

Multi-Unit Dwelling
EV Charging Station
Pilot Rebate Program

Low-Income Eligibility

The **MUD EV Charging Station Pilot Rebate Program** is offering increased rebate amounts for eligible low-income applicants. You can qualify for an increased rebate if you meet the income guideline eligibility requirements listed below.

Please complete and submit the income verification questionnaire on the next page of you qualify for an increased rebate. Please note that the income verification questionnaire must be filled out in its entirety and emailed to the City at the time you submit your online rebate application. Please scan and email your income verification questionnaire to ariana.vito@smgov.net. (subject line: **MUD Rebate- Income Eligibility, Last Name**)

# of People in Household	Total Combined Annual Income
1	Up to \$54,250
2	Up to \$62,000
3	Up to \$69,750
4	Up to \$77,500
5	Up to \$83,700
6	Up to \$89,900
7	Up to \$96,100
8	Up to \$102,300

SUMMARIZED HOUSEHOLD INCOME

(Landlord/Manager fills out this page)

AS OF (DATE) _____

ADDRESS: _____

APT: _____

NUMBER OF BEDROOMS: _____

AFFORDABILITY LEVEL: _____%

MAXIMUM ALLOWABLE RENT: \$ _____

Circle all that apply:

SENIOR

SECTION 8

STUDENT

CHILDREN UNDER 18

TENANT NAME _____

CURRENT RENT: \$ _____

MOVE-IN DATE: _____

HOUSEHOLD SIZE: _____

NEW RESIDENT:

MAXIMUM ALLOWABLE INCOME: \$ _____

CONTINUING RESIDENT:

MAXIMUM ALLOWABLE INCOME @ 140%: \$ _____

TOTAL ADJUSTED HOUSEHOLD INCOME: \$ _____

LANDLORD/MANAGER PLEASE NOTE:

Tenants are required to provide this questionnaire, all ten pages completed, plus ALL of the following for each adult:

1. Most recent tax return or a copy of the extension if an extension was filed and the return is still pending.
2. Three most recent bank statements (all pages, not redacted) for all bank accounts in the household.
3. Most recent statement for all assets, including real estate, or investment accounts in the household.
4. Three most recent paystubs for all adult household members who work.
5. Statements for any other benefits received such as SSI, DPSS, EDD or any other benefits.
6. Statements for any cash assistance provided by friends or family outside of the home.

TENANT INCOME CERTIFICATION WORKSHEET

In order to comply with the Agreement Imposing Restrictions on Real Property recorded against this property in Santa Monica, the owner of the property is required to compute and verify the household income of the tenants occupying the affordable unit(s). Please provide the following information. Fill in all blanks and submit all pages. Mark "Not Applicable" or "N/A" in any space that does not apply to your household:

I. Applicant/Tenant Information

A. Names and ages of all persons residing in Unit _____

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

B. Total of minors (17 years old or younger) currently residing in the unit: _____

C. If the household assisted under the Section 8 Program: Yes No
(If Yes, please skip to Section III)

II. INCOME INFORMATION

A. Please provide income information for all household members 18 years and older. When reporting income, include total amount of income for each designated category. Each household member must provide verification of amount and source of all income, including pay stubs, income tax returns, bank statements, stock certificates, etc.

Household Member	Wages/Salary	SSI/Pension/Supplementary Benefits	Income from Assets*	Other Income	Total Income

*Multiply total value of all assets, not including automobiles or furniture, by 10% to get income from assets

B. Total gross household income _____

i) Less \$400 for senior head of household _____

ii) Less \$480 for each minor _____

iii) Less medical expenses in excess of 3% of gross annual income
(For senior households ONLY) _____

C. Total adjusted household income _____
(Line B minus lines ii through iii)

Please attach proof of income for each applicable household member. In addition, provide the name, address and phone number of each household member's employer below:

Employer	Address	Phone Number

III. CERTIFICATION

Executed on the ___ day of _____, 20___ at _____, CA

I declare under penalty of perjury pursuant to the laws of the State of California that the foregoing income information is true and correct.

Witnessed by (Landlord/Manager)

Tenant/Applicant

Signature: _____

Signature: _____

Name: _____

Name: _____

Date: _____

Date: _____

You may attach further pages as necessary to completely supply any information.
For questions, please contact the City of Santa Monica Housing Division at (310) 458-8702.

SELF-EMPLOYMENT VERIFICATION
(Tenant completes this page only if they are self-employed)

Business Name: _____ Phone: _____

Address: _____

Date Business Started: _____ Type of Business: _____

You must provide information on one of the following below supported by the documents requested and attached to this form.

PREFERRED: Last year's NET business income per most recent tax forms (Attach most recent 1040 and appropriate schedules)	\$ _____
IF PREFERRED NOT AVAILABLE: Monthly average NET Business Income: (Attach the previous 12-months of business bookkeeping records)	\$ _____

I, _____, do hereby swear that I anticipate making \$ _____ in NET Business Income from my business named above in the UPCOMING 12 months. This amount is based on my business' performance over the last 12-months.

I _____ do/____ do not receive regular wages included as a deduction in determining NET Business Income above for myself or any other household member who is employed through my business. If regular wages are received, the gross annual amount is \$ _____ (please see attached documents for support of this amount).

I swear that the above information is true and accurate to the best of my knowledge and that documents I have provided are an accurate picture of my business' performance.

Signature

Date Signed

Print Name

FAMILY/FRIEND SUPPORT STATEMENT
(Tenant must give this to each person providing financial support to fill out)

This is to certify the following:

I, _____, declare that I am currently supporting _____ by \$ _____ per month to supplement his/her employment income. Such support is anticipated to continue for the next ___ months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation hereon constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Print Name

Signature

Date Signed

Contact phone number and/or email

CERTIFICATION OF NON-FILING IRS 1040
(Tenant completes this page only if they are exempt from filing taxes)

I certify that I am not required to file, I have not filed, and I will not file 20 _____ Federal IRS 1040, 1040A, 1040EZ, 1040NR or 1040NR-EZ.

I _____ was/ _____ was not claimed as a dependent on the 20 _____ Federal IRS 1040, 1040A, 1040EZ, 1040NR or 1040NR-EZ tax return of another household or individual.

SSN/ITIN: _____

Print Name: _____

Signature: _____

Date: _____

Contact Number and/or Email: _____

TENANT INCOME CERTIFICATION QUESTIONNAIRE

Name: _____ Initial Certification Re-Certification Other	Unit #: _____ Contact Information: _____
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Income Information:		Monthly Gross Income:
Yes	No	(Use net income from business)
		I am self-employed. (List nature of employment) _____ \$ _____
		I have a job and receive wages, salary, overtime, etc. List the businesses and/or companies that pay you: _____ \$ _____ _____ \$ _____ _____ \$ _____
		I receive cash contributions of gifts including rent and/or utility payments, on an ongoing basis from persons not living with me. _____ \$ _____
		I receive unemployment benefits. _____ \$ _____
		I receive VA, GI Bill and/or National Guard/Military benefits/income. _____ \$ _____
		I receive periodic social security payments. _____ \$ _____
		The household receives unearned income from family members age 17 or under (eg: Social security, trust fund disbursements, etc.). _____ \$ _____
		I receive Supplemental Security Income (SSI). _____ \$ _____
		I receive disability or death benefits other than Social Security. _____ \$ _____
		I receive Public Assistance Income (eg: TANF, AFDC). _____ \$ _____
		I am entitled to receive Child Support payments. _____ \$ _____
		I am currently receiving child support payments. _____ \$ _____
		If yes, from how many persons do you receive support? _____ I am currently making efforts to collect child support owed to me. _____ \$ _____

Income Information:

Yes	No			
_____	_____	I receive alimony/spousal support payments.	\$	_____
_____	_____	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, please list sources:	\$	_____
		_____	\$	_____
		_____	\$	_____
_____	_____	I receive income from real or personal property.	\$	_____
_____	_____	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received.	\$	_____
_____	_____	I have a checking account(s). If yes, list bank(s):	Interest Rate:	Cash Value:
		_____	_____ %	\$ _____
		_____	_____ %	\$ _____
		_____	_____ %	\$ _____
_____	_____	I have a savings account(s). If yes, list bank(s):	_____ %	\$ _____
		_____	_____ %	\$ _____
		_____	_____ %	\$ _____
_____	_____	I have a revocable trust(s). If yes, list bank(s):	_____ %	\$ _____
		_____	_____ %	\$ _____
		_____	_____ %	\$ _____
_____	_____	I own stocks, bonds, or Treasury Bills. If yes, list source(s):	_____ %	\$ _____
		_____	_____ %	\$ _____
		_____	_____ %	\$ _____
_____	_____	I have CDs and/or Money Market Acct(s): If yes, list source(s):	_____ %	\$ _____
		_____	_____ %	\$ _____
		_____	_____ %	\$ _____
_____	_____	I have an IRA/Lump Sum Pension/Keogh Acct/401K. If yes, list bank(s):	_____ %	\$ _____
		_____	_____ %	\$ _____

Monthly Gross Income:

Income Information:

Yes	No		Cash Value:
_____	_____	I own real estate. If yes, describe: _____	\$ _____
_____	_____	I have a whole life insurance policy. If yes, how many? _____	\$ _____
_____	_____	I have cash on hand.	\$ _____
_____	_____	I have disposed of assets (ie. gave away money/assets) for less than the fair market value in the past 2 years. If yes, please describe: _____ _____ _____	\$ _____ \$ _____ \$ _____

Student Status:

Yes	No	
_____	_____	Does the household consist of all persons who are full time students? (e.g. college/university, trade school, etc.)
_____	_____	Does the household consist of all persons who have been a full time student in the previous 5 months?
_____	_____	Does the household anticipate becoming an all full time student household in the next 12 months?

If you answered "yes" to any of the previous three questions, are you:

- Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/CalWorks – NOT SSA?SSI)
- Enrolled in a job training program receiving assistance through the Job Training participation Act (JTPA) or other similar program.
- Married and filing (or are entitled to file) a joint tax return.
- Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual.
- Previously enrolled in the Foster Care program (age 18-24).

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application for housing or termination of the lease agreement.

Print Name (Applicant/Tenant)

Signature of Applicant/Tenant

Signature of Witness

Date

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name and address of employer) Date:

RE: Applicant/Tenant Name SS# Unit #

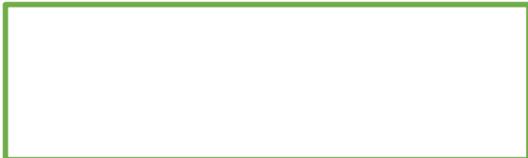
I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is requested and greatly appreciated.

Project Owner/Management Agent

Return Form To:



THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: Job Title:

Presently Employed: Yes ___ Start Date: No ___ End Date:

Current Wages/Salary: \$ (check one)
Hourly Weekly Bi-Weekly Semi-Monthly Monthly Yearly
Other:

Avg. # of Regular Hours per Week: YTD Earnings: \$ from: to

Overtime Rate: \$ per hour Avg. # of Overtime Hours per Week:

Shift Differential Rate: \$ per hour Avg. # of Shift Differential Hours per Week:

Commissions, bonuses, tips, other: \$ (check one)
Hourly Weekly Bi-Weekly Semi-Monthly Monthly Yearly
Other:

List any anticipated change in the employee's rate of pay within the next 12 months:
Effective Date:

If the employee's work is seasonal or sporadic, please indicate layoff period(s):

Additional remarks:

Employer's Signature Employer's Printed Name Date

Employer (Company) Name and Address Phone # Fax # Email