MOUNTAIN VIEW ELECTRIC ASSOCIATION, INC.

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 Verification (Choose Option A OR Option B to qualify):

OPTION A:

Participant confirms that they are currently enrolled in one or more of the following low-income assistance programs (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): _____

OPTION B:

Participant determines eligibility for an income qualification by scanning the QR code or visiting www.tristate.coop/incomelimits

If eligible, participant selects an income qualification level below:

- ☐ Low <80% Area Median Income
- ☐ Moderate <150% Area Median Income

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 MVEA.

Applicant Signature: _____ Date: _____

PLEASE RETURN THE FORM TO: DeeAnna Horn / rebates@mvea.coop / 719-494-2531 www.mvea.coop