



# HOME EV CHARGER REBATE PROGRAM INCOME VERIFICATION

Fill out this form to determine if you are eligible for an additional rebate based on income.

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Household Income Attestation

Participant confirms that they are enrolled in one or more of the following low-income assistance programs (please select all that apply):

Colorado Low-income Energy Assistance Program (LEAP)

Weatherization Assistance Program (WAP)

Supplemental Security Income (SSI)

Temporary Assistance for Needy Families (TANF),

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Senior Community Service Employment Program (SCSEP)

Supplemental Nutrition Assistance Program (SNAP)

Other (please detail): \_\_\_\_\_



Scan the QR code or visit [www.tristate.coop/incomelimits](http://www.tristate.coop/incomelimits) to see if you qualify

## The applicant is hereby advised as follows:

1. MVEA has the right to request an audit of the information provided or proof of income.
2. The Applicant acknowledges that MVEA may require the Applicant to provide documentation upon request.

## Certificate

I declare under penalty of perjury that the foregoing is true and correct.

I agree to provide additional information or documentation upon request by [program or organization].

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE ATTACH THE FORM TO YOUR EV REBATE APPLICATION

[www.mvea.coop](http://www.mvea.coop)