

MID CARES Application

Low-Income Assistance Program

1. Account Information

Customer Name (as it appears on your MID bill)		
Service Address		
City	Zip Code	
Mailing Address (if different than service address)		
City	State	Zip Code
MID Account Number	Contact Phone Number	
Are <u>you</u> 60 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	

How to Apply

1. Enter your account information.
2. Enter your household and income information.
3. Please verify the **required** documentation has been attached:
 - Proof of total monthly income**
MID will not accept bank statements as proof of gross income.
 - IRS Form 4506-T for all adults**
4. Sign and date the application. Return the application and required documentation to:

MID CARES
P.O. Box 4060
Modesto, CA 95352-4060

****Incomplete applications will not be processed****

2. Household Information & Income Verification

Total number of persons living in the home (full-time basis):	Adults _____ + Minors (under 18) _____ = _____ Total
If you are renting your home, are you receiving a housing subsidy (Section 8, HUD, etc.)?	Yes No
Is anyone in the household receiving a food subsidy (Cal Fresh)?	Yes No

Household income includes money from all household members (taxable or non-taxable), including but not limited to: Wages \$ _____ Workers compensation \$ _____ Interest income \$ _____ Unemployment benefits \$ _____ Social Security \$ _____ Spousal support \$ _____ SSI, SSP, SSDI \$ _____ Rental or royalty income \$ _____ Pensions \$ _____ Legal settlements \$ _____ TANF (AFDC) \$ _____ Scholarships \$ _____ Child support \$ _____ Grants \$ _____ Disability payments \$ _____ Cash \$ _____ Self-employed (IRS Form Schedule C required) \$ _____ Other income (explain): _____ \$ _____	Eligibility Guidelines		
	Persons in Household	Monthly Income	Annual Income
	1	\$2,195	\$26,336
	2	\$2,195	\$26,336
	3	\$2,771	\$33,248
	4	\$3,347	\$40,160
	5	\$3,923	\$47,072
	6	\$4,499	\$53,984
	Additional Members	\$576	\$6,912
Total Monthly Household Income (Gross): \$ _____	Guidelines effective 01/01/2019		

If you need a copy of your Social Security Award Letter, please contact the local Social Security Office by calling **1-800-772-1213**.
Any documents submitted to MID will **NOT be returned**

3. Declaration and Signature

The information on this application and required documentation is used to determine and verify my eligibility for assistance.
All information is confidential and is not shared with outside agencies.

It is the customer's responsibility to contact MID if your household income increases above the current limits, and MID reserves the right to request further certification at any time while the MID customer is on the program. Misrepresentation of information, failure to disclose all income or failure to provide additional documentation, including tax records, as requested by MID, may result in disqualification in the MID CARES program. MID will charge the customer the amount of the MID CARES discount inappropriately received in accordance with the MID Electric Service Rules.

If eligible for MID CARES discount, I permit the proper discount to be applied to the service address listed above and give consent to have my eligibility verified. I declare, under penalty of perjury, that the information on this application is true and correct.

X _____
Signature (person whose name appears on MID bill) Date

MID Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Pub Ben Approval	ES Sup Approval