

MID CARES Application

Low-Income Assistance Program

How to Apply

1. Enter your account information.
2. Enter household information.
3. Enter income information.

4. Proof of Total Monthly Income **MID will not accept bank statements as proof of gross income. If adults are listed on the application without proof of income, please attach an explanation.**

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.

1. Application Information

Customer Name (as appears on MID bill)		MID Account #	
Service Address	City	State	Zip Code
Mailing Address (if different than above)	City	State	Zip Code
Phone Number	E-mail Address		
Are you 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 _____ + Minors (under 18) _____ = _____ Total

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 <u>income</u> \$ _____
Pensions \$ _____	Legal settlements \$ _____
TANF (AFDC) \$ _____	Scholarships \$ _____
Child support \$ _____	Grants \$ _____
Disability payments \$ _____	Cash received monthly \$ _____
	Self-employed (IRS Form Schedule C required) \$ _____
Other income (explain): _____	\$ _____

Eligibility Guidelines

Persons in Household	Monthly Income	Annual Income
1	\$3,407	\$40,880
2	\$3,407	\$40,880
3	\$4,303	\$51,640
4	\$5,200	\$62,400
5	\$6,097	\$73,160
6	\$6,993	\$83,920
Additional Members	\$897	\$10,760

Total Monthly Household Income (Gross): \$ _____

Guidelines effective 03/01/2024

If you need a copy of your Social Security Award Letter, please contact the local Social Security Office by calling **1-800-772-1213**.

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

Approved Denied

ES Approval

ES Sup Approval