



**Rhode Island Office of Energy Resources**  
 1 Capitol Hill, 4th Fl  
 Providence, RI 02908



**Electric Vehicle Rebate Program**

Application number:

*(To be filled out by Program Administrator)*

### Attestation of Income

I,

*(first name)*

*(middle name)*

*(last name)*

attest that my annual income for the benefit year in which I will receive the incentive rebate for an electric vehicle is \$

\_\_\_\_\_, \_\_\_\_\_.  
*(annual income)*

Household Size \_\_\_\_\_ *(number of individuals living in your home)*

I acknowledge that the information provided on this form will only be used for purposes of eligibility determination for the DRIVE+ incentive rebate program. The RI Office of Energy Resources will keep this information private, as required by federal and state law.

I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification may subject me to disqualification from the DRIVE+ incentive rebate program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY