

LOW INCOME ELIGIBILITY FORM

Please complete this form, and submit it with required income documentation along with the Voucher Application.

Applicant First and Last Name

Device Address

HOUSEHOLD INFO

Low Income eligibility will be determined based upon household size and the total household income.

# of People in Household	Max ANNUAL Gross Income	or	Max Monthly Gross Income
1	\$28,103	or	\$2,342
2	\$38,048	or	\$3,171
3	\$47,993	or	\$3,999
4	\$57,938	or	\$4,828
5	\$67,883	or	\$5,657
6	\$77,828	or	\$6,486
7	\$87,773	or	\$7,314
8	\$97,718	or	\$7,143
8+ add the following amount for each person	\$9,945	or	\$829

* The Income Eligibility Table is updated during February of each year.

Please fill in the following information:

Number of People in Household: _____

Household includes applicant, and as applicable, your spouse and/or all other persons who can be claimed as a dependent for tax purposes.

Total Household Gross Income: _____ Monthly Annually

This is the adjusted gross income as listed on your most recent IRS 1040 tax form. If more than one person in the household filed taxes, provide the sum of the adjusted gross incomes. If you did not file taxes, provide the total of all sources of income from all persons in the household who receive income.

INCOME VERIFICATION

Documents Required for Income Verification of all Household Members

Provide a completed copy of federal income tax Form 1040 (pages 1 & 2) or Tax Return Transcript from the most recent tax year for all members of the household who filed taxes. **Please redact all sensitive information, such as social security numbers, when submitting the copy.** You can obtain a Free Tax Return Transcript at www.irs.gov/individuals/get-transcript. If any dependent is over the age of 17, please provide documentation verifying their income or a statement regarding their income status.

OR: If you did not file a tax return this past year, you must provide the following:

1) A brief explanation as to why you did not file taxes this past year:

2) Copies of documentation from all issuing agencies that verifies the household income you identified. This documentation must cover the last 60 days for **all household members** who receive income. Documentation must identify the individual and amount of income received. Examples of acceptable documentation include, but are not limited to, the following:

- | | |
|--|--|
| <input type="checkbox"/> Check stubs; or | <input type="checkbox"/> General Assistance (GA) or General Relief (GR); or |
| <input type="checkbox"/> W-2(s) for past year; or | <input type="checkbox"/> Publicly subsidized full medical coverage (Medi-Cal); or |
| <input type="checkbox"/> Social Security award letter for retirement, disability Supplemental Income (SSI), or Medicare benefits; or | <input type="checkbox"/> Housing Choice Voucher Program (must provide a copy of the housing assistance payments (HAP) contract). |
| <input type="checkbox"/> State Supplemental Payments (SSP); or | <input type="checkbox"/> CAL Fresh; or |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF); or | <input type="checkbox"/> California Work Opportunity and Responsibility to Kids (CalWORKS) |

CERTIFY

I acknowledge that the information provided on this form will be used to assess and verify my low-income eligibility for the Burn Cleaner program. My signature gives consent for this information to be shared with other government agencies. I declare, under penalty of perjury under the laws of the State of California, that to the best of my knowledge the information on this application is true and correct. I understand that submitting false information may result in criminal conviction or in a civil penalty of not less than \$150 and not more than \$1000, and that I will not be eligible to receive future assistance.

Signature *(electronic signatures not accepted)*

Date