

This does not constitute tax advice. All persons considering use of available incentives should consult with their own tax professional to determine eligibility, specific amount of benefit available, if any, and further details.

STATE OF CALIFORNIA Replace Your Ride Vehicle Retirement Incentive

Short Description: Residents within the jurisdiction of the SCAQMD and other qualifying communities have the ability to receive a cash rebate of up to \$9,500 to replace their vehicle eligible for retirement with a more fuel-efficient vehicle.

Beneficiary: Residents within the jurisdiction of the SCAQMD, the air pollution control agency for all of Orange County and the urban portions of Los Angeles, Riverside and San Bernardino counties

Type of Incentive: Cash Rebate

Effective Dates: Current Benefit, No Sunset Date

Value of Benefit: Up to \$9,500, application is necessary to be eligible for incentive. Application has been reproduced below.

Full Description: Residents within the jurisdiction of the South Coast Air Quality Management District (SCAQMD), with low-income may qualify for a cash rebate to replace a vehicle eligible for retirement with a more fuel-efficient vehicle. See tables below for income level information and incentive amount details.

State Statutory References: Not Applicable

Other Link(s):

Program Website: <http://www.replaceyourride.com/>

Contact: For additional information or questions, please contact Replace Your Ride at (844)797-2223 or info@replaceyourride.com

REPLACE YOUR RIDE (EFMP) CONSUMER APPLICATION AND AGREEMENT

This application may be completed and submitted on line at www.replaceyourride.org or faxed to 909-396-3748

| Participant and Retirement Vehicle Information | | Application ID. |
|--|---|--|
| 1. Registered Owner | First Name: | Last Name: |
| 2. Co-Owner (if applicable) | First Name: | Last Name: |
| 3. Residence Address: | | |
| 4. City: | 5. State: | 6. Zip Code: |
| 7. Home Phone: | 8. Cell Phone: | 9. Email address: |
| Additional Contact (if different from above – optional) Name | | Phone |
| 10. Vehicle Identification Number (VIN) | 11. Vehicle License Plate | 12. Odometer Reading (Mileage) |
| 13. Vehicle Model Year: | 14. Vehicle Make: | 15. Vehicle Model & Trim Level: |
| 16. Vehicle Powered by: | 17. Notification Method: | |
| 18. Number of People (Include Yourself) in your Household: | | |
| 19. Gross Household Income is: | | <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year |
| Based Upon Your Responses, You appear to be eligible for up to \$ _____ in Incentives | | |
| 20. I am seeking to retire the vehicle described above and wish to obtain: | | |
| <input type="checkbox"/> A New or Newer Vehicle | <input type="checkbox"/> A Transit Pass | <input type="checkbox"/> A Rideshare Subscription |
| 21. I wish to purchase a conventional hybrid, plug-in hybrid, or zero-emission vehicle | <input type="checkbox"/> YES | <input type="checkbox"/> No |
| 22. I would like information on financial assistance to purchase a new or newer car | <input type="checkbox"/> YES | <input type="checkbox"/> No |
| 23. Application Status: | | |

FOR INTERNAL USE ONLY – DO NOT MARK IN THIS SPACE

Consumer Representations and Disclosures: REFERRED BY _____ VERIFIED BY _____ CASE MANAGER _____

I, the vehicle owner am a resident of the SCAQMD and will provide proof of residency acceptable to SCAQMD.

The vehicle described above is the vehicle to be retired and:

- Is currently registered in California as an operational vehicle and has been continuously registered in a California as an operational vehicle for the past 2 years with exceptions (see allowable exceptions section).
- Is a gasoline or diesel powered light or medium vehicle (up to 10,000 pounds Gross Vehicle Weight Rating [GVWR])

I understand that the vehicle to be retired may be required to undergo a tailpipe smog check test or have emissions measured by a remote sensing device and that 2000 Model year and newer vehicles need to exceed an emission level in order to qualify. I understand that I must retire my vehicle by transferring title to an authorized automobile dealership or dismantler and provide proof of ownership and photo identification.

I understand that the replacement vehicle must be eight (8) model years old or newer and meet minimum fuel economy ratings.

I understand that I will be required to submit tax return documentation for the most recent year from Internal Revenue Service (IRS) or the California State Franchise Board to verify household income and number or persons in household, or alternative government-issued documentation if pre-approved by the South Coast Air Quality Management District.

I understand that any incentive that I receive will be reported as income to the IRS and I will be issued a Form 1099 through the South Coast Air Quality Management District.

I agree to respond to any requests within a two week period for information about replacement vehicle by South Coast Air Quality Management District or its designee

I agree to retain ownership of replacement vehicle for at least 30 months.

My signature below gives express written consent to the South Coast Air Quality Management District and/or its agents or designees to capture, use, study, report, and disclose information provided in this application and any related vehicle emissions data to other third parties as allowable under applicable federal, state, and/or local laws or regulations.

By submission of this document, I declare, under penalty of perjury, under the laws of the state of California, the information provided within this Consumer Application is true and correct.

Under penalty of perjury, I certify that:

I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding

Date: _____

Date: _____

Vehicle Owner Signature

Co-Owners Signature (Must sign if indicated at top)

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Offer is valid for only 60 days following the application date. If expired, please request an extension by contacting the Call Center at 844-797-2223.

Please provide the information from the Consumer and Retirement Vehicle Information portion of this application.

Allowable Exceptions

- The vehicle to be retired:
 - a. Is currently DMV registered with the Department of Motor Vehicles with a valid and unexpired registration sticker or have all fees paid to the Department of Motor vehicles and not have a registration that has been expired more than 120 days, and has been continuously registered in California with the Department of Motor Vehicles without substantial lapse during the two consecutive years preceding the current registration expiration date, such that it has not experienced breaks in registration totaling more than 120 days, OR
 - b. Is unregistered or currently registered if proven to have been driven primarily in California for the last two years and not to have been registered in any other state or country in the last two years. Documentation of operation in California includes the following:
 - (1) Proof of continuous insurance coverage in California for the two consecutive years preceding application date, without lapses in insurance coverage totaling more than 120 days; or
 - (2) At least two invoices from an Automotive Repair Dealer registered at the time of the repair with the Bureau of Automotive Repair (Bureau), where the invoices are from two separate calendar years and the oldest invoice is not older than twenty-four months prior to the date of application receipt. The invoices must show the following:
 1. The Automotive Repair Dealer's valid registration number as issued by the Bureau;
 2. The name and address of the Automotive Repair Dealer, as shown on the Bureau's records;
 3. Description of a repair or maintenance operation performed to the vehicle
 4. The vehicle year, make, model, and vehicle identification or license plate number matching the vehicle to be retired; and
 5. The date of the repair or maintenance visit.
- Determination of an individual vehicle's operational history shall be based on registration data for that vehicle obtained from DMV records or alternative forms of vehicle usage.

Vehicles Not Eligible for Retirement

- Dismantled or salvaged vehicles that have not been reregistered pursuant to section 11519 of the Vehicle Code.
- Vehicles registered to a non-profit or business.
- Vehicles operated by a public agency or fleet licensed and registered pursuant to Health and Safety Code sections 44019 and 44020
- Vehicles undergoing a transfer of ownership are ineligible

Fuel Economy Standards for Replacement Vehicles

| Model Year | Minimum USEPA Combined Fuel Economy Rating | Minivan Minimum Combined Fuel Economy Rating |
|------------|--|--|
| 2010 | 22 | 19 |
| 2011 | 25 | 21 |
| 2012 | 28 | 21 |
| 2013 | 29 | 21 |
| 2014 | 30 | 21 |
| 2015 | 31 | 21 |
| 2016 | 36 | 23 |
| 2017 | 37 | 23 |

Vehicle Replacement Incentives

| Income Eligibility | | 8 year old or newer 20+ MPG (Combined) | 35+ MPG (Combined) | Plug-In Hybrid and Zero-Emission Vehicle | Alternative Transportation Mobility Options |
|--------------------|----------------|---|-----------------------|--|---|
| Level I | Base Incentive | \$4,000 | \$4,500 | \$4,500 | \$4,500 |
| | Plus-Up* | \$2,500 | \$2,500 | \$5,000 | N/A |
| | Total | \$6,500 | \$7,000 | \$9,500 | \$4,500 |
| Level II | Base Incentive | N/A | \$3,500 | \$3,500 | \$3,500 |
| | Plus-Up* | N/A | \$1,500 | \$4,000 | N/A |
| | Total | N/A | \$5,000 | \$7,500 | \$3,500 |
| Level III | Base Incentive | N/A | N/A | \$2,500 | \$2,500 |
| | Plus-Up* | N/A | N/A | \$3,000 | N/A |
| | Total | N/A | N/A | \$5,500 | \$2,500 |

*Advanced technology vehicles eligible for Plus-Up include: conventional hybrid, plug-in hybrid, zero-emission

For additional information on the Replace Your Ride Program and/or assistance in filling out this application, please contact the Call Center toll free at 844-797-2223

Applications can be submitted online, or mailed or faxed to our office. Visit the contact page for details.

Make sure to save a copy of application for yourself.



Vehicle Replacement Incentives

| Income Eligibility | | Newer Vehicle* | Hybrid-Electric Vehicle 20+ MPG* | Hybrid-Electric Vehicle 35+ MPG | Conventional Fuel-Efficient Vehicle (35+ MPG) | Plug-In Hybrid And Zero-Emission Vehicle | Public Transit and/or Rideshare |
|-----------------------------|----------------|----------------|----------------------------------|---------------------------------|---|--|---------------------------------|
| Low ⓘ (≤225% FPL) | Base Incentive | \$4,000 | \$4,000 | \$4,500 | \$4,500 | \$4,500 | \$4,500 |
| | Plus-Up | N/A | \$2,500 | \$2,500 | N/A | \$5,000 | N/A |
| | Total | \$4,000 | \$6,500 | \$7,000 | \$4,500 | \$9,500 | \$4,500 |
| Moderate ⓘ | Base Incentive | N/A | N/A | \$3,500 | \$3,500 | \$3,500 | \$3,500 |

Eligibility Overview

Further details are provided during the application process, but here's an overview of program elig

| 1. Location ▼ | | | |
|---|-------------------------|------------------------------|------------------------------------|
| 2. Household Income ▲ | | | |
| <p>The Replace Your Ride Program is available for individuals who live in households with household income at or below 400 percent of federal poverty level (FPL). Visit the Replacement options page (/RYP/Home/ReplacementOptions) to view replacement vehicle and alternative transportation mobility options by income level. See table below for income level information.</p> | | | |
| Persons in household | Income level | | |
| | Low ($\leq 225\%$ FPL) | Moderate ($\leq 300\%$ FPL) | Above moderate ($\leq 400\%$ FPL) |
| 1 | \$26,730 | \$35,640 | \$47,520 |
| 2 | \$36,045 | \$48,060 | \$64,080 |
| 3 | \$45,360 | \$60,480 | \$80,640 |
| 4 | \$54,675 | \$72,900 | \$97,200 |
| 5 | \$63,990 | \$85,320 | \$113,760 |
| 6 | \$73,305 | \$97,740 | \$130,320 |
| 7 | \$82,642.50 | \$110,190 | \$146,920 |
| 8 | \$92,002.50 | \$122,670 | \$163,560 |
| For families (households) with more than eight persons, add \$4,160 for each additional person | | | |

Check Your

* Zip Code :

Enter your zi

* No. of people

No. of peopl

* Gross Income

\$ Househ

* I am seeking to

Select Repla

Check Your