

EmPOWER CLEAN ENERGY Communities Grant Program
Building Change Inc., Municipal Collaboration for L/M Income Energy Efficiency Upgrades
Maryland Energy Administration Grant No.: 2021-02 and 03-331S1
Website: <https://www.edge-gogreen.com/grants/> and
<https://buildingchange.net/>

Affidavit of Income

Applicant's Name: _____







Address: _____

City, State, Zip: _____

Phone Number: (Home) _____ (Cell) _____

Work: _____ email: _____

____ I am a Veteran ____ I am a Senior Citizen

Number of People Living in House	Owner(s) Only Annual Income Less than:		Number of People Living in House	Owner(s) Only Annual Income Less than:
1 	\$59,234.00		2 	\$67,681.00
3 	\$76,128.00		4 	\$84,575.00
5 	\$91,375.00		6 	\$98,122.00

I certify that there are [] persons living in the house and my/our annual gross income is LESS THAN the stated maximum allowable income identified above in the "Income Table." Supported by the following document which is attached: _____ (*initial*)

I understand that this information is subject to verification by the State of Maryland.

2020 or 2021 Federal Form 1040 Income Tax Return (**Page 1 and Page 2 only**)

or

Social Security Annual Benefit Stub or proof of income (*if you're not required to file*)

Utility and Energy Supplier Information

Gas Utility: _____ Account #: _____ bill attached _____

Electric Utility: _____ Account #: _____ bill attached _____

Other Fuel Supplier: _____ Oil Propane / Account #: _____

Please complete and return the affidavit with your TAX Forms (income verification) to:
Lt. (Ret.) James (Jim) Flynn, Building Change, Inc., located at 6852 Distribution Drive, Beltsville, MD 20705,
240-786-4186 (fax); email: JF258@aol.com or Alison Miller at email: stg_am@msn.com , for appropriate processing.

I understand COVID-19 is contagious and I am comfortable with the contractors performing services while utilizing PPE equipment for our mutual safety. I solemnly declare, under oath, and subject to the penalties of perjury, that the above information is true and correct to the best of my knowledge and belief.

Signature of Affiant Date

Person Receiving Affidavit Date