



SOUTHERN CALIFORNIA
EDISON[®]

Energy for What's Ahead[®]

SCE Charge Ready Home Program Sample Supporting Documents



Center for
Sustainable
Energy[®]

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Document #1: Proof of Identity (Government Issued ID)

A copy of the resident's current (not expired) government ID, such as a California driver license, should be submitted for proof of identity. Please ensure all edges of the license are visible and all text is legible in your photo or scan.



Document #2: Income Verification

(if applying for an income-qualified incentive)

Sample A: Public Assistance Program Enrollment Document

Note: This document only needs to be submitted if applying for an income-qualified incentive and enrolled in one of the qualified public assistance programs listed below. Income can also be verified by submitting a Household Income Summary Form (Sample B) and IRS Form 4506-C (Sample C).

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

- Applicant name
- 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.

Rebate Plus Qualifying State and Federal Programs

- Bureau of Indian Affairs General Assistance: <https://www.benefits.gov/benefit/801>
- CalFresh/SNAP (Food Stamps): <https://www.benefits.gov/benefit/1228>
- CalWorks (TANF)/Tribal TANF:
 - <https://www.benefits.gov/benefit/1229>
 - <https://www.benefits.gov/benefit/627>
- Drive Clean in the San Joaquin Replace Program*:
<https://www.valleyair.org/drivecleaninthesanjoaquin/replace/>
 - *Applicants with applications and supporting documents submitted on or after the eligible date 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.
- Head Start Income Eligible (Tribal Only): <https://www.benefits.gov/benefit/1899>
- Low Income Housing Energy Assistance Program (LIHEAP): <https://www.benefits.gov/benefit/1540>
- Medi-Cal (Income Qualified Medi-Cal Only): <https://www.benefits.gov/benefit/1620>
 - See Page 5 of this document for details on acceptable Medi-Cal supporting documents.
- Medi-Cal for Families (Healthy Families A&B):
<https://www.dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx>
- Supplemental Security Income (SSI): <https://www.benefits.gov/benefit/4412>
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<https://www.benefits.gov/benefit/2041>

Income-Qualified Medi-Cal Notice of Action Approval Letter

Note: This document only needs to be submitted if applying for the income-qualified program 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 they were income verified within the last 12 months. We do not accept health insurance membership cards for this requirement.

COUNTY OF LOS ANGELES 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

**NOTICE OF ACTION
MEDI-CAL APPROVAL**

Dear [redacted],

We have reviewed your eligibility for health coverage. We used the information you gave us as accurate 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 effect. 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

Document #3: Household Summary Form

(if applying for the income-qualified incentive via Income Verification)

Sample B: Household Summary Form

Note: This document only needs to be submitted if applying for an income-qualified incentive and you are not enrolled in one of the qualified public assistance programs.

- The prefilled 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, clear, and legible scan/photo with all details visible.

EDISON
Energy for What's Ahead

You may be eligible for the Edison Rebate Plus program if you are a resident of the territory in which you are applying. Please fill out, sign, and return a copy of this form to Edison.

Household size information is required for the Edison Rebate Plus program. Household size information is based on the number of individuals included in your tax return. Household size information is based on the number of individuals included in your tax return. Household size information is based on the number of individuals included in your tax return.

Fill out lines A, B and C below regarding your household size at the time of vehicle purchase or lease*. Enter N/A if applicable.

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)

Enter the name of each household member aged 18 or older included in your federal income tax return filed for the same year of the purchase or lease date of the vehicle.

Individual	Individual Full Name (including you and any spouse or dependents age 18 or older included in your tax return)
1 - Applicant	

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

Checkmark 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: _____

Your application ID is in your confirmation email.

Document #4: IRS Form 4506-C

(if applying for the income-qualified incentive via Income Verification)

Sample C: IRS Form 4506-C

Note: This document only needs to be submitted if applying for an income qualified incentive and not enrolled in one of the qualified public assistance programs.

- 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, clear, and legible scan/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

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.

1. Taxpayer information

1. First name
2. Middle initial
3. Last name/POB/previous name
4. Spouse's first name
5. Spouse's middle initial
6. Spouse's last name

2. IVE participant information

A. IVE participant name
Center for Sustainable Energy
B. IVE participant ID number
0000300607
C. IVE participant address
3980 Sherman Street, Suite 170
D. City
San Diego
E. State
CA
F. ZIP code
92110

3. Taxpayer address

1. First name
2. Middle initial
3. Last name
4. Street address (including apt., room, or suite no.)
5. City
6. State
7. ZIP code

4. IVE participant address

A. IVE participant name
Center for Sustainable Energy
B. IVE participant ID number
0000300607
C. IVE participant address
3980 Sherman Street, Suite 170
D. City
San Diego
E. State
CA
F. ZIP code
92110

5. Taxpayer identification

1. Client name
Center for Sustainable Energy
2. Client address
3980 Sherman Street, Suite 170
3. Client city
San Diego
4. Client state
CA
5. Client ZIP code
92110

6. IVE participant identification

A. IVE participant name
Center for Sustainable Energy
B. IVE participant ID number
0000300607
C. IVE participant address
3980 Sherman Street, Suite 170
D. City
San Diego
E. State
CA
F. ZIP code
92110

7. Taxpayer signature

1. Signature
2. Date
3. Title

8. IVE participant signature

1. Signature
2. Date
3. Title

9. Sign Here

1. Signature
2. Date
3. Title

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

Document #5: EV Charger Attestation

Sample D: EV Charger Attestation

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Electric Vehicle Charger Installation Attestation Form

SCE Charge Ready Home Program

Southern California Edison Charge Ready Home Program (Program) participants must (1) install a Level 2 (L2) Charging Station (hardwired or plug-in) prior to receiving the rebate; or (2) attest that they are planning to install an L2 Charging Station no later than 180-days after installing the panel upgrade and install such L2 Charging Station within that timeframe. By signing this attestation, you confirm that you understand and agree to comply with this Program requirement. For complete Program requirements, see the SCE Charge Ready Home Terms and Conditions.

This attestation must be signed by the same person that submits the Charge Ready Home application. If the applicant does not own the property, the property owner must also sign the attestation. The applicant is responsible for obtaining the property owner's signature.

More information is available on the [How to Apply](#) page.

All fields are required to be completed, except for the Property Owner Information which is only required if the applicant does not own the property.

Installation Address

The information below must match the information entered on the Charge Ready Home application. Discrepancies will delay processing of your application. Applicant refers to the individual applying for the Charge Ready Home rebate.

Applicant Name _____

Installation Street Address _____

City _____

State _____

ZIP Code _____

Phone _____

Email _____

Property Ownership Information

Please complete the following information.

If you are not the property owner, please have the property owner fill out and sign the Property Owner section.

Applicant is the property owner

Applicant is not the property owner

Attestation

Applicant hereby represents and warrants that: 1) all the information provided above is true and correct; 2) the individual signing understands that the Charge Ready Home program provides rebates for electric panel upgrades to prepare homes for Level 2 EV charging; and 3) applicant has installed or plans to install, and shall install, a Level 2 (L2) Charging Station no later than 180-days after receiving the panel upgrade.

Printed Name _____

Signature of Applicant _____

Date _____

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Property Owner

If the applicant is the same as the property owner, please check the appropriate box in the Property Ownership Information section above and leave this section blank. Otherwise, this section is required for the form to be deemed complete.

Please provide the name of the property, city, trust or individual that owns the property.

Property Owner Name _____

Please provide the following contact information for the property owner or a representative of the property owner who can answer follow-up questions if needed.

Representative _____

Phone _____ Email _____

By signing below, the property owner represents and warrants that: 1) the property owner is the vested owner of the real property located at the address listed in the Installation Address section and 2) the property owner consents to (1) the installation of an electrical panel upgrade of the property; and (2) the applicant's participation in the Charge Ready Home program. For more details about the Program, including its Terms and Conditions, go to [evhome.sce.com](#).

Signature of Property Owner Representative _____

Printed Name _____ Date _____