

Santa Monica E-Bike Voucher Program Low-Income Eligibility Form

The Santa Monica E-Bike Voucher Program is offering an instant discount for the purchase of an e-bike and accessories to eligible low-income applicants.

Please complete and submit the income verification questionnaire on the following pages to determine whether you are eligible to enter the lottery to receive a voucher. Please note that the income verification questionnaire must be filled out in its entirety and attached to your e-bike voucher application at the time of submission.

The low-income eligibility follows HUD low-income requirement guidelines. The low-income eligibility level is set as 80% of the Median Income for Los Angeles County. The current level of 80% of Median income is \$77,700.

Please refer to the table below to see if you meet eligibility guidelines.

Number of persons in household	Maximum Household Income
1	Up to \$77,700
2	Up to \$88,800
3	Up to \$99,900
4	Up to \$110,950
5	Up to \$119,850
6	Up to \$128,750
7	Up to \$137,600
8	Up to \$146,500

Applicant Information

Name: _____

Address: _____

Applicant Income Information

Annual Wages/Salary: _____

SSI/Pension/Supplementary Benefits: _____

Other Income: _____

Total Income: _____

Please attach proof of income with your rebate application including one of the following:

- Copy of most recent income tax return (1040 form)
- Copy of W-2 Form
- Letter from employer if you are paid in cash

I declare under penalty of perjury pursuant to the laws of the State of California that the foregoing income information is true and correct.

Applicant Signature

Date Signed

Print Name

SELF-EMPLOYMENT VERIFICATION
(Applicant completes this page only if they are self-employed)

Business Name: _____ Phone: _____

Address: _____

Date Business Started: _____ Type of Business: _____

You must provide information on one of the following below supported by the documents requested and attached to this form.

PREFERRED:

Last year's NET business income per most recent tax forms \$ _____
(Attach most recent 1040 and appropriate schedules)

IF PREFERRED NOT AVAILABLE:

Monthly average NET Business Income: \$ _____
(Attach the previous 12-months of business bookkeeping records)

I, _____, do hereby swear that I anticipate making \$_____ in NET Business Income from my business named above in the UPCOMING 12 months. This amount is based on my business' performance over the last 12-months.

I ___do/___do not receive regular wages included as a deduction in determining NET Business Income above for myself or any other household member who is employed through my business. If regular wages are received, the gross annual amount is \$(please see attached documents for support of this amount).

I swear that the above information is true and accurate to the best of my knowledge and that documents I have provided are an accurate picture of my business' performance.

Applicant Signature

Date Signed

Print Name