

Single-Family (four or less units or owner-occupied)  
Income Eligibility for Full-Incentive Energy Efficiency Services

This statement is made to verify my household income eligibility. The Public Utility Commission of Texas has authorized energy efficiency programs to reduce the utility bills of income-eligible households. Contractors participating in the programs receive higher incentive payments when you are income-eligible. The purpose of the higher payment is to enable the contractor to provide the improvements at a very low cost or no cost to you. **Participating in this program will not affect your eligibility for other program benefits listed below.**

*The information provided below will be used solely for the purpose of determining household eligibility and will be kept confidential by the investor-owned utility contractor or other representative and by the Public Utility Commission of Texas and their contractor. It will not be sold or provided to any other party.*

Name		
Street Address		Apartment Number
City	State TX	Zip Code
Phone Number with Area Code (       ) -       -	Number of Persons in Household	

**Category 1A:** Eligible through other programs or services

At least one member of my household receive benefits from one or more of the programs listed below ( check all that applies, **digital or paper copy of proof of participation such as award letter required with this form**):

- |   |   |
|---|---|
| <input type="checkbox"/> Bureau of Indian Affairs (BIA) General Assistance        | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)               |
| <input type="checkbox"/> Federal Public Housing Assistance (FPHA)                 | <input type="checkbox"/> Supplemental Security Income (SSI)   |
| <input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)                               |
| <input type="checkbox"/> Health Benefit Coverage under Child Health Plan (CHIP)   | <input type="checkbox"/> Texas Lifeline Discount  |
| <input type="checkbox"/> Low-Income Energy Assistance Program (LIHEAP)            | <input type="checkbox"/> Tribal Head Start (only households that meet the income-qualifying standard) |
| <input type="checkbox"/> Medicaid (includes CHIP)                                 | <input type="checkbox"/> Tribal Temporary Assistance for Needy Families (Tribal TANF)                 |
| <input type="checkbox"/> National School Lunch Program—Free Lunch Program         | <input type="checkbox"/> Veterans Pension Benefit or Survivors Pension Benefit                        |
| <input type="checkbox"/> Section 8 Housing Voucher                                | <input type="checkbox"/> Veterans Pension or Survivors Benefit Programs                               |

**Your signature is required on the last page of this form.**

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

I certify the named household participates in one of the programs in Category 1A or other low-income program service for which our agency qualifies participation.

Agency Name	Contact Name	Contact Phone Number with Area Code (       ) -       -
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**Category 1C:** Eligible through geographic location  
**(COMPLETED BY UTILITY OR THEIR REPRESENTATIVE OR PROVIDER)**

( check box if applicable)

- Housing and Urban Development (HUD) Low-Income Housing-Qualified Census Tract or Block

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

*Instructions: 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 of income in each category, enter the amount(s) on the check or benefit statement. **Supporting documentation must be provided (all personal identifying information may be redacted except name and address).***

**STEP 1: Fill out the Income Calculation table below.**

Amounts listed are shown ( check one):  Annually  Monthly  Weekly

Source of income	Amount (\$)
Wages from full- or part-time employment as shown on a paystub or W-2 form	
Unemployment or worker's compensation	
Social security	
Retirement income	
Child support or alimony	
All other earnings	
<b>Total household income</b> <i>(add the amount entered on each line to figure your total household income)</i>	<b>\$0.00</b>

**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.

**200 Percent of Health and Human Services (HHS) Poverty Guidelines**

Size of family unit	Annual income	Monthly income	Weekly income
1	\$ 29,160	\$ 2,430	\$ 561
2	\$ 39,440	\$ 3,287	\$ 759
3	\$ 49,720	\$ 4,143	\$ 956
4	\$ 60,000	\$ 5,000	\$ 1,154
5	\$ 70,280	\$ 5,857	\$ 1,352
6	\$ 80,560	\$ 6,713	\$ 1,550
7	\$ 90,840	\$ 7,570	\$ 1,747
8	\$101,120	\$ 8,427	\$ 1,945
Each additional person, add:	\$10,280	\$857	\$198

**Notice:** Income ceilings are for February 1, 2023—January 31, 2024.

Annual updates are posted on <http://www.puc.texas.gov/industry/electric/forms/>

**SIGN BELOW: I certify that the above information and declaration are true and correct. I understand that the information is subject to audit and investigation by the investor-owned utility or representative providing the program services.**

Applicant Signature	Date
Contractor Signature	Date

Keep a copy of this form for your records.