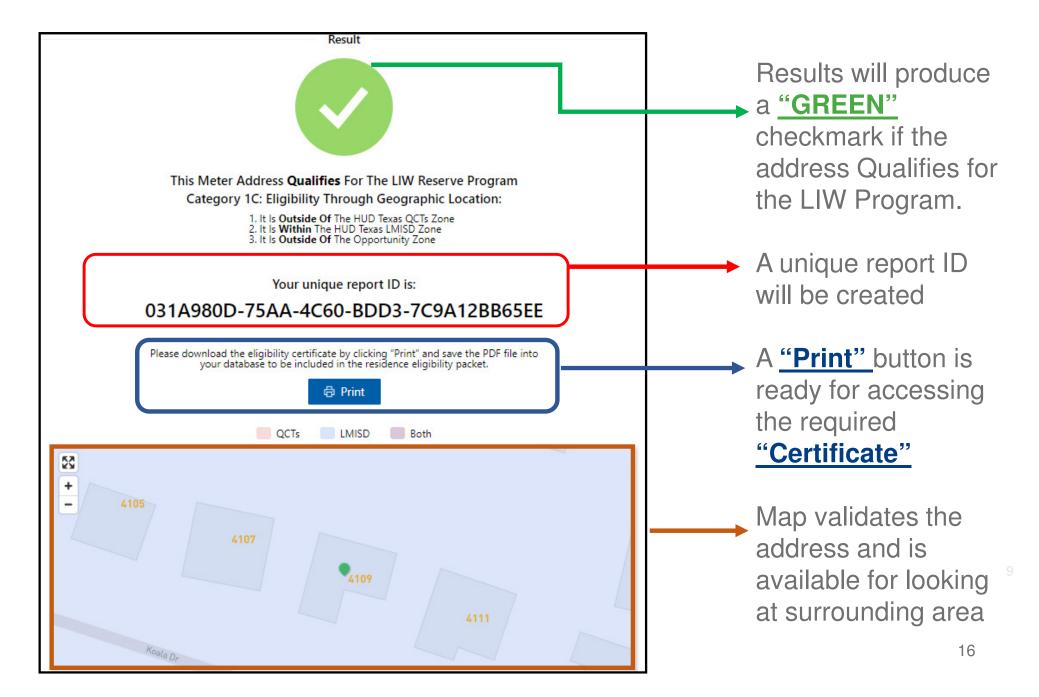
- "Address" and Meter #
- Residence Type
- Utility Co
- SP Name
- SP email



^{*}Please note that these are REQUIRED fields.

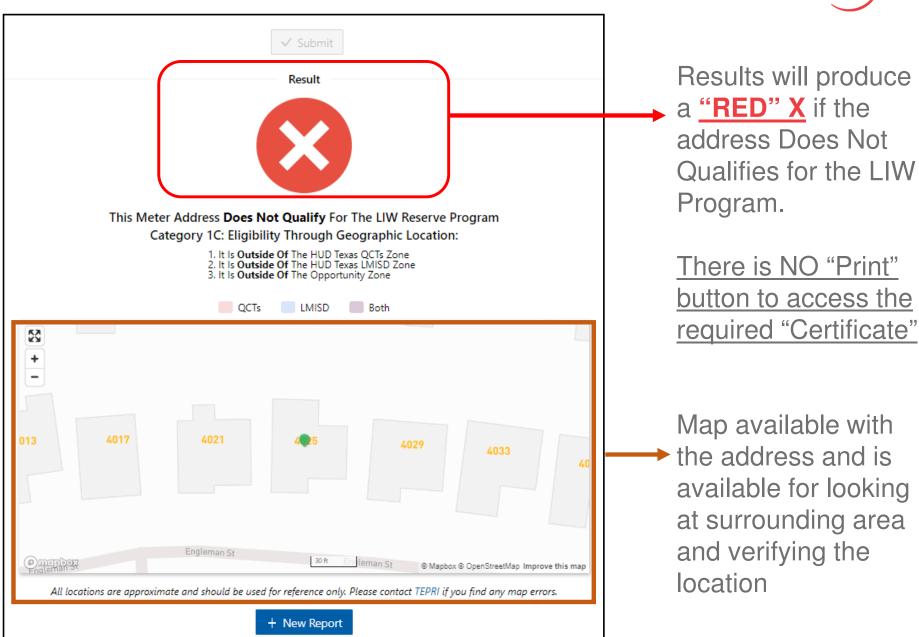
LOOK UP TOOL - INCOME VALIDATION (cont.)





LOOK UP TOOL - INCOME VALIDATION (cont.)





LOOK UP TOOL - INCOME VALIDATION (cont.)



Certificate from the "Print" button to be uploaded into EEPM





Approved!

This Meter Address Qualifies for the LIW Reserve Program

Category 1C: Eligibility through Geographic Location
Low- and Moderate-Income Data

Meter Address: 4109 Koala Dr, Killeen, TX, 76543, USA

Meter ID: 103993522LG

Service Provider: brown

Type of Residence: Single Family

ID: 031A980D-75AA-4C60-BDD3-7C9A12BB65EE 1/14/2022, 4:12:19 PM



DEMO - VERIFICATION TOOL

FINAL TAKEAWAYS...



- Use <u>Category 1C</u> as the first choice to qualify the household Should Category 1C not apply Oncor strongly suggests contacting the Oncor Program Manager for other options.
- Using Category 1A, 1B and 2 require collection/visual inspection of documentation and signature. (The only reason these Categories should be considered is the property does not qualify using Category 1C).





Summary - What is Required and Uploaded into EEPM?

- Using <u>Category 1C</u> you will need:
 - Income Eligibility for Full-Incentive Energy Efficiency Services form that is completed but <u>NOT Signed</u>
 - E4-TX certificate (From the online tool)
- Using <u>Category 1A, 1B and 2</u> you will need:
 - Income Eligibility for Full-Incentive Energy Efficiency Services form that is completed and <u>Signed</u>
 - Income Eligibility for Energy Efficiency form that is completed and signed by the auditor

CONTACT INFORMATION



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Questions & Answers

