



# SCE Pre-Owned EV Rebate and Rebate Plus

## 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

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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 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.
  - [Sample D](#): Certificate of Title
- If the 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.
- If purchased in a private party sale and not purchased from a registered dealer, the Transfer Date on the new owner's Certificate of Title shall be considered the date of purchase. For private-party sales, if the transfer date is missing from the Certificate of Title, additional documentation may be required to confirm your purchase date.

# Sample A: Purchase Agreement

Scan all pages of your signed purchase/lease agreement and combine them into one file. All sections, signatures, and pages must be present and legible. This can be a carbon copy or a digital copy from your dealership.

**LAW 553-CA-ARB-eps 7/16**

**RETAIL INSTALLMENT SALE CONTRACT – SIMPLE FINANCE CHARGE (WITH ARBITRATION PROVISION)**

Dealer Number \_\_\_\_\_ Contract Number \_\_\_\_\_ R.O.S. Number \_\_\_\_\_ Stock Number \_\_\_\_\_

Buyer Name and Address <small>(Including County and Zip Code)</small> <div style="background-color: #ccc; height: 20px; width: 100%;"></div>	Co-Buyer Name and Address <small>(Including County and Zip Code)</small> <div style="background-color: #ccc; height: 20px; width: 100%;"></div>	Seller-Creditor (Name and Address) <div style="background-color: #ccc; height: 20px; width: 100%;"></div>
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You, the Buyer (and Co-Buyer, if any), may buy the vehicle below for cash or on credit. By signing this contract, you choose to buy the vehicle on credit under the agreements on all pages of this contract. You agree to pay the Seller - Creditor (sometimes "we" or "us" in this contract) the Amount Financed and Finance Charge in U.S. funds according to the payment schedule below. We will figure your finance charge on a daily basis. The Truth-In-Lending Disclosures below are part of this contract.

New Used	Year	Make and	Model	Mileage	Vehicle Description	Primary Use	Which Purchased Person, family or household unless otherwise indicated below. Business or Commercial
Used	2016	Ford	Mustang	10000	Sedan	Personal	Personal

SAMPLE

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments	Total Sale Price
%	\$ (e)	\$ (e)	\$ (e)	\$ (e)
(e) means an estimate				

**YOUR PAYMENT SCHEDULE WILL BE:**

Number of Payments:	Amount of Payments:	When Payments Are Due:
One Payment of	N/A	N/A
One Payment of	N/A	N/A
One Payment of	N/A	N/A
	\$	Monthly beginning
One final payment	N/A	N/A

**Late Charge.** If payment is not received in full within 10 days after it is due, you will pay a late charge of 5% of the part of the payment that is late.

**Prepayment.** If you pay early, you may be charged a minimum finance charge.

**Security Interest.** You are giving a security interest in the vehicle being purchased.

**Additional Information:** See this contract for more information including information about nonpayment, default, any required repayment in full before the scheduled date, minimum finance charges, and security interest.

AUTO BROKER FEE DISCLOSURE

If this contract reflects the retail sale of a new motor vehicle, the sale is not subject to a fee received by an autobroker from us unless the following box is checked:

Name of autobroker receiving fee, if applicable: \_\_\_\_\_

Buyer Signs X \_\_\_\_\_ Co-Buyer Signs X \_\_\_\_\_

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Buyer Signs X \_\_\_\_\_ Co-Buyer Signs X \_\_\_\_\_

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Buyer Signs X \_\_\_\_\_ Co-Buyer Signs X \_\_\_\_\_

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Buyer Signs X \_\_\_\_\_ Co-Buyer Signs X \_\_\_\_\_

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# 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.

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

California law does not provide a "cooling off" period for motor vehicle leases. Therefore, you cannot later cancel this lease simply because you change your mind or decide the vehicle costs too much. If you wish you had a different vehicle, you may cancel this lease with the agreement of the lessor for the cause, and as for

**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



## Sample C: Vehicle Configuration and Final Price Sheet

If you purchased your vehicle from a retailer that provides you a Vehicle Configuration and Final Price Sheet as your Motor Vehicle Purchase Agreement, both documents shown below must be submitted together to create a complete purchase agreement.

Your Vehicle Configuration must list your VIN and the date “Accepted by Customer on” to be considered complete. If your Vehicle Configuration is missing the date “Accepted by Customer on” we may accept a copy of your signed Motor Vehicle Purchase Agreement Terms and Conditions or your Delivery Declaration.

**Motor Vehicle Purchase Agreement  
Vehicle Configuration**

Customer Information	Description	Total in USD
VIN		
Reservation		
Order Fee Payment		
Transport Fee Payment		
Order Deposit		
Accepted by Customer on		
Odometer		
	Subtotal	\$
	Destination Fee	\$
	Documentation Fee	\$
	Order Fee	\$
	Transportation Fee (if applicable)	\$
	Order Modification Fee (if applicable)	\$
	<b>Total</b>	\$

Price indicated does not include taxes and governmental fees, which will be calculated as your delivery date nears. You will be responsible for these additional taxes and fees.

**MOTOR VEHICLE PURCHASE AGREEMENT  
Final Price Sheet**

DATE OF AGREEMENT: \_\_\_\_\_

BUYER'S AND CO-BUYER'S NAME AND ADDRESS:	SELLER'S NAME AND ADDRESS:
_____	_____

DESCRIPTION OF PROPERTY

New/Used	Year	Make	Model	Style	Vehicle Identification Number	Odometer
Used						7737

**PRICE**

- Vehicle Price (A) \$ \_\_\_\_\_ (A)
- Trade-in allowance (B) \$ \_\_\_\_\_ (B)
- Other: N/A (C) \$ \_\_\_\_\_ (C)
- Total Vehicle Price (A through C) \$ \_\_\_\_\_ (1)

**2. Sales Tax Calculation**

A. Trade-in tax credit (if applicable)	\$	0.00	(A)
B. Taxable Fees (if applicable)	\$	0.00	(B)
C. Subtotal of Taxable Items	\$	_____	(C)
D. Sales Tax	\$	_____	(2D)
E. Other: N/A	\$	0.00	(2E)
Total Cash Price (1 plus 2D and 2E)	\$	_____	(2)

**3. Amounts Paid to Government Agencies\***

A. Registration/Transfer/Titling Fees	\$	_____	(A)
B. License Fee (if applicable)	\$	_____	(B)
C. Tire Fee (if applicable)	\$	0.00	(C)
D. Battery Fee (if applicable)	\$	0.00	(D)
E. Other Fee(s): Electronic Filing Fee	\$	_____	(E)
F. Other Fee(s): N/A	\$	0.00	(F)
G. Other Fee(s): N/A	\$	0.00	(G)
Total Government Fees (A through G)	\$	_____	(3)

**4. Subtotal (2 plus 3)** \$ \_\_\_\_\_ (4)

**5. Total Credits**

A. Deposit	\$	_____	(A)
B. Order Fee Payment	\$	0.00	(B)
C. Transport Fee Payment (if applicable)	\$	_____	(C)
D. Financed Amount:	\$	_____	(D)
E. EV Incentive (if applicable)	\$	0.00	(E)
F. Trade in value applied to purchase (if applicable)	\$	0.00	(F)
G. Customer downpayment	\$	_____	(G)
Total Credits (A through G)	\$	_____	(5)

**6. Amount Due from Buyer (4 through 5)** \$ \_\_\_\_\_ (6)

\*Seller may retain or receive part of the amounts paid to others.  
Auto Broker Fee: This transaction is not subject to a fee received by an auto broker from Seller unless this box is checked:  
 If checked, name of auto broker receiving fee: \_\_\_\_\_

Motor Vehicle Purchase Agreement – Final Price Sheet Page 1 of 1

## Sample D: Certificate of Title

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		
[REDACTED]			[REDACTED]		[REDACTED]		[REDACTED]		
BODY TYPE MODEL		AX	UNLADEN WEIGHT	FUEL	TRANSFER DATE	FEE PAID	REGISTRATION EXPIRATION DATE		
4D						NONE	03/08/2021		
YR 1ST SOLD		CLASS	*YR	MO	EQUIPMT/TRUST NUMBER		ISSUE DATE		
2017			2020	00			03/01/21		
MOTORCYCLE VIN NUMBER		MOTORCYCLE CLASS		DATE	METER READING				
[REDACTED]				1/1/2020	75877 MI				
REGISTERED OWNER		[REDACTED]							
<b>SAMPLE</b>									
I certify (or declare) under penalty of perjury under the laws of the State of California that THE SIGNATURE(S) BELOW RELEASES INTEREST IN THE VEHICLE.									
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 [REDACTED] (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.									
WARNING <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				
[REDACTED]					[REDACTED]				
<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)				
[REDACTED]					Release Date [REDACTED]				
<b>KEEP IN A SAFE PLACE - VOID IF ALTERED</b>									




## 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.
- Your temporary registration, called the “Used Vehicle Dealer Notice”, is often folded up and taped to your windshield. If submitting the temporary registration, be sure to unfold the document so all edges of the document are included.
- Your vehicle must be registered to your current, residential SCE address and your registration document must be valid.
- Note: If the address on your registration is not your current, residential SCE 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 E: Registration Card

REGISTRATION CARD VALID FROM: 03/08/2021 TO: 03/08/2022							
MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
[REDACTED]	2017	2017		2020			
BODY TYPE MODEL	MP	MO				VEHICLE ID NUMBER	[REDACTED]
TYPE VEHICLE USE	ISSUED	VALCO	DT	RCVD	C		
AUTOMOBILE	03/08/21			03/08/20	9		
REGISTERED OWNER						EXP DATE:	03/08/2021
[REDACTED]						AMOUNT PAID	\$ 308.00
	AMOUNT DUE	AMOUNT RCVD					
	\$ 308.00	CASH :	200.00				
		CHCK :	108.00				
		CRDT :					
LIENHOLDER							



# Document #4: IRS Form 4506-C

(if applying for Rebate Plus via Income Verification)

## Sample F: 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 12](#).

- 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, legible scan or photo with all details visible.

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
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.				
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
1b. First taxpayer identification number		2b. Spouse's first taxpayer identification number (if joint return and transcripts are requested)		
1c. Previous name shown on the last return filed (if different from line 1a)		2c. Spouse's previous name shown on the last return filed (if different from line 2a)		
I. First name	II. Middle initial	III. 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 the last return filed (different from line 3) (see instructions)				
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		II. IVES participant ID number	III. SOR mailbox ID	
Center for Sustainable Energy		0000303607		
IV. Street address (including apt., room, or suite no.)		V. City	VI. State	VII. ZIP code
3980 Sherman Street, Suite 170		San Diego	CA	92110
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		II. Telephone number		III. ZIP code
Center for Sustainable Energy		858-244-1177		92110
III. Street address (including apt., room, or suite no.)		IV. ZIP code		
3980 Sherman Street, Suite 170		92110		
Caution: This tax transcript is being sent to the taxpayer. See instructions for more information.				
6. Transcript requested. Enter the tax year or period requested. Enter the tax year or period using the mm dd yyyy format. (see instructions)				
1040				
a. Return Transcript <input checked="" type="checkbox"/>				
7. Wage and Income transcript (W-2)				
a. Enter a max of three form numbers				
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers				
Line 1a	<input type="checkbox"/>	Line 2a	<input type="checkbox"/>	
8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format. (see instructions)				
12 / 31 / 2021				
Caution: Do not sign this form unless all applicable lines have been completed.				
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-1b and 2a-2b, 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 attests 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.				
Sign Here		Date		
<input checked="" type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		
Print/Type name		Print/Type name		
Title (if line 1a above is checked)		Title (if line 2a above is checked)		
Spouse's signature (if line 2a above is checked)		Spouse's signature (if line 2a above is checked)		
<input checked="" type="checkbox"/> Form 4506-C was signed electronically		<input type="checkbox"/> Form 4506-C was signed electronically		
Print/Type name		Print/Type name		

Fill in all applicable fields in the green sections.

This section is pre-filled for your convenience. Please DO NOT edit.

Fill in all applicable fields in the green sections.



# Document #5: Household Summary Form

(if applying for Rebate Plus via Income Verification)

## Sample G: Household Summary Form

Note: This document only needs to be submitted if applying for Rebate Plus *and* you are not enrolled in one of the qualified public assistance programs listed on [page 12](#).

- 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.

**SCE 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 Southern California Edison territory in which you resided at the time of vehicle purchase or lease. To determine if you are eligible for Rebate Plus, please fill out, sign, date, and return this Household Summary Form.

**Household size** listed on the applicable tax return. 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).

**Household income** Supplemental Security Income, Social Security, pension income, interest, dividends, rents, assistance from outside the household, and other income. Enter the 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	
2	
3	
4	
5	
6	
7	
8	

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

Check/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: S- \_\_\_\_\_

Your application ID is in your confirmation email.

# 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
- 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 13 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>

# Sample H: 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 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 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 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.