

87205;12507;21

2817;12507;21

28528;178005
SULUDFFWEDODEHSDPHWV
UHFHLYHEDODEHIDUDEJUHWEJUHVM
DUHOEDWHHUUH7LWUUPDWLSUYLHV
WWDOEDUJHVDDFFWEDODEH

,03257;17;12507;213;70

80052855;176
UHOHFWULFEDUJHVUWHELOOJSHULDUH
OEDWHBUH

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HOHFWULFEDUJHV

DVLFEDUJHEDVHEDUJHUSUYLLO
DPHWHUDDVVELDWHVHUYLEFHVMEV
PHWHUUDHLDJDEMWPUMHUYLEFHV

HUJDUJHVDOOJHVLEHWLDOEMWPHUM
DUHEDUJHDZLHUMWUFWUHEDVM
WHWLPHEHDUDWLPHE
VHUYLEFHH0985DWHV

3EOLF8USMHZLVEDUJHUFYHUM
FVWVWDPLEWVHULJMWDDWHDDWH
SUJUDPVMEDVLMFVYDHHUJ
HILFLHESUJUDP

HUJ5HVUFHDUJHDOV
UHHUHHWVWVHWVWVHUUJDFDUJH
DSDVWVUJHHEOHEWHEWH
WDWHIDOLUJLDUJHVHDFLW
DOWHUDWLYHMFHVUHHDEOHHUJ

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DVMHVVHHUJJDWHUMHHUEDEOH
LUHOHVVDWVHOHSHEDUJHV

727;6

1958
 ZLVUJDSUYLHVLYLHIDYHUDJH
 LODWVUMDJHYHUPVMDVHOODVWH
 DYHUDJHUPVHOUVSULU

801778

EMERGENCY ASSISTANCE FUND APPLICATION

PLEASE PRINT CLEARLY

Name (First, Middle Initial, Last)		
Home Address	City	Zip Code
Mailing Address (if different from home 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 Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
List additional household members on a separate sheet	Total 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: _____

Signature _____ Date _____

Approved by _____ Date _____