



New Mexico Transportation Electrification Plan (TEP) 2024-2026

Self-Certification Form of Income Eligibility for Residential Low Income ("LI") Customers

This statement is made to verify my household income. The New Mexico Public Regulation Commission has approved El Paso Electric's Transportation Electrification Plan ("TEP") programs to help reduce the costs of Electric Vehicle (EV) charging infrastructure for income eligible households.

Customer Information:

Name: _____

Street Address: _____ Apartment Number: _____

City: _____ State: NM Zip: _____

Telephone (Day): _____ (Evening): _____

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):

- ☐ Food Stamps Medical Assistance
- ☐ Temporary Assistance to Needy Families Children's Health Insurance Program Qualified Medicare Beneficiary
- ☐ Supplemental Security Income
- ☐ Low Income Housing (LIHEAP)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ 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 Guidelines

Size of Family Unit	Annual Income	Monthly Income	Weekly Income
1	\$31,300	\$2,608	\$602
2	\$42,300	\$3,525	\$813
3	\$53,300	\$4,442	\$1,025
4	\$64,300	\$5,358	\$1,237
5	\$75,300	\$6,275	\$1,448
6	\$86,300	\$6,192	\$1,660
7	\$97,300	\$8,108	\$1,871
8	\$108,300	\$9,025	\$2,083
Each additional person, add:	\$11,000	\$917	\$212

*Notice: Income ceilings are for February 1, 2025- January 31, 2026

Annual updates are posted on <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

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 New Mexico Public Regulatory Commission.

Applicant Name and Signature

Date

The information provided on this form will be used solely for the purpose of determining whether your household is eligible for this program and will be kept confidential by the New Mexico Public Regulatory Commission. It will not be sold or provided to any other party.

Keep a copy of this form for your records.

