



### INCOME VERIFICATION AFFIDAVIT

Applicants must provide proof of total household income to qualify for utility assistance through Southern California Edison’s Energy Assistance Fund (EAF) and/or Southern California Gas Company’s Gas Assistance Fund (GAF).

The Income Verification Affidavit:

CAN BE USED FOR	CANNOT BE USED FOR
<p><input type="radio"/> For household members who receive cash payment for work, and do not have any proof of income: Example: Day laborers, self employed</p> <p><input type="radio"/> For household members who receive money from sources such as family and friends, recycling.</p> <p><input type="radio"/> <b><i>Mandatory</i></b> use of this form if the applicant is claiming the total household income is \$0</p>	<p><input type="radio"/> Employed household members who are paid with checks and have paystubs</p> <p><input type="radio"/> Household members who receive Social Security, SSI, SSP, public assistance, disability, workers compensation, unemployment, pension, interest, or any other income with documented proof.</p>

Please provide the name of the person who is utilizing the income affidavit as proof of income, supply the total amount received, and check the box for proof of income.

1. Name: \_\_\_\_\_ \$ \_\_\_\_\_ Month

Paid with cash /  Family cash assistance /  \$0 Household Income

2. Name: \_\_\_\_\_ \$ \_\_\_\_\_ Month

Paid with cash /  Family cash assistance /  \$0 Household Income

3. Name: \_\_\_\_\_ \$ \_\_\_\_\_ Month

Paid with cash /  Family cash assistance /  \$0 Household Income

By signing below, I certify under penalty of perjury under the laws of the State of California that this information is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_