



Income Qualified Rebate Program Income Eligibility Form - Weatherization

Household Information:

Account Holder Name:	Account Number:	Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email
Phone Number:	Email Address:	
Site Address:		<input type="checkbox"/> Own <input type="checkbox"/> Rent
Existing Primary Space Heat: <input type="checkbox"/> Ducted Heat Pump <input type="checkbox"/> Ductless Heat Pump <input type="checkbox"/> Electric Forced Air Furnace <input type="checkbox"/> Electric Zonal <input type="checkbox"/> Other (please specify):		
Insulation Upgrade(s) Considering: <input type="checkbox"/> Floor <input type="checkbox"/> Attic <input type="checkbox"/> Wall		

Household Income Information:

In order to be eligible to receive rebates towards your energy efficiency upgrade through the Clark Income Qualified Rebate Program, the total **gross*** household income, based on an average of the three full months prior to the month in which this form is signed, shall not exceed the monthly threshold by household size (number of adults and children living in the home) listed in the table below.

***Gross** income includes all wages, tips, rental income, public assistance, social security or pensions, income from self-employment, alimony, interest, or any other sources of income defined by the IRS income tax return.

If the property is a rental, income qualification can be based on the tenant’s household income.

Household Size	1	2	3	4	5	6	7	8
Gross Monthly Income	\$5,796	\$6,621	\$7,450	\$8,275	\$8,938	\$9,600	\$10,263	\$10,925

*Households of more than eight (8), please contact Clark Public Utilities directly at 360-992-3460

Income Self-Declaration and Attestation:

I declare my household size is _____ and total **gross** household income for the last three months was:
(Eligibility will be determined by the household’s three-month average **gross** income)

Name of Month: _____ Three (3) Month Average: _____
Gross Household Income: _____ \$ 0.00

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible. Clark Public Utilities reserves the right to request additional documentation or proof of income to verify income qualification. If I proceed with an upgrade, I agree to allow a Clark Public Utilities representative to complete a quality assurance inspection upon project completion.

Account Holder Name:	Account Holder Signature:	Date:
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Utility Use Only				
Utility Representative Signature:	Date:	HH Size & Income:	<input type="checkbox"/> Pre-Approved <input type="checkbox"/> Denied	Customer Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Customer qualified for the following assistance program making them eligible: <input type="checkbox"/> LIHEAP <input type="checkbox"/> OWH <input type="checkbox"/> GOSP <input type="checkbox"/> EBRA <input type="checkbox"/> Other:			Year Built:	Square Footage:

Please return Income Eligibility Form to: CLARK PUBLIC UTILITIES, ATTN: IQ REBATE PROGRAM, PO BOX 8900, VANCOUVER, WA 98668
 -OR- EMAIL TO: IQRebates@clarkpud.com