



# Income Qualified Programs

## Acceptable Income and Categorical Program Documentation

| Full Income Documentation                      |                   |  |
|--|-------------------|--|
| Income Source                                  | Max. Document Age | Verification Proof   |
| <b>Alimony or Child Support</b>                | 12 Months         | Check or check stubs<br>Most recent court documents<br>Affidavit of income<br>Notarized document<br>Bank statement with direct deposit source (gross amount) <sup>1</sup>                                      |
| <b>Capital or Other Gains</b>                  | 12 Months         | Federal income tax filing with W2s and/or 1099s attached   |
| <b>Disability or Unemployment</b>              | 12 Months         | Check or check stubs<br>Award letter/Notice of Action letter<br>Screen shot/print screen <sup>2</sup> from issuing agency with linking document(s)<br>Federal income tax filing with W2s and/or 1099s attached |
| <b>Foster Care/VA Benefits/Workers Comp.</b>   | 12 Months         | Bank statement with direct deposit source (gross amount) <sup>1</sup><br>Check or check stubs<br>Award letter/Notice of Action letter  |
| <b>Gambling/lottery winning</b>                | 12 Months         | Case-by-Case basis, requires Program Manager Approval  |
| <b>General Relief (Public Cash Assistance)</b> | 12 months         | Bank statement with direct deposit source (gross amount) <sup>1</sup><br>Award letter/Notice of Action letter<br>Copy of uncashed check(s)   |
| <b>Insurance/Legal Settlements<sup>3</sup></b> | 12 Months         | Bank statement with direct deposit source (gross amount) <sup>1</sup><br>Settlement document<br>Annuity letter<br>Check stub   |
| <b>Interest/Dividends</b>                      | 12 months         | Bank statement with direct deposit source (gross amount) <sup>1</sup><br>Customer's investment statement(s)<br>Federal income tax filing with W2s and/or 1099s attached  |
| <b>Monetary Gift(s)</b>                        | 12 months         | Bank statement with direct deposit source (gross amount) <sup>1</sup><br>Affidavit of income   |

<sup>1</sup> Direct Deposit must list the source of the funds and be the GROSS amount

<sup>2</sup> Screen shot/print must clearly link customer to the household

<sup>3</sup> Not including Loan Proceeds



# Income Qualified Programs

## Acceptable Income and Categorical Program Documentation

|  |           |  |
|--|-----------|--|
| <b>Pensions/IRA/401K Disbursement<sup>3</sup></b>                          | 12 Months | Bank statement with direct deposit source (gross amount) <sup>1</sup><br>Check or check stubs<br>Award letter/Notice of Action letter<br>Federal income tax filing with W2s and/or 1099s attached<br>Form 1099 or 1099-R   |
| <b>Rental Income or Royalty Payments<sup>4</sup></b>                       | 12 Months | Rental receipts<br>Rental agreement specifying rent amount and affidavit from tenant<br>Federal income tax filing with Schedule E  |
| <b>School Grants/Scholarships/Student aid/Foreign exchange<sup>3</sup></b> | 12 Months | Cancelled check(s)<br>Award letter/Notice of Action letter   |
| <b>Self-Employment Earnings<sup>4</sup></b>                                | 12 Months | Federal income tax filing with Schedule C<br>Affidavit of income   |
| <b>Social Security Admin (SSA)</b>   | 12 Months | Bank statement with direct deposit source (gross amount) <sup>1</sup><br>Screen shot/print screen <sup>2</sup> from issuing agency<br>Award letter/Notice of Action letter<br>Federal income tax filing with W2s and/or 1099s attached<br>Form 1099<br>Uncashed check(s) |
| <b>Union Strike Benefits</b>   | 12 Months | Benefits pay stub  |
| <b>Wages/Salary/Commission</b>   | 60 days   | Federal income tax filing with W2s and/or 1099s attached<br>Payroll check stub(s) or deposit notice(s)<br>Affidavit from the employer (for cash wages only and only for one employer)  |

<sup>4</sup> For rental income and self-employment income, only positive values of income are included. Negative net rents and negativeself-employment income are ignored



# Income Qualified Programs

## Acceptable Income and Categorical Program Documentation

| Categorical (Public Assistance) Program <sup>5</sup>      |                    |   |
|---|--------------------|---|
| Program Name  | Max. Document Age  | Verification Proof  |
| <b>Bureau of Indian Affairs (BIA)</b>                     | 90 Days            | Award Letter or Notice of Action<br>Bank Statement with Direct Deposit Source (Gross Amount)<br>Screen Print from Issuing Agency<br>Un-cashed checks  |
| <b>LIHEAP (Low Income Home Energy Assistance Program)</b> | 12 Months          | CSD Form 43<br>Proof of LIHEAP payment to utility   |
| <b>MediCAL (Medicaid) Assistance</b>                      | 12 Months          | 3rd party Medi-CAL card (LA Care, IEHP, HealthNet, etc.) <sup>6</sup><br>Adoption Assistance or Foster Care award letter<br>Award letter or Notice of Action letter<br>Issuance History Printout Stamped by the County<br>1095-B from the Department of Health Care Services<br>Benefits ID card (issued with 12 months)<br>Screen shot/print screen <sup>1</sup> from issuing agency<br>Screen shot/print screen <sup>1</sup> from website |
| <b>MediCAL for Families</b>                               | 12 Months; 60 Days | Award letter or Notice of Action letter<br>Current (<60days) premium statement (not past due)<br>Screen shot/print screen <sup>2</sup> from issuing agency<br>Screen shot/print screen <sup>2</sup> from website<br>Tax Form 1095-B   |
| <b>NSLP (National School Lunch Program)</b>               | 12 Months          | Case-by-Case basis, requires Program Manager Approval   |

<sup>5</sup> Where not provided in cash distributions, participation in these public purpose programs is considered for categorical eligibility enrollment purposes only. Categorical eligibility enrollment requirements may differ across the utilities.

<sup>6</sup> Card must state that the customer is participating in Medi-Cal program



# Income Qualified Programs

## Acceptable Income and Categorical Program Documentation

|  |           |   |
|--|-----------|---|
| <b>SNAP (Supplemental Nutrition Assistance Program) CALFRESH</b> | 12 Months | Award letter or Notice of Action letter<br>Screen shot/print screen <sup>2</sup> from issuing agency<br>Screen shot/print screen <sup>2</sup> from website (CA.gov) showing current participation           |
| <b>SSI (Supplemental Security Income)</b>                        | 12 Months | Award letter or Notice of Action letter<br>Bank statement with direct deposit source (gross amount)<br>Form SSA-1099<br>Screen shot/print screen <sup>2</sup> from issuing agency<br>Copy of uncashed check |
| TANF (Temporary Assistance for Needy Families) CALWORKS          | 12 Months | Award letter or Notice of Action letter<br>Bank statement with direct deposit source (gross amount)<br>Screen shot/print screen <sup>2</sup> from issuing agency<br>Copy of uncashed check                  |
| Tribal Headstart   | 12 Months | Award letter or Notice of Action Letter   |
| Tribal TANF  | 12 Months | Award letter or Notice of Action letter<br>Bank statement with direct deposit source (gross amount)<br>Screen shot/print screen <sup>2</sup> from issuing agency  |
| WIC (Women, Infants and Children)                                | 60 Days   | Award letter or Notice of Action letter<br>Grocery receipt with WIC phone app screen shot/print screen <sup>2</sup><br>WIC phone app screen shot/print screen <sup>2</sup><br>WIC shopping list             |