

Instructions for Completing Income Validation

Please complete the following steps within 45 days or you risk losing your discount.

Any incomplete step will result in being removed from the CARE Program.

STEP 1-Provide proof of income for every adult in the household.

Each adult in the household is required to provide the most recent IRS ***Transcript of Tax Return or IRS Verification of Non-Filing***. To obtain your free IRS Transcript of Tax Return or IRS Verification of Non-Filing, go to at <http://www.irs.gov/Individuals/Get-Transcript>, or call 1-800-908-9946 (select option 2 for your free transcript). If you have income that is not reflected on your Transcript, the following documents must also be provided. **Note: For your protection, please black out Social Security and/or bank account numbers on all copies.**

Type of income	Required Documents (Additional documents may be requested.)
Wages, salary, tips, commissions	Two consecutive paycheck stubs OR Written affidavit from employer for cash wages AND Two recent consecutive bank statements.
SSI, SSP, SSA, SSDI, pensions and annuities, workers compensation, unemployment benefits, foster care, veterans benefits.	Benefit/award letter AND Two recent consecutive bank statements showing the deposits.
Family or Monetary Support	Letter from person(s) providing support, including name, address, phone number, signature, and monthly or annual amount of support AND Two recent consecutive bank statements showing the amount(s).
School grants, scholarships, or other aid	Benefit/award letter OR Two recent consecutive paycheck stubs.
Zero income or non-filing	IRS Transcript of Tax Return indicating non-filing status for every adult household member AND Two recent consecutive bank statements.

STEP 2-Complete the income validation form at the end of this letter.

The form must be complete in order to continue receiving the monthly discount.

STEP 3-Agree to participate in the Energy Savings Assistance (ESA) Program.

By checking the appropriate box in the application you agree to receive no cost home improvements from an SDG&E® authorized contractor. However, if your home has previously participated in the ESA Program, this step will be eliminated.

STEP 4-Return all documents to SDG&E® in the envelope provided.

Documents must be received within 45 days from the date of this letter. Documents may be faxed to 858-636-5749.

STEP 5-Maintain your energy use to below 600% of your baseline.

If your energy use reaches 600% of your baseline, additional steps will be required for continuation of the monthly discount.

Income Validation Form

List each household member, including yourself.*	Adult (18+)	Child (under 18)	Receive Income or other support	
			Income or Support	No Income
	A <input type="checkbox"/>	C <input type="checkbox"/>	I <input type="checkbox"/>	N <input type="checkbox"/>
	A <input type="checkbox"/>	C <input type="checkbox"/>	I <input type="checkbox"/>	N <input type="checkbox"/>
	A <input type="checkbox"/>	C <input type="checkbox"/>	I <input type="checkbox"/>	N <input type="checkbox"/>
	A <input type="checkbox"/>	C <input type="checkbox"/>	I <input type="checkbox"/>	N <input type="checkbox"/>
	A <input type="checkbox"/>	C <input type="checkbox"/>	I <input type="checkbox"/>	N <input type="checkbox"/>
	A <input type="checkbox"/>	C <input type="checkbox"/>	I <input type="checkbox"/>	N <input type="checkbox"/>
	A <input type="checkbox"/>	C <input type="checkbox"/>	I <input type="checkbox"/>	N <input type="checkbox"/>
	A <input type="checkbox"/>	C <input type="checkbox"/>	I <input type="checkbox"/>	N <input type="checkbox"/>
Total people living in your household: Adults (18+) <input type="checkbox"/> + Children <input type="checkbox"/> = <input type="checkbox"/> <input type="checkbox"/>			Estimated Total Annual Income \$ _ _ _ , _ _ _	
<input type="checkbox"/> Yes I agree to participate in the Energy Savings Assistance (ESA) Program. I understand I must fulfill all ESA Program requirements as a condition of participation, including providing access to all parts of the metered property, being present for all scheduled appointments and allowing a post-participation quality control inspection. (If my home has previously participated in the ESA Program, this step will be eliminated.)			<input type="checkbox"/> No I do not agree to participate in the Energy Savings Assistance Program. I understand this means I will be removed from the CARE Program and will stop receiving my discount immediately.	
<input type="checkbox"/> Please remove me from the CARE Program If you no longer qualify or wish to participate in the program, please check this box, sign and date this form, and return in the envelope provided or send an email to billdiscount@sdge.com .				
Declaration (Please read and sign below) The information I have provided is true and correct. I agree to provide proof of income. I agree to inform SDG&E if I no longer qualify to receive the discount. If I continue to receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that SDG&E® can share my information with other utilities or their agents to enroll me in their assistance programs.				
Signature:			Date:	
E-mail Address:			Phone: () -	

{CustomerFirstName} {CustomerLastName}
 {ServiceStreetAddress} {ServiceAddressCity}

{ElectricAccountNumber}