



SAVE

22%

on your monthly MID bill!

MODESTO IRRIGATION DISTRICT (MID) COMMUNITY ALTERNATIVE RATES FOR ELECTRIC SERVICE (CARES)			OFFICE USE ONLY																														
Name (as it appears on MID bill):			<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																														
First	Middle	Last	Approved _____ Denied _____ Initials _____																														
Service Address:			Date _____																														
Number & Street	Apt. #	City	Zip Code	- CUSTOMER -																													
Mailing Address (if different than service address):			Please fill out the following																														
Number & Street	Apt. #	City	State	Zip Code	TOTAL GROSS MONTHLY INCOME for everyone living in applicant's home, and attach current proof of income.																												
Home Phone	Work	Message	Cell	Proof MUST match TOTAL INCOME line.																													
MID Account #:	<input type="checkbox"/> Check if you Are 60 or older		<table style="width:100%;"> <tr><td>Cal Works</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>SSI</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>SSA</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>SDI</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>TANF</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Child Support</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Spousal Support</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Unemployment</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Pensions</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Wages</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Interest Income</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Other Income</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>TOTAL Monthly Income</td><td style="text-align: right;">\$ _____</td></tr> </table>					Cal Works	\$ _____	SSI	\$ _____	SSA	\$ _____	SDI	\$ _____	TANF	\$ _____	Child Support	\$ _____	Spousal Support	\$ _____	Unemployment	\$ _____	Pensions	\$ _____	Wages	\$ _____	Interest Income	\$ _____	Other Income	\$ _____	TOTAL Monthly Income	\$ _____
Cal Works	\$ _____																																
SSI	\$ _____																																
SSA	\$ _____																																
SDI	\$ _____																																
TANF	\$ _____																																
Child Support	\$ _____																																
Spousal Support	\$ _____																																
Unemployment	\$ _____																																
Pensions	\$ _____																																
Wages	\$ _____																																
Interest Income	\$ _____																																
Other Income	\$ _____																																
TOTAL Monthly Income	\$ _____																																
INCLUDING YOU, how many people live in your home?: _____																																	
Your enrollment in MID CARES reduces your fixed monthly charge from \$12.50 to \$5.00, and includes a 22% discount on the remainder of your bill for a period of three years, or as long as you qualify.																																	
The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the State and Federal Government and with other utility companies. If eligible for MID CARES discount, I permit the proper change to my rate schedule and give consent to have my eligibility verified. I declare, under penalty of perjury, that the information on this application is true and correct.																																	
Applicant's Signature		Witness Signature	Date																														
		(Only if applicant signed with an "X")																															

The **Department of Community Services and Development (CSD)** does not discriminate in the provision of services on the basis of race, color, national origin, disability, sex, or sexual orientation. For Americans with Disabilities Act/Section 504 Rehabilitation Act issues, and other Affirmative Action issues, call 1 (916) 263-8673.

CSD toll-free number is 1(866) 645-6625

MID CARES Income Guidelines			Remember to attach:
Size of Household	Monthly	Yearly	
1	\$1,705	\$20,460	<input type="checkbox"/> Copy of current MID bill. <input type="checkbox"/> Copy of current proof of income for one full month for everyone in your household. Please remember to sign and date application
2	\$1,705	\$20,460	
3	\$2,145	\$25,730	
4	\$2,585	\$31,000	
5	\$3,025	\$36,270	
6	\$3,465	\$41,540	
Each Additional Family Member	\$440	\$5,270	
			MAIL TO:
			MID CARES, P. O. Box 4060, Modesto, CA 95352

If you need assistance completing this application, please call (209) 526-7373, or bring your information to MID office at 1231 11th Street, Modesto. TDD/TTY call (916) 327-6318 or California Relay Service at (800) 735-2929 TTY.