

MID CARES Application

Low-Income Assistance Program

How to Apply

1. Enter your account information.
2. Enter household information.
3. Enter income information.
4. Please verify the required documentation has been attached:
 - Proof of total monthly income**
5. Sign and date the application. Return the application and required documentation to:

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

Eligibility Guidelines

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

Guidelines effective 05/01/2023

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:

2. Household Information & Income Verification

Total number of persons living in the home (full-time basis):	
Adults (18 years or older):	Minors (under 18 years old):
If you are renting your home, are you receiving a housing subsidy (Section 8, HUD, etc.)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Household Information & Income Verification (continued)

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): _____ \$	

Total Monthly Household Income (Gross): \$

Note: Proof of Income may include award letters, paystubs, etc. **MID will not accept bank statements as proof of gross income.** If you need a copy of your Social Security Award Letter, please contact the local Social Security Office by calling 1-800-772-1213.

**Documents submitted will not be returned. Incomplete applications will not be processed **

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