



Income Verification Form

Alberto Ayala, Ph.D., M.S.E.
AIR POLLUTION CONTROL OFFICER

1. CUSTOMER INFORMATION

Last Name First Name

Mailing Address

City State Zip

Number of people living in your home, including adults and children under 18.

How to Apply

1. Enter the number of people living in your home.
2. Enter the total monthly income for your household.
3. Attach a copy of your income documentation.
4. Sign and date the application, then mail it along with your income documentation to:

Sacramento Metropolitan AQMD
777 12th Street 3rd Floor
Sacramento, CA 95814

2. HOUSEHOLD INCOME

Household income includes money from all household members, from whatever source derived (taxable or non-taxable), including but not limited to:

- Wages
- Interest Income
- Disability Payments
- Unemployment Benefits
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Settlements
- TANF (AFDC)
- Child Support
- Spousal Support

Total Monthly Household Income (Gross):

\$
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Eligibility Guidelines

Persons in Household	Monthly Income	Annual Income
1	\$ 2,170.74	\$ 26,048.88
2	\$ 2,838.66	\$ 34,063.92
3	\$ 3,506.58	\$ 42,078.96
4	\$ 4,174.50	\$ 50,094.00
5	\$ 4,842.42	\$ 58,109.04
5+ Members	Contact District	Contact District

3. INCOME DOCUMENTATION

Please attach a copy of your income documentation for everyone living in your residence, including pay stub, benefit letter, or income statements. The documents will NOT be returned.

Yes, I have attached income documentation for everyone living in my home.

4. DECLARATION AND SIGNATURE

The information on this application will be used to decide and verify my eligibility for help. My signature gives consent for this information to be shared with other offices of the Federal, State, and County Governments and with Sacramento Metropolitan Air Quality Management District staff for purposes of determining eligibility.

I declare, under penalty of perjury, that the information on this application is true and correct.

X

Signature

Date