

# Smog Check

## Consumer Assistance Program Application

[www.smogcheck.ca.gov](http://www.smogcheck.ca.gov)

### Failed Smog Check? Need Financial Assistance?



The Department of Consumer Affairs' Bureau of Automotive Repair provides financial assistance to qualified consumers whose vehicle fails a biennial (every other year) Smog Check inspection. Qualified consumers may receive financial assistance to make Smog Check related repairs, or retire their high polluting vehicles.

Para obtener una solicitud en español, llámenos a BAR a (800) 952-5210.

### APPLICATION CHECKLIST



**To qualify for REPAIR ASSISTANCE, the following requirements must be met:**

- You must be the registered owner.
- You must pay all appropriate registration fees for the vehicle with the Department of Motor Vehicles.
- Your vehicle must have a failed "biennial" (every other year) Smog Check inspection (aborted, manual mode, and training mode tests do not qualify).
- Your vehicle must not have a "tampered" emissions-control system.
- Your vehicle must not be in the process of being sold or being initially registered in California.
- Your vehicle must not be registered to a business, fleet, or non-profit organization.



**To qualify for VEHICLE RETIREMENT, the following requirements must be met:**

- You must be the registered owner.
- You must pay all appropriate registration fees for the vehicle with the Department of Motor Vehicles.
- Your vehicle must have a failed "biennial" (every other year) Smog Check inspection (aborted, manual mode, and training mode tests do not qualify).
- Your vehicle must not have a "tampered" emissions-control system.
- Your vehicle must not be in the process of being sold or being initially registered in California.
- Your vehicle must not be registered to a business, fleet, or non-profit organization.
- Your vehicle must have failed a Smog Check no later than 180 days after the expiration date of the current registration with the Department of Motor Vehicles.
- You must apply no later than 180 days after the expiration date of the current registration with the Department of Motor Vehicles.
- Your vehicle must have been continuously registered as an operable vehicle in California for two years immediately preceding the current registration expiration date.
- Your vehicle must be a passenger vehicle or light-duty truck.
- Your vehicle must pass a visual and operational check.

**Your application must be approved before you can receive assistance.  
Financial assistance is based on the availability of funds.**



## Application Instructions for Vehicle Retirement Applicants:

- **Make sure you and your vehicle qualify.**

Refer to Page 1 for vehicle and owner qualifications. Do **not** have your vehicle retired until your application has been approved. **Only** CAP-authorized vehicles retired at a CAP-approved dismantler are eligible for the Consumer Assistance Program.

- **Fill out the application on pages 5 and 6.**

Be sure to check the **VEHICLE RETIREMENT APPLICANT** box in Section 1. Then, completely fill out Sections 2 and 3, read Section 6, and sign and date the back of the application.

- **Mail the application and required documents.**

Include a copy of your current vehicle registration renewal notice from DMV.



**If your application is approved**, you will receive an eligibility letter and instructions about how to retire your vehicle.

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## Vehicle Retirement Requirements

(Inspections will be performed on the items listed below at a CAP-approved dismantler.)



### Vehicle Equipment Requirements:

- All doors are present.
- Hood lid is present.
- Dashboard is present.
- Windshield is present.
- At least one side window glass is present.
- Driver's seat is present.
- At least one bumper is present.
- Exhaust system is present.
- All side and/or quarter panels are present.
- At least one headlight, one taillight, and one brake light are present.



### Vehicle Operational Requirements:

- Vehicle must be driven to an approved dismantler **under its own power**.
- Vehicle engine starts readily through ordinary means without the use of starting fluids or external booster batteries.
- Vehicle driveability is not affected by any body, steering, or suspension damage.
- Vehicle is able to drive forward a minimum distance of 10 yards under its own power.
- Interior pedals are operational.

# Smog Check Consumer Assistance Program (CAP) Options

## 1. Repair Assistance

Consumers may qualify for Repair Assistance in one of two ways:

### INCOME ELIGIBLE

Your household income cannot be more than the maximum amount shown in the Income Eligibility Table below. If you qualify, you must pay the first \$20 toward diagnosis and repair of your vehicle. The State will then contribute up to \$500 in emissions-related diagnostic and repair services to your vehicle at a CAP-approved station.

#### Income Eligibility Table\*

Number of People in Household**	Maximum ANNUAL Gross Household Income		Maximum MONTHLY Gross Household Income
1	\$23,400	<b>OR</b>	\$1,950
2	\$31,500	<b>OR</b>	\$2,625
3	\$39,600	<b>OR</b>	\$3,300
4	\$47,700	<b>OR</b>	\$3,975
5	\$55,800	<b>OR</b>	\$4,650
6	\$63,900	<b>OR</b>	\$5,325
7	\$72,000	<b>OR</b>	\$6,000
8	\$80,100	<b>OR</b>	\$6,675
For more than 8, add the following amount for each individual	\$8,100	<b>OR</b>	\$675

\* The Income Eligibility Table is adjusted each February based on Federal guidelines.

\*\* "Household" means all family members or other persons who reside together and share common living expenses.

**BE SURE TO INCLUDE YOURSELF!**

### TEST-ONLY ELIGIBLE

Your registration renewal notice indicates that your vehicle is required to have its Smog Check inspection at a Test-Only or Gold Shield station. If you qualify, you must pay the first \$100 toward diagnosis and repair of your vehicle. The State will then contribute up to \$500 in emissions-related diagnostic and repair services to your vehicle at a CAP-approved station.

-  **If you are Test-Only Eligible and Income Eligible, apply as an Income Eligible applicant and you will only have to pay the first \$20 toward diagnosing and repairing your vehicle at a CAP-approved station.**

## 2. Vehicle Retirement

If you don't think your vehicle is worth repairing, and you qualify, the State will pay you \$1,000 to voluntarily retire the vehicle at a CAP-approved dismantler, based on the availability of funds. You must be the registered owner and not have retired a vehicle through the Consumer Assistance Program within the last 12 months. A vehicle owner who is a joint owner of a vehicle may not retire more than two vehicles to the Consumer Assistance Program within a 12 month period.



## Application Instructions for Repair Assistance Applicants: “INCOME ELIGIBLE” OR “TEST-ONLY ELIGIBLE”

- **Make sure you and your vehicle qualify.**

Refer to Page 1 for vehicle and owner qualifications. Do **not** have emissions-related repairs performed on your vehicle until your application has been approved. **Only** CAP-authorized repairs performed at a CAP-approved station are eligible for the Consumer Assistance Program.

- **Fill out the application on pages 5 and 6.**

Be sure to check the **REPAIR ASSISTANCE: INCOME ELIGIBLE or TEST-ONLY ELIGIBLE APPLICANT** box in Section 1. If you are applying as an **Income Eligible** applicant, completely fill out Sections 2 through 5, read Section 6, and sign and date the back of the application.

If you are applying as a **Test-Only Eligible** applicant, completely fill out Sections 2–4, read Section 6, and sign and date the back of the application. If you are only applying as Test-Only Eligible, no income documents are required.

- **Mail the application and required documents.**

Include the following documents with your application:

- 1) Copies of any invoices for emissions-related repairs performed at a Smog Check station prior to applying to the Consumer Assistance Program, for the sole purpose of crediting your required co-payment.
- 2) Include a copy of your current vehicle registration renewal notice from DMV.
- 3) If you are applying as an Income Eligible applicant, provide a copy of **one** of the following documents that verifies your income eligibility: \*
  - A copy of your Federal (1040 Form) or State (540 Form) income from the most recent tax year.

**OR**

  - A copy of a paycheck stub reflecting your year-to-date earnings, hours worked, and hourly wage.

**OR**

  - A letter from the issuing agency stating that you receive one of these benefits:
    - Supplemental Security Income (SSI).
    - Temporary Assistance for Needy Families (TANF).
    - State Supplemental Payments (SSP).
    - California Work Opportunity and Responsibility to Kids (CalWORKs).
    - General Assistance (GA) or General Relief (GR).
    - Publicly subsidized medical coverage (Medi-Cal).

**OR**

  - A copy of one of the following income verification documents:
    - An unemployment, veterans benefits, or disability check issued to you within the past 60 days.
    - A bank statement issued to you within the past 60 days reflecting a deposit of Social Security or Public Assistance funds.



**If your application is approved**, you will receive an eligibility letter and information about where you can take your vehicle for repair assistance.



# SMOG CHECK

## Consumer Assistance Program (CAP) Application

Please fill out the application completely. Incomplete applications cannot be processed and may be returned.

### SECTION 1: Application Selection

#### Check Below:

- Repair Assistance: Income Eligible Applicant** — If you check this box, complete Sections 2 through 5, read Section 6, and sign and date the back of the application. **You must submit a copy of one income document as outlined on page 3.**
- Repair Assistance: Test-Only Eligible Applicant** — If you check this box, complete Sections 2 through 4, read Section 6, and sign and date the back of the application. **(Note: Test-Only Eligible applicants should also check Income Eligible assistance if they qualify.)**
- Vehicle Retirement Applicant** — If you check this box, complete Sections 2 and 3, read Section 6, and sign and date the back of the application. If vehicle registration has joint ownership, complete Section 2A. **Vehicle Retirement Applicant:** You must apply **no later than 180 days** after the expiration of your vehicle registration with the Department of Motor Vehicles.

### SECTION 2: Registered Vehicle Owner Information

LAST NAME		FIRST NAME		M.I.	DRIVER LICENSE OR I.D. #	
MAILING ADDRESS		APT.	CITY	STATE	ZIP	DAYTIME PHONE #

### SECTION 2A: Joint Registered Vehicle Owner Information

LAST NAME		FIRST NAME		M.I.	DRIVER LICENSE OR I.D. #	
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### SECTION 3: Vehicle Information

VEHICLE YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION # (VIN)	CALIFORNIA LICENSE PLATE #
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### SECTION 4: Consumer Co-pay



Do not obtain additional repairs prior to receiving approval to our program. If some emission-related repairs were recently done, you may be eligible to have the cost of those repairs credited toward your co-payment requirement. Submit copies of receipts for those repairs for determination. (A smog test cannot be used to credit a consumer co-pay).

### SECTION 5: Income Information (Income Eligible Applicants Only)

CIRCLE THE NUMBER OF PEOPLE LIVING IN HOUSEHOLD (INCLUDE YOURSELF) 1 2 3 4 5 6 7 8 9+	<b>Add the Total Gross Income for all household members, including yourself.</b> Wages: <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly ..... \$ _____ Welfare/Unemployment Payments..... \$ _____ Social Security Payments..... \$ _____ CalWORKs Payments ..... \$ _____ TANF Payments ..... \$ _____ Other Income ..... \$ _____ <b>Total Gross Income</b> ..... \$ _____
	If you have questions regarding this application or need assistance completing it, please call: <b>(866) 272-9642</b>

DETACH HERE

**SECTION 6**

I acknowledge that the information provided on this application will be used to assess and verify my eligibility for assistance. My signature gives consent for this information to be shared with other government agencies. I declare, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information on this application is true and correct. I understand that submitting false information may result in a criminal conviction or in a civil penalty of not less than \$150 and not more than \$1,000, and that I will not be eligible to receive future assistance. I further understand and agree that if my vehicle does not meet all program requirements, it will not be permitted into the Consumer Assistance Program.

Registered Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL YOUR APPLICATION AND REQUIRED DOCUMENTS TO:**



**Bureau of Automotive Repair**  
 Consumer Assistance Program  
 10235 Systems Parkway  
 Sacramento, CA 95827

**Your application must be approved BEFORE YOU CAN RECEIVE assistance. Financial assistance is only provided based on the availability of funds.**

Pursuant to Section 1798.17 of the Civil Code (Information Practices Act), the Director of the Department of Consumer Affairs is responsible for maintaining the information in this application. Information may be transferred to other governmental agencies if required. Individuals have the right to review the records maintained on them by the agency, unless the records are exempted by Section 1798.40 of the Civil Code.

**How did you first find out about the Consumer Assistance Program?**

**Check only one response**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Smog Check station and/or Vehicle Inspection Report (VIR) | <input type="checkbox"/> 7. Radio                            |
| <input type="checkbox"/> 2. Department of Consumer Affairs (800) 952-5210             | <input type="checkbox"/> 8. Newspaper story or advertisement |
| <input type="checkbox"/> 3. www.SmogCheck.ca.gov                                      | <input type="checkbox"/> 9. Television                       |
| <input type="checkbox"/> 4. www.BreatheEasier.ca.gov                                  | <input type="checkbox"/> 10. DMV/Registration Renewal Notice |
| <input type="checkbox"/> 5. Other Internet site                                       | <input type="checkbox"/> 11. Friend/relative                 |
| <input type="checkbox"/> 6. Postcard or letter  | <input type="checkbox"/> 12. Other                           |

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**To learn more about the adverse health effects of vehicle pollution, go to [www.BreatheEasier.ca.gov](http://www.BreatheEasier.ca.gov).**