

# 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 you 60 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	Email Address	

### How to Apply

1. Enter your account information.
2. Enter household information.
3. Enter income information.
4. Attach **Proof of total monthly income**  
**\*\*MID will not accept bank statements as proof of gross income.\*\***
5. Sign and date the application. Return the application and proof of income to:

**MID CARES**  
**P.O. Box 4060**  
**Modesto, CA 95352-4060**  
**or email to**  
**MIDCares@mid.org**

**\*\*Incomplete applications will not be processed\*\***  
**\*\*Any documents submitted to MID will NOT be returned\*\***

### 2. Household Information & Income Verification

Total number of persons living in the home ( full-time basis):	Adults _____ + Minors (under 18) _____ = _____ Total
Are you receiving a housing subsidy (Section 8, HUD, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is anyone in the household receiving a food subsidy (Cal Fresh)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Household income includes money from all household members (taxable or non-taxable), including but not limited to: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Wages \$ _____</td> <td style="width: 50%;">Workers compensation \$ _____</td> </tr> <tr> <td>Interest income \$ _____</td> <td>Unemployment benefits \$ _____</td> </tr> <tr> <td>Social Security \$ _____</td> <td>Spousal support \$ _____</td> </tr> <tr> <td>SSI, SSP, SSDI \$ _____</td> <td>Rental or royalty income \$ _____</td> </tr> <tr> <td>Pensions \$ _____</td> <td>Legal settlements \$ _____</td> </tr> <tr> <td>TANF (AFDC) \$ _____</td> <td>Scholarships \$ _____</td> </tr> <tr> <td>Child support \$ _____</td> <td>Grants \$ _____</td> </tr> <tr> <td>Disability payments \$ _____</td> <td>Cash \$ _____</td> </tr> <tr> <td>Self-employed (IRS Form Schedule C required) \$ _____</td> <td></td> </tr> <tr> <td>Other income (explain): _____ \$ _____</td> <td></td> </tr> </table>	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): _____ \$ _____		<h4>Eligibility Guidelines</h4> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Persons in Household</th> <th>Monthly Income</th> <th>Annual Income</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$3,287</td><td>\$39,440</td></tr> <tr><td>2</td><td>\$3,287</td><td>\$39,440</td></tr> <tr><td>3</td><td>\$4,143</td><td>\$49,720</td></tr> <tr><td>4</td><td>\$5,000</td><td>\$60,000</td></tr> <tr><td>5</td><td>\$5,857</td><td>\$70,280</td></tr> <tr><td>6</td><td>\$6,713</td><td>\$80,560</td></tr> <tr><td>Additional Members</td><td>\$857</td><td>\$10,280</td></tr> </tbody> </table>	Persons in Household	Monthly Income	Annual Income	1	\$3,287	\$39,440	2	\$3,287	\$39,440	3	\$4,143	\$49,720	4	\$5,000	\$60,000	5	\$5,857	\$70,280	6	\$6,713	\$80,560	Additional Members	\$857	\$10,280
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If you need a copy of your Social Security Award Letter, please contact the local Social Security Office by calling **1-800-772-1213**.

**Note:** If adults are listed on the application without proof of income, please attach an explanation.

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