

Category 2: Eligible through income verification
(**DO NOT COMPLETE IF 1A, 1B, OR 1C COMPLETED ABOVE**)

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

Income Calculation Table

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	
Total household income <i>(add the amount entered on each line to figure your total household income)</i>	

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/>

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my Single-Family Income Eligibility for Full-Incentive Energy Efficiency Services Form.

(Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

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.