

MORENO VALLEY UTILITY EMERGENCY ASSISTANCE FUND APPLICATION

Moreno Valley Utility (MVU) is offering customers an emergency bill credit on their MVU electric utility bill, the MVU Emergency Assistance Fund, customers may receive a one-time bill credit of up to \$1,000. This credit is designed to help customers alleviate the outstanding charges on their electric utility bill.

Household size and income will be considered to determine the credit amount provided.

QUALIFICATIONS...

To qualify for this program you must meet and agree to the guidelines below:

- Applicant must be an **MVU customer**
- Applicant service address must also match the primary residence
- Applicant must have received an urgent or shutoff notice from MVU **AND**
- Applicant can demonstrate recent job loss (within 6 months), serious illness, or other emergency
- Applicant must provide valid government-issued I.D. (driver's license, identification card, REAL ID)
- Applicant must provide income verification for EVERYONE in the household (last 4 weeks), including:
 - **Paycheck stubs:** copies of all check stubs received within the last 4 weeks, providing one full month of consecutive pay
 - **Social Security Insurance** or SSA award letter (covering current year)
 - **Current bank statements** showing deposits from all sources, including SSI, SSA, TANF or pension
 - **Unemployment benefits:** check stubs/on-line print out of direct deposit allocation
 - **Disability insurance payments**
 - **Child support receipts/on-line printout** or direct deposit amount(s)
 - **Alimony-spousal support**
 - **Jury duty payment**
 - **Proof of self-employment** (current year filing of IRS 1040 tax form and Schedule C)
 - **Current Year Award Letter** from CalFresh/SNAP, CalWorks/TANF, LIHEAP, Medi-Cal/ Medicaid, Healthy Families A&B, National School Lunch Program, SSI, WIC, Bureau of Indian Affairs or General Relief Assistance (including current month)

Funding will ONLY be applied to past due balances on your MVU electric bill

Your completed application and all supporting documents must be submitted to the Moreno Valley Utility.

AFTER COMPLETING THE APPLICATION PLEASE MAIL, FAX, EMAIL OR BRING TO OUR LOCAL OFFICE:

MAILING ADDRESS: MVU Payment Processing 380 N. San Jacinto Street Hemet, CA 92543

LOCAL OFFICE: 14331 Frederick Street, Suite 2 Moreno Valley, CA 92553 **E-MAIL:** mvutility@moval.org

If you have questions, please call our Customer Service Center at 1.844.341.6469 or visit www.moval.org/mvu

EMERGENCY ASSISTANCE FUND APPLICATION

PLEASE PRINT CLEARLY

Name (First, Middle Initial, Last)		MVU Account number
Account Address	City	Zip Code
Mailing Address (if different from account address)	City	Zip Code
Home Telephone	Work Telephone	Mobile Telephone

PUBLIC ASSISTANCE PROGRAM PARTICIPATION

Do you or someone in your household participate in any of the following assistance programs? If so, please indicate below. **Please check (✓) all assistance programs utilized (participation does not affect your qualification for the discount)**

<input type="checkbox"/> Medi-Cal/Medicaid <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> TANF/Tribal TANF <input type="checkbox"/> WIC	<input type="checkbox"/> Healthy Families A & B <input type="checkbox"/> LIHEAP <input type="checkbox"/> SSI	<input type="checkbox"/> National School Lunch (NSL) <input type="checkbox"/> Bureau of Indian Affairs General Assistance <input type="checkbox"/> Head Start Income Eligible (Tribal Only)
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PLEASE LIST ALL MEMBERS OF THE HOUSEHOLD BELOW

Full Legal Name	Age	Social Security Number	Gross Mthly Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
List additional household members on a separate sheet	Total Monthly Household Income		

Declaration: Please sign and date below

I declare that the information provided in this Emergency Assistance Fund application is true and correct. I have provided the requested proof of income for each person listed above. I understand that if it is later determined I do not meet the qualifications of the program, that I will be required to pay back all monies received.

I certify the following:

- **The MVU bill is in my name**
- I am not claimed on another person's income tax return
- **I understand that this one-time credit will be utilized to address the past due balance on the MVU account associated with this application**
- I understand that program funds are limited and that the program may be changed or canceled at any time at the discretion of the utility
- I understand that the discount applies only to energy charges
- I understand that application processing may take up to 4-6 weeks and that the discount will not be applied to previous invoices
- I understand MVU may require additional verification of income

Approved Bill Credit Amount: _____

Customer Signature	Date
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Approved by	Date
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