

# Pre-Owned EV Rebate

## Sample Supporting Documents



# Supporting Documents Required:

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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.

# Document #1: Driver License

A copy of the applicant's current (not expired) California driver license should be submitted for proof of residency. Please ensure all edges of the license are visible and all text is legible in your photo or scan.



## Document #2: Purchase or Lease Agreement

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### If you purchased from a dealership or vehicle retailer:

- This is a legally binding contract that was signed at the dealership before taking delivery of your vehicle. It stipulates the terms of purchase or lease. It may be on carbon paper or may be a digital copy.
- You must submit a complete, clear and legible scan/photo with all pages present.
- You must submit a final copy (executed and signed). Note: Review or pro-forma copies are not accepted. If you do not have the final copy, request it from your dealership or leasing agency.
- The date of purchase or lease shall be the date listed on the purchase or lease contract.
- You must submit one of the following documents as a complete purchase/lease agreement:
  - [Sample A](#): Purchase Agreement, if purchased
  - [Sample B](#): Lease Agreement, if leased
  - [Sample C](#): Vehicle Configuration **AND** Final Price Sheet, if applicable
- If you leased your vehicle prior to purchasing it, your original lease agreement is required in addition to your recent purchase agreement.
  - Please note, to be eligible, vehicles that were previously leased and later purchased must have been originally leased as a used vehicle with a previous registered owner, and your application must be submitted within 180 days of the original lease date. Vehicles that were originally leased new or originally leased more than 180 days before application submission are not eligible.

### If you purchased from a private party seller (such as a person-to-person sale):

- If your vehicle was purchased from an individual in a private party sale, you must submit a copy of your Certificate of Title (pink slip) listing the new owner's information in place of an agreement. The Transfer Date on the new owner's Certificate of Title shall be considered the date of purchase.
  - [Sample D](#): Certificate of Title
- If your vehicle was purchased from an individual in a private party sale, but a bank or credit union holds the Certificate of Title, you must submit an Electronic Lien and Title document and your signed loan agreement. In these cases, additional documentation may be required to confirm your purchase date.
  - [Sample E](#): Electronic Lien and Title Document



## Sample B: Lease Agreement

All sections, signatures, and pages must be present and legible. This can be a carbon copy or a digital copy from your dealership. Please note, only vehicles leased as a used vehicle that have been previously registered to another owner are eligible.

T408925424-DP408925452 - THIS IS A CUSTOMER COMPLETED COPY OF THE SIGNED ELECTRONIC FORM HELD BY ROUTEDONE LLC.

### CALIFORNIA MOTOR VEHICLE LEASE AGREEMENT

Lease Date:

**Lessee (and Co-Lessee) - Name and Address (including County):**

**Lessor - Name and Address:**

**"Finance Company" is** \_\_\_\_\_ **The "Holder" is** \_\_\_\_\_ **and its assigns.** By signing **"You"** (Lessee and Co-Lessee) agree to lease this Vehicle according to the terms in this lease and the terms of the WearCare Addendum if it is attached to this lease.

New/Used/Demo	Mileage at Delivery	Year/Make/Model	Vehicle ID #	Vehicle Use
Used	<input type="text"/>	<input type="text"/>	<input type="text"/>	Personal

**THIS IS A CANCELING ORDER**

California law does not provide a "cool off" or other cancellation period for vehicle leases. Therefore, you cannot later cancel this lease simply because you change your mind, decide the vehicle costs too much, or wish you had acquired a different vehicle. You may cancel this lease only with the agreement of the lessor or for legal cause, such as fraud.

**Agreement to Arbitrate:** By signing below You agree that, pursuant to the Arbitration provision on page 6 of this lease, You or we may resolve any dispute by neutral, binding arbitration and not by a court action. See the Arbitration provision for any additional information concerning the agreement to arbitrate.

Buyer Signs X

Co-Buyer Signs X    **N/A**

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T408925424-DP408925452 - THIS CUSTOMER COMPLETED COPY WAS CREATED ON

Pre-Owned EV Rebate and Rebate Plus  
Sample Supporting Documents



## Sample D: Certificate of Title

If your vehicle was purchased from an individual in a private party sale and you do not have a current loan or lienholder, you must submit a copy of your Certificate of Title (pink slip) listing the new owner's information in place of an agreement.

Your Certificate of Title (pink slip) copy must show the entire document, be unsigned, and must list the applicant's name and address.

STATE OF CALIFORNIA									
CERTIFICATE OF TITLE								VEHICLE HISTORY	
<b>AUTOMOBILE</b>									
VEHICLE ID NUMBER			YR MODEL MAKE		PLATE NUMBER				
BODY TYPE MODEL			AX	UNLADEN WEIGHT	FUEL	TRANSFER DATE	FEES PAID	REGISTRATION EXPIRATION DATE	
4D							NONE	03/08/2021	
MOTORCYCLE			YR 1ST SOLD	CLASS	YR	MO	EQUIPMT/TRUST NUMBER	ISSUE DATE	
			2017		2020	00		07/01/21	
REGISTERED OWNER			MILEAGE		DATE		MILEAGE READING		
			25877		MI				
<b>SAMPLE</b>									
I certify (or declare) under penalty of perjury under the laws of the State of California that <b>THE SIGNATURE(S) BELOW RELEASES INTEREST IN THE VEHICLE.</b>									
1a		DATE		<input checked="" type="checkbox"/>		SIGNATURE OF REGISTERED OWNER			
1b		DATE		<input checked="" type="checkbox"/>		SIGNATURE OF REGISTERED OWNER			
Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.									
The odometer now reads <input type="text"/> (no tenths), miles and to the best of my knowledge reflects the actual mileage unless one of the following statements is checked. Mileage is VOID if altered or erased.									
<b>WARNING</b> <input type="checkbox"/> Odometer reading is not the actual mileage. <input type="checkbox"/> Mileage exceeds the odometer mechanical limits.									
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.									
DATE	TRANSFEROR/SELLER SIGNATURE(S)			DATE	TRANSFeree/BUYER SIGNATURE(S)				
	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
PRINTED NAME OF SELLER OR AGENT SIGNING FOR A COMPANY				PRINTED NAME OF BUYER OR AGENT SIGNING FOR A COMPANY					
<b>IMPORTANT READ CAREFULLY</b>									
Any change of Lienholder (holder of security interest) must be reported to the Department of Motor Vehicles within 10 days.									
LIENHOLDER(S)									
2. <input checked="" type="checkbox"/> Signature releases interest in vehicle. (Company names must be countersigned)									
Release Date									
<b>KEEP IN A SAFE PLACE - VOID IF ALTERED</b>									

## Sample E: Electronic Lien and Title Document

If your vehicle was purchased from an individual in a private party sale, but a bank or credit union holds the Certificate of Title, you must instead submit an **Electronic Lien and Title document** and a complete copy of your **signed loan agreement**.

The Electronic Lien and Title paperwork must be obtained from your bank or credit union. This document should show the vehicle and title information and dates of purchase.

**VINtek**  
THE NATION'S LIEN MACHINE.™

**Lien and Title Information Report**

SAMPLE

Account No.	[REDACTED]	VIN	[REDACTED]
Loan No.	[REDACTED]	Branch	[REDACTED]
Loan Suffix	[REDACTED]		
Customer	[REDACTED]	Organization Name	[REDACTED]
Organization ID	[REDACTED]	Lien End	[REDACTED]
Lien Start	[REDACTED]	Lien Balance Amount	[REDACTED]
Original Loan Amount	[REDACTED]	Dealer ID	[REDACTED]
Lien Type	[REDACTED]		

Access Number	[REDACTED]	Collateral Code	[REDACTED]
Product Code	[REDACTED]		
Received On	[REDACTED]		

**SAMPLE**

Borrower / Lessee Details

Name	[REDACTED]
Address	[REDACTED]

Vehicle Information

Vehicle Type	[REDACTED]	Make	[REDACTED]
Model	[REDACTED]	Year	[REDACTED]
Mileage	[REDACTED]		

Title Information

Title Number	[REDACTED]	Title State	[REDACTED]
Tag Number	[REDACTED]	VIN	[REDACTED]
Status	[REDACTED]	Match Date	[REDACTED]
Lien Expiration Date	[REDACTED]	Media Type	[REDACTED]

State Information

Name	[REDACTED]	Lessee	[REDACTED]
Address	[REDACTED]		
Vehicle Type	[REDACTED]	Make	[REDACTED]
Model	[REDACTED]	Year	[REDACTED]
Mileage	[REDACTED]		
Title State	[REDACTED]	Title Number	[REDACTED]
Brands	[REDACTED]		

Page 1

**dj**

Collateral Management Services  
9750 Goethe Road | Sacramento, CA 95827  
www.dealertrack.com

[REDACTED] Credit Union

**Lien and Title Information**

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Lienholder

ELT Lien ID [REDACTED]  
Lienholder [REDACTED]  
Lienholder Address [REDACTED]  
Lien Release Date [REDACTED]

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Vehicle and Title Information

VIN [REDACTED]	Issuance Date [REDACTED]
Title Number [REDACTED]	Received Date [REDACTED]
Title State [REDACTED]	ELT/Paper [REDACTED]
Year [REDACTED]	Odometer Reading [REDACTED]
Make [REDACTED]	Branding [REDACTED]
Model [REDACTED]	
Owner 1 [REDACTED]	
Owner 2 [REDACTED]	
Owner Address [REDACTED]	

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Printed: [REDACTED]

## Document #3: Proof of Vehicle Registration

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- 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.
  - [Sample F](#): Permanent Registration Card
- Your temporary registration, sometimes referred to as 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. If your temporary registration is missing required details, your permanent registration may still be requested to help confirm program eligibility.
  - [Sample G](#): Temporary Registration
- The applicant’s name must be listed as a registered owner.
- 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.

## Sample F: Permanent Registration Card


 DEPARTMENT OF MOTOR VEHICLES  
 A Public Service Agency

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

MAKE	YR MODEL	YR SOLD	VEHICLE CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
KIA	2017	2017		2020			
BODY TYPE MODEL MP							VEHICLE ID NUMBER
TYPE VEHICLE USE							
AUTOMOBILE							
DATE ISSUED		FEE RECVD		PIC			
03/10/21		3/10/21		9			
REGISTERED OWNER							PR EXP DATE: 03/08/2021
							AMOUNT PAID
							\$ 308.00
							AMOUNT RECEIVED
							CASH : 308.00
							CHK : 308.00
							CRD : 0.00
LIENHOLDER							


 THE GREAT SEAL OF THE STATE OF CALIFORNIA

## Sample G: Temporary Registration

REG 51 (REV. 9/2019) UH — FOR CUSTOMER — Cut Here


 DEPARTMENT OF MOTOR VEHICLES  
 A Public Service Agency

**USED VEHICLE DEALER NOTICE/TEMPORARY IDENTIFICATION**  
 (Must be affixed to the vehicle before delivery to the purchaser)

MAKE	YEAR	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
DEALER'S NUMBER	SALESPERSON'S NUMBER	FRANCHISE NUMBER	LICENSE STATE NUMBER	DATE SOLD (MO./DAY/YR.)
SOLD TO: PRINT TRUE FULL NAME(S)				
(1) _____ (2) _____				
BUSINESS OR RESIDENCE ADDRESS			APT./STE. NO.	CITY
				STATE
				ZIP CODE

NOTE: UPON TRANSFER OR SALE, DEALER MUST ENTER ODOMETER READING HERE:    ,

IMPORTANT: ENTER BOTH DEALER'S AND SALESPERSON'S NUMBERS. This is a notice of purchase of vehicle. Do not use as an application for registration or title.

REG 51 (REV. 9/2019) UH Fold Here

# Document #4: IRS Form 4506-C

(if applying for Rebate Plus via Income Verification)

## Sample H: IRS Form 4506-C

Note: This document only needs to be submitted if applying for Rebate Plus **and** not enrolled in one of the qualified public assistance programs listed on [Page 14](#).

- 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](#).
- Please sign and submit a complete, legible scan or photo with all sections in green filled out.
- Your “First taxpayer identification number” will be your Social Security Number (SSN) or your individual taxpayer identification number (ITIN) (if the individual does not have an SSN).
- Please do NOT check off the boxes “Form 4506-C was signed by an Authorized Representative” or “Signatory confirms document was electronically signed.”

Form 4506-C (October 2022)		Department of the Treasury - Internal Revenue Service <b>IVES Request for Transcript of Tax Return</b>				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 <a href="http://www.irs.gov">www.irs.gov</a> 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 identification number (SSN, EIN, or ITIN) (if different from line 2a)							
1c. Previous name shown on transcript (if different from line 2a)							
i. First name	ii. Last name						
3. Current address (including apt., room, or suite no.)							
a. Street address (including apt., room, or suite no.)	b. City	c. State	d. ZIP code				
4. Previous address shown on transcript (if different from line 3)							
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 <b>Center for Sustainable Energy</b>			ii. IVES participant ID number <b>0000303607</b>		iii. SOR mailbox ID		
iv. Street address (including apt., room, or suite no.) <b>3980 Sherman Street, Suite 170</b>			v. City <b>San Diego</b>	vi. State <b>CA</b>	vii. ZIP code <b>92110</b>		
5b. Customer file number (if applicable) (see instructions)				5c. Unique identifier (if applicable) (see instructions)			
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (N/A))							
i. Client name <b>Center for Sustainable Energy</b>			ii. Telephone number <b>858-244-1177</b>				
iii. Street address (including apt., room, or suite no.) <b>3980 Sherman Street, Suite 170</b>			iv. City <b>San Diego</b>	v. State <b>CA</b>	vi. ZIP code <b>92110</b>		
6. Transcript requested (see instructions)							
a. Return Transcript	b. Wage and income tax statement	c. Other (see instructions)					
1040	2	number per request for line 6					
7. Wage and income tax statement (see instructions)							
a. Enter a max of three tax payers	b. Mark the checkbox for each tax payer						
Line 1a	<input type="checkbox"/>	Line 1b	<input type="checkbox"/>	Line 1c	<input type="checkbox"/>		
8. Year or period requested	9. Signature (see instructions)						
12 / 31 / 2022	/ /						
Caution: Do not sign this form.							
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-1c and 2a-2c, 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 affirms 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	Priority number of taxpayer on line 1a or 2a					
<input type="checkbox"/> Form 4506-C	Print/Type name	Date	Priority number of taxpayer on line 1a or 2a				
Sign Here	Title (if line 1a or 2a)						
<input type="checkbox"/> Form 4506-C	Spouse's signature	Date	Priority number of taxpayer on line 1a or 2a				
Print/Type name	Date						

# Document #5: Household Summary Form

(if applying for Rebate Plus via Income Verification)

## Sample I: Household Summary Form

Note: This document only needs to be submitted if applying for Rebate Plus **and** not enrolled in one of the qualified public assistance programs listed on [Page 14](#).

- This form will be provided to you during the application process. You can also download a copy of this document [here](#).
- Please sign and submit a complete, legible scan or photo with all sections in green filled out.
- Your Application ID (beginning with a "P-") can be found on your Application Account Dashboard by clicking on your name in the upper right corner next to the "Logout" button.

**PG&E** Pre-Owned EV Rebate Plus Household Summary Form

You may be eligible for Rebate Plus if you meet the annual gross income limits set by the California Department of Housing and Community Development for your household size for the county within the Pacific Gas and Electric Company (PG&E) territory in which you reside. **Plus, please fill out, sign, and return a copy of this form with your federal income tax return.**

**Fill in all sections in blue.**

A tax household is defined as a household for which you are the head of household or the spouse or dependent of the head of household. A tax household includes you, your spouse, and any dependents. For purposes of the Rebate Plus, please fill out, sign, and return a copy of this form with your federal income tax return. For purposes of the Rebate Plus, please fill out, sign, and return a copy of this form with your federal income tax return. For purposes of the Rebate Plus, please fill out, sign, and return a copy of this form with your federal income tax return.

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

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	

**Check and mark the applicant certification fields below.** Both fields must be checked to be eligible for Rebate Plus.

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 purchase or lease): \_\_\_\_\_

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

**Applicant Name:** \_\_\_\_\_ **Application ID: P -** \_\_\_\_\_

Your application ID is in your confirmation email.

PG&E refers to Pacific Gas and Electric Company, a subsidiary of PG&E Corporation. ©2022 Pacific Gas and Electric Company. The program is implemented and managed by the Center for Sustainable Energy and their authorized representatives. "PG&E" is a registered trademark of PG&E Corporation. PG&E is not responsible for any other content, names or marks in these program materials. This program is funded by the California Air Resource Board's Low Carbon Fuel Standard and is authorized through 2025 by the California Public Utilities Commission.

# Document #6: Public Assistance Program Enrollment Document

(if applying for Rebate Plus via Enrollment in a Qualified Public Assistance Program)

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Note: This document only needs to be submitted if applying for Rebate Plus and enrolled in one of the qualified public assistance programs listed below.

**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 below)
- 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 with applications and supporting documents submitted on or after the eligible dates listed on the [Program Requirements page](#) may qualify for Rebate Plus 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 or their Bay Area Clean Cars for All approval letter.
- See [Page 15](#) for details on acceptable Medi-Cal supporting documents.

## Rebate Plus Qualifying State and Federal Programs

Bureau of Indian Affairs General Assistance: [benefits.gov/benefit/801](https://benefits.gov/benefit/801)

CalFresh/SNAP (Food Stamps): [benefits.gov/benefit/1228](https://benefits.gov/benefit/1228)

Drive Clean in the San Joaquin Replace Program\*: [valleyair.org/drivecleaninthesanjoaquin/replace](https://valleyair.org/drivecleaninthesanjoaquin/replace)

Bay Area Clean Cars for All\*:

<https://www.baaqmd.gov/funding-and-incentives/residents/clean-cars-for-all>

CalWorks (TANF)/Tribal TANF:

[benefits.gov/benefit/1229](https://benefits.gov/benefit/1229)

[benefits.gov/benefit/627](https://benefits.gov/benefit/627)

Head Start Income Eligible (Tribal Only): [benefits.gov/benefit/1899](https://benefits.gov/benefit/1899)

Low Income Housing Energy Assistance Program (LIHEAP): [benefits.gov/benefit/1540](https://benefits.gov/benefit/1540)

Medi-Cal (Income Qualified Medi-Cal Only): [benefits.gov/benefit/1620](https://benefits.gov/benefit/1620)

Medi-Cal for Families (Healthy Families A&B):

[dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx](https://dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx)

Supplemental Security Income (SSI): [benefits.gov/benefit/4412](https://benefits.gov/benefit/4412)

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):

[benefits.gov/benefit/2041](https://benefits.gov/benefit/2041)

## Pre-Owned EV Rebate and Rebate Plus

### Sample Supporting Documents

# Sample J: Income-Qualified Medi-Cal Notice of Action Approval Letter

Note: This document only needs to be submitted if applying for Rebate Plus and you are enrolled in income-qualified Medi-Cal.

Applicants submitting proof of enrollment for income-qualified Medi-Cal must provide the Notice of Action Medi-Cal Approval Letter that confirms that their income was verified within 12 months of application submission. We do not accept health insurance membership cards or benefit cards for this requirement.

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

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

**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 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 reverse side of this notice.

## Sample K: CalFresh/Food Stamps/SNAP Notice of Approval

Applicants submitting proof of enrollment for CalFresh must provide a notice that confirms they were either approved or received benefits within 12 months of application submission. We do not accept benefits cards for this requirement. A document that indicates an applicant's enrollment in the program ended prior to vehicle purchase will not be accepted.

Temecula Self Sufficiency COUNTY OF STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE DATE: November 23, 2021  
CASE NAME:  
CASE NUMBER:  
WORKER NAME:  
WORKER ID:  
TELEPHONE NUMBER:  
CUSTOMER ID:

**CALFRESH NOTICE OF APPROVAL**

Effective 11/08/2021, the County has approved your CalFresh. Your certification period covers from 11/08/2021 through 10/31/2022. For your application month 11/2021 you will get: \$351.00 for 2 person(s).

This is a prorated amount from the date you filed your application. After that you will get \$459.00 for 12/01/2021 for the following individual:

For CalFresh, your family size is 2. Your allotment is \$1,889.00.

IF YOU ALSO APPLY FOR OTHER AID, and it has not yet been approved, your CalFresh benefits may be lower than expected. You will receive another notice if your cash aid is approved.

Your CalFresh benefits will be available through Electronic Benefit Transfer- EBT on the 9th of each month.

The amounts used to figure your CalFresh are shown on this notice. If your case contains a disqualified person(s) and that/those person(s) has/have income, all of their income is used to compute your CalFresh allotment.

**EBT: Keep your plastic Golden State Advantage card.**

Rules: These rules apply; you may review them at your local welfare office: 63-300, 63-503

Questions? Ask your worker.  
(Statement: If you think this notice is wrong, you should contact your worker. The back of this notice tells you how. Your benefits may not be changed until you ask for a hearing before the decision final price.

CalFresh Budget  
Report Month 11/2021  
Household Size 2

Total Countable Earned Income	\$0.00
Adjusted Countable Earned Income	\$0.00
Total Countable Unearned Income	\$0.00
Net Countable Income	\$0.00
Standard Deduction	\$177.00
Dependent Care	\$0.00
Homeless Shelter Deduction	\$0.00
Excess Medical Expense for Aged/Disabled	\$0.00
Total Deductions	\$177.00
Preliminary Adjusted Income	\$0.00
Housing Expenses	\$0.00
Utility Expenses	\$487.00
Adjusted Net Income	\$0.00
CalFresh Allotment	\$351.00
Less Overissuance	-\$0.00
Total CalFresh Allotment	=\$351.00

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# Document #7: PG&E Electric Bill

## Sample M: PG&E Electric Bill "Energy Statement"

- During the application review process, you may be asked to submit a copy of your PG&E electric bill.
- If this is requested, please submit a recent copy of all pages of your PG&E Energy Statement displaying your PG&E electric Service Agreement ID (XXXXXXXXXX), service address (matching your registration address), and a date. The applicant’s name does not need to be listed as the account holder name on your electric bill.
- The Energy Statement must show details for service that occurred at the time of application submission or after.
- This information is typically found on page 3 of your bill in the section "Details of Electric Charges." Your Service Agreement ID is not located on the first page of your statement and the full bill should be submitted.



**ENERGY STATEMENT**  
www.pge.com/MyEnergy

Account No: 1023456789-0  
Statement Date: mm/dd/yyyy  
Due Date: mm/dd/yyyy

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**Details of Electric Charges**

01/20/2022 - 02/17/2022 (29 billing days)

Service For: 1234 MAIN STREET

Service Agreement ID: 9876543210

Rate Schedule: Time-of-Use (Peak Pricing 4 - 9 p.m. Every Day)

Enrolled Programs: CARE (Renew by 12/08/2023)

**01/20/2022 - 02/17/2022**

Baseline Allowance	321.90 kWh	(29 days x 11.1 kWh/day)	
<b>Energy Charges</b>			
Peak	64 375700 kWh	@ \$0.35064	\$22.57
Off Peak	115 776700 kWh	@ \$0.33331	38.50
Baseline Credit	180 152400 kWh	@ \$0.08206	-14.78
CARE Discount			-16.21
Energy Commission Tax			0.05
Fairfield Utility Users' Tax (2.000%)			0.00
<b>Total Electric Charges</b>			<b>\$30.82</b>

**Service Information**

Meter # 987654321X  
Total Usage 180.152400 kWh  
Baseline Territory S  
Heat Source B - Not Electric  
Serial Y  
Rotating Outage Block 50

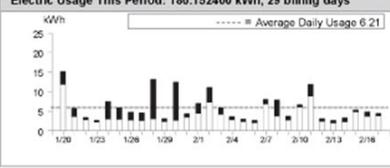
Your CARE usage is charged at these rates (\$/kWh). Differences may occur due to rounding.

01/20/2022 - 02/17/2022

Peak	0.22806
Off Peak	0.21680
Baseline	
Credit	-0.05338

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**Electric Usage This Period: 180.152400 kWh, 29 billing days**



Usage	Energy Charges
Peak 35.25%	\$22.57
Off Peak 64.27%	\$38.50

Peak: 4:00pm-9:00pm, Every Day  
Off Peak: All Other Hours

Visit [www.pge.com/MyEnergy](http://www.pge.com/MyEnergy) for a detailed bill comparison. Page 3 of 5

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## Pre-Owned EV Rebate and Rebate Plus Sample Supporting Documents

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