

Self-Certification Form of Income Eligibility for Full Incentive Energy Efficiency Services

This information is required to verify your household income. Based on your income certification Southwestern Public Service Company and its contractor agents may agree to provide you with energy saving home improvements at very low or no cost to you. The New Mexico Public Regulation Commission has authorized this energy efficiency program to help reduce the utility bills of households occupied by income eligible residents receiving electric service from Southwestern Public Service Co

Name			
Street Address		Apartment Number	
City		NM	Zip Code
Phone Number w/Area Code		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 Temporary	<input type="checkbox"/> Assistance to Needy Families
<input type="checkbox"/> Medical Assistance Children's	<input type="checkbox"/> Health Insurance Program
<input type="checkbox"/> Supplemental Security Income	<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 below. **(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.

Amount per: week month year

Wages from full or part-time employment as shown on paystub or W-2 form _____

Unemployment or Worker’s Compensation _____

Social Security _____

Retirement Income _____

Child Support and/or Alimony _____

All other earnings _____

TOTAL HOUSEHOLD INCOME _____

(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.

200% of HHS Poverty

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.

SIGN BELOW: 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 NM.

Applicant signature	Date	Contractor signature	Date
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