



**Category 2:** Eligible through income verification (**DO NOT COMPLETE IF 1A, 1B, OR 1C COMPLETED ABOVE**)

For purposes of this program, a household is eligible if it meets HUD or HHS low-income criteria [ $\leq 80\%$  Area Median Income (AMI) or  $\leq 200\%$  of the federal poverty level (FPL) guidelines].

To accurately determine **household income**, income reported from all sources of all persons residing in the home must be included. To determine the amount of income in each category, enter the amount(s) on the check or benefit statement. **Supporting documentation must be provided (all personal identifying information may be redacted, except name and address).**

**STEP 1: Fill out the Income Calculation table below.**

Amounts listed are shown ( check one):      Annually      Monthly      Weekly

Source of income	Amount (\$)
Wages from full- or part-time employment, as shown on a pay stub or W-2 form	
Unemployment or worker's compensation	
Social security	
Retirement income	
Child support or alimony	
All other earnings	
<b>Total household income</b> <i>(add the amount entered on each line to figure the total household income)</i>	

**STEP 2: Compare the total household income per week, month, or year to the amount shown in the table below for the number of persons in your household. Households may qualify based on HUD AMI limits or HHS FPL guidelines.**

HUD AMI limits by geography and household size can be found here:  
<https://www.hudexchange.info/programs/home/home-income-limits/> or <https://www.huduser.gov/portal/datasets/il.html>

Or, refer to the table below to verify income eligibility based on whether the total household income is equal to or less than the amount shown by household size.

**200 Percent of HHS Poverty Guidelines**

Size of family unit	Annual income	Monthly income	Weekly income
1	\$31,920	\$2,660	\$614
2	\$43,280	\$3,607	\$832
3	\$54,640	\$4,553	\$1,051
4	\$66,000	\$5,500	\$1,269
5	\$77,360	\$6,447	\$1,488
6	\$88,720	\$7,393	\$1,706
7	\$100,080	\$8,340	\$1,925
8	\$111,440	\$9,287	\$2,143
Each additional person, add:	\$11,360	\$947	\$218

\* **Notice:** HHS Poverty Guidelines are effective starting January 13, 2026.  
Updated forms are posted annually at <http://www.puc.texas.gov/industry/electric/forms/>

By typing or signing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing this Single-Family Income Eligibility form. I understand that the information is subject to audit and investigation by the investor-owned utility or representative providing the program services.

Customer Signature	Date
Contractor Signature	Date

Keep a copy of this form for your records.