

**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
Area Code	Phone Number	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"/> Medical Assistance	<input type="checkbox"/> Temporary Assistance to Needy Families
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Children's Health Insurance Program	<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 at the bottom of this form. (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.

Wages from full or part-time employment as shown on pay stub or W-2 form:	_____	Amount per week / month / year (circle one)
Unemployment or Worker's Compensation	_____	
Social Security	_____	
Retirement Income	_____	
Child Support and/or Alimony	_____	
All other earnings	_____	
<b>TOTAL HOUSEHOLD INCOME</b>	_____	

(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.

Size of Family Unit	200% of HHS Poverty Guidelines		
	Annual Income	Monthly Income	Weekly Income
1	\$20,800	\$1,733	\$400
2	28,000	2,333	538
3	35,200	2,933	677
4	42,400	3,533	815
5	49,600	4,133	954
6	56,800	4,733	1,092
7	64,000	5,333	1,231
8	71,200	5,933	1,369
For each additional person, add:	7,200	600	138

Notice: Income ceilings are for April 1, 2008-March 31, 2009. Annual updates are posted on <http://www.puc.state.tx.us/>

<b>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.</b>			
<b>Sign Here</b>	Customer Signature	Date	Contractor Signature
<b>Keep Copy for your records.</b>			

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.