

Residential Charging Solutions Rebate

Sample Supporting Documents



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Tip: To jump straight to a document on a desktop computer, hold down “CTRL” and click the name of the document above.

Income Eligibility Documents

Applicants may qualify for Residential Charging Solutions if they meet the income eligibility requirements listed on the program website. Applicants may show proof of income eligibility through one of the below options:

Option 1: Enrollment in an Eligible Public Assistance Program

Qualifying State and Federal Programs

1. Bureau of Indian Affairs General Assistance: benefits.gov/benefit/801
2. CalFresh/SNAP (Food Stamps): benefits.gov/benefit/1228
3. *Drive Clean in the San Joaquin Replace Program: valleyair.org/drivecleaninthesanjoaquin/replace
4. CalWorks (TANF)/Tribal TANF: benefits.gov/benefit/1229 & benefits.gov/benefit/627
5. Head Start Income Eligible (Tribal Only): benefits.gov/benefit/1899
6. **Income-Qualified PG&E Pre-Owned EV Rebate (Pre-Owned EV Rebate Plus):
evrebates.pge.com/program-requirements
7. Low Income Housing Energy Assistance Program (LIHEAP): benefits.gov/benefit/1540
8. ***Medi-Cal (Income Qualified Medi-Cal Only): benefits.gov/benefit/1620
9. Medi-Cal for Families (Healthy Families A&B):
dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx
10. Supplemental Security Income (SSI): benefits.gov/benefit/4412
11. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
benefits.gov/benefit/2041

Document 1: Proof of Enrollment in an Eligible Public Assistance Program

Applicants enrolled in a qualifying state or federal program, **must submit a document that, at a minimum, provides:**

- Applicant name as the person receiving the benefit
- Name of the qualifying program (see list above)
- The government entity (state or tribal) or the managed care organization that issued the document
- An issue date within the last 12 months or a future expiration date beyond the date of application submission.
- * Applicants may qualify for the rebate by providing their Drive Clean in the San Joaquin Replace Program approval letter that confirms their verified household income is 80% or less of the Area Median Income (AMI) for the applicant's county.
- ** Applicants may qualify for the rebate by providing a screenshot of their approval email for PG&E's Pre-Owned EV Rebate Plus. This must include their application ID P-XXXXXX and their approved rebate amount of \$4,000. The household listed on the Pre-Owned EV Rebate application must match the household listed on the Residential Charging Solutions application.
- *** See Page 4 for details on acceptable Medi-Cal supporting documents.

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Sample Supporting Documents

Sample of an Income-Qualified Medi-Cal Notice of Action Approval Letter

Applicants submitting proof of enrollment for income-qualified Medi-Cal must provide the Notice of Action Medi-Cal Approval Letter that confirms they were income verified within the last 12 months. **We do not accept health insurance membership cards, state benefit cards, or Verification of Benefits documents for this requirement. The Notice of Action is required in order to confirm income verification was recently completed by Medi-Cal.**

COUNTY OF [REDACTED] STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE DATE:
CASE NAME:
CALHEERS CASE NUMBER:
SAWS CASE NUMBER:
WORKER NAME:
WORKER ID:
TELEPHONE NUMBER:
CUSTOMER ID:

COVERED CALIFORNIA MEDICAL

**NOTICE OF ACTION
MEDI-CAL APPROVAL**

Dear [REDACTED],

We have reviewed your eligibility for health coverage. We used the information you gave us and state and federal data to make this decision.

[REDACTED]

You qualify for Medi-Cal because your household income is below the Medi-Cal limit. Your eligibility for Medi-Cal begins [REDACTED]. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.

We counted your household size and income to make our decision. For Medi-Cal, your household size is [REDACTED] and your monthly household income is [REDACTED]. The monthly Medi-Cal income limit for your household size is [REDACTED]. Your income is below this limit, so you qualify for Medi-Cal.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may be changed if you ask for a hearing before this action takes place. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

- You qualify for other health insurance.
- You move. If you move to another county, you can report your change to your new county.

You may report changes to your local county office in person or by mail, fax, phone or electronically. The contact information is on the back page of this notice.

SAMPLE

Option 2: Income Verification through the IRS

Note: These documents 2A and 2B only need to be submitted if not enrolled in one of the qualified public assistance programs listed on [Page 3](#).

Document 2A: IRS Form 4506-C


- The pre-filled version of this form will be provided to you during the application process. You can also download a copy of this document [here](#).
- All sections in green must be filled out.
- Please submit a complete, legible scan or photo with all details visible.

Form 4506-C (October 2022)		Department of the Treasury - Internal Revenue Service IVES Request for Transcript of Tax Return		OMB Number 1545-1872	
<small>Do not sign this form unless all applicable lines have been completed. Request may be rejected if the form is incomplete or illegible. For more information about Form 4506-C, visit www.irs.gov and search IVES.</small>					
1a. Current name		2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)			
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identifier		and transcripts are requested			
1c. Previous name shown		if different from line 2a			
i. First name		last name			
3. Current address (including apt., room, or suite no.)		9. ZIP code			
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name Center for Sustainable Energy		ii. IVES participant ID number 0000303607		iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.) 3980 Sherman Street, Suite 170		v. City San Diego	vi. State CA	vii. ZIP code 92110	
5b. Customer file number (see instructions)		5c. Unique identifier (if applicable) (see instructions)			
5d. Client name, telephone number		Telephone number			
i. Client name Center for Sustainable Energy		3-244-1177			
iii. Street address (including apt., room, or suite no.) 3980 Sherman Street, Suite 170		ZIP code 92110			
Caution: This tax transcript is for the use of the taxpayer only. Do not disseminate to others. See instructions.		Number per request for line 6			
6. Transcript requested, transcripts 1040		Number per request for line 6			
a. Return Transcript <input checked="" type="checkbox"/>		Number per request for line 6			
7. Wage and Income transcripts					
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.					
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers					
Line 1a <input type="checkbox"/> Line 2a <input type="checkbox"/>					
8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions) 12 / 31 / 2022					
Caution: Do not sign this form unless all applicable lines have been completed.					
Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.					
<input checked="" type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.					
Signature for Line 1a (see instructions)		Date		Phone number of taxpayer on line 1a or 2a	
<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		Print/Type name	
Sign Here		Fill in all applicable fields in the green sections.			

Catalog Number 72627P www.irs.gov Form **4506-C** (Rev. 10-2022)
For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Document 2B: Household Summary Form

- You can download a copy of this document [here](#).
- All sections in blue must be filled out.
- Please submit a complete, clear, and legible scan/photo with all details visible.



Residential Charging Solutions

Household Summary Form

You may be eligible for Residential Charging Solutions if you meet the annual gross income limits set by the California Department of Housing and Community Development for the territory in which you reside. For more information, visit [residentialcharging.com](#).

Fill in all sections
in blue.

Household size (including you and any spouse or dependents age 18 or older included in your tax return)

Household income (including wages, salaries, tips, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources)

1. Fill out lines A, B and C below regarding your household size at the time of equipment purchase. Enter "0" if N/A.

A. Enter the number of individuals age 18 or older in your household (including you and any spouse or dependents age 18 or older included in your tax return)	
B. Enter the number of dependents included in your tax return age 17 or younger	
C. Enter total number of individuals of any age included in your tax return (add lines A + B)	

2. Enter the name of each household member aged 18 or older included in your federal income tax return for the same year of equipment purchase.

Individual	Individual Full Name (including you and any spouse or dependents age 18 or older included in your tax return)
1 - Applicant	
2	
3	
4	
5	
6	
7	
8	

3. Fill out, sign, and return a copy of IRS Form 4506-C for each person aged 18 or older listed in the table above.

4. Check mark the applicant certification fields below. Both fields must be checked to be eligible.

I am not claimed as a dependent on someone else's tax return.

I certify under penalty of perjury that all the information I am providing in this application, including the information about my household size, is accurate to the best of my knowledge, after reasonable inquiry.

Applicant's Full Residential Address (at the time of equipment purchase):

Applicant Signature: _____ **Date:** _____

Applicant Name: _____ **PG&E Account Number:** _____

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Proof of Vehicle Registration

Document 3: Registration Card or Temporary Registration “Used Vehicle Dealer Notice”

- To provide proof of vehicle registration you may submit either your registration card from the Department of Motor Vehicles (DMV) or a valid temporary registration from your dealership.
- Your registration card is the document you receive in the mail from the DMV along with your annual license plate sticker.
- Your temporary registration, called the “Used Vehicle Dealer Notice”, is often folded up and taped to your windshield by the dealership. If submitting the temporary registration, be sure to unfold the document so all edges of the document are included.
- Your vehicle must be registered to your current, residential PG&E address and your registration document must be valid.
- **Note:** If the address on your registration is not your current, residential PG&E address, we do not accept Change of Address forms from the DMV. You must get an updated registration card listing your current address to be eligible.
- Your document must be a complete, legible scan or photo with all details visible.

DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

REGISTRATION CARD VALID FROM: 03/08/2021 TO: 03/08/2022

MAKE	YR MODEL	YR SOLD	VEH CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
KIA	2017	2017		2020			

BODY TYPE MODEL MP

VEHICLE ID NUMBER

TYPE VEHICLE USE DATE ISSUED FEE RECVD PIC

AUTOMOBILE 03/10/21 3/10/21 9

PR EXP DATE: 03/08/2021

REGISTERED OWNER

AMOUNT PAID \$ 308.00

AMOUNT PAID CASH : 0.00

AMOUNT PAID CHECK : 308.00

AMOUNT PAID CREDIT : 0.00

LIENHOLDER

THE GREAT SEAL OF THE STATE OF CALIFORNIA

Eligible Equipment Proof of Purchase and Installation

Document 4: Proof of Equipment Purchase Receipt

Your equipment purchase receipt must clearly show:

- Equipment manufacturer's name
- Applicant's name
- Applicant's shipping address
- Purchase date (must be purchased on or after November 17, 2023)
- Purchase price
- Equipment's model

Document 5: Photo of Equipment Installed and Ready-for-Use

A photo must be provided to show proof the equipment is installed. In the photo, the equipment must be mounted to the wall or plugged in.

Sample of an EVOcharge Installed



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Document 6: Photo of Equipment Serial Number

A close-up photo of the equipment's serial number must be provided. The serial number is a unique combination of numbers and letters that help identify the equipment.

To find the equipment's serial number you should:

- Review the equipment's User Manual or installation guide
 - These documents often include diagrams and descriptions of the equipment's components.
- Check the exterior
 - Look at the outside of the equipment.
 - There should be a sticker, label, or a metal plate with important information, including the serial number.
- Contact customer support
 - If you're having trouble finding the serial number or need assistance, contact the equipment's manufacturer customer support to help you.

NOTE: Ford Chargers will use the Charger ID as their serial number instead of a traditional serial number.

Sample of the EVOcharge Equipment Serial Number



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Sample Supporting Documents

Note: The following document is only required for the Ford Chargers and EVoCharge Equipment.

Document 7: Electrician’s Invoice for Installation of Equipment (if applicable)

For applicants who purchase a Ford Charger or EVoCharge, an electrician’s invoice for installing a dedicated 240-volt outlet must be provided.

The invoice must include the following information:

- Contractor’s name
- Contractor’s license number
- Applicant’s name and address in the “Bill To” field