

**Public Utility Commission of Texas
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 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 very low cost or at no cost to you.

Name			
Street Address		Apartment Number	
City		TX	Zip Code
Phone Number w/Area Code		Number of Persons in Household	

I currently qualify in one of the following categories. Check the appropriate category box.

Category 1

I receive benefits from one or more of the programs listed below (check each box that applies):

<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Temporary Assistance to Needy Families
<input type="checkbox"/> Medical Assistance	<input type="checkbox"/> Children's Health Insurance Program
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Qualified Medicare Beneficiary
<input type="checkbox"/> Public Housing, Section 8 Housing, or Other Housing Authority Assistance	

Participating in this program will not affect your eligibility for other program benefits. If you checked one or more of the boxes in Category 1, please sign and date the form

Category 2

My total household income before taxes is at or below the amount shown in the table below as determined by completing the Income Calculation Worksheet below. **(Do not check this box before completing the worksheet.)**

INCOME CALCULATION WORKSHEET

Step 1- Fill out the Income Calculation Worksheet.

Instructions: Do not complete this worksheet if you checked any of the boxes in **Category 1**. 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.

Amount per: week month year

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.)

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. Please check the box next to Category Two and sign and date the form.

200% of HHS Poverty

Size of Family Unit	Annual Income	Monthly Income	Weekly Income
1	\$ 24,120	\$ 2,010	\$ 464
2	\$ 32,480	\$ 2,707	\$ 625
3	\$ 40,840	\$ 3,403	\$ 785
4	\$ 49,200	\$ 4,100	\$ 946
5	\$ 57,560	\$ 4,797	\$ 1,107
6	\$ 65,920	\$ 5,493	\$ 1,268
7	\$ 74,280	\$ 6,190	\$ 1,428
8	\$ 82,640	\$ 6,887	\$ 1,589
Each Additional Person Add:	\$ 8,360	\$697	\$ 161

* Notice: Income ceilings are for **February 1, 2017 – January 31, 2018**. Annual updates are posted on <http://www.puc.texas.gov/industry/electric/forms/>

SIGN BELOW: 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 TX.

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 contractor 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.