



Income Eligibility Verification

Client Name and Contact Information	
Number of Persons in Household	
Gross Annual Income*	

**Annual Income is based on the most recent 30-day period, projected for the next 12 months. Income sources terminated in the last month do not need to be included in this calculation.*

Instructions for Case Manager/Agency Verifying Income: *Note: the client MUST email New Hope Automotive for an appointment. We need this form completed before we schedule their appointment. We will not call them upon receipt of this form.*

This form is to certify that the income received by the above-named individual does not exceed the following income eligibility guidelines for services from New Hope Automotive:

<u>Federal Poverty Guidelines 2026 (150%)</u>			
Persons in Household	Annually	Monthly	Weekly
1	\$23,940	\$1,995	\$498
2	\$32,460	\$2,705	\$676
3	\$40,980	\$3,415	\$853
4	\$49,500	\$4,125	\$1,031
5	\$58,020	\$4,835	\$1,208
6	\$66,540	\$5,545	\$1,386

Documentation of Client Income: New Hope Automotive expects that third parties completing this form will maintain source documents used to determine income for clients who are planning to be customers at New Hope Automotive (following your agency's retention policies). We do not require that you submit this documentation, only this signed Certification of Income Eligibility.

I certify that the household of _____ is at/below 150% of Federal Poverty Guidelines.

Case Manager / Agency Staff Signature

Date

Referral Agency Name

RETURN FORM TO: incomeverification@newhopeautomotive.org
WE DO NOT HAVE A FAX