

# New Energy Bill Assistance for Qualified Customers

Moreno Valley Utility (MVU) has created a program to provide qualified families with a discount on their electric energy charges depending on their income and household size.

1. You can qualify for this program if you or someone in your home participates in at least one of the eligible public assistance programs. (See Section on Public Assistance Programs on the Application)... **Or**
2. You can also qualify for these programs if you meet the income guideline qualifications listed in the chart below.

To qualify using the method described in No. 1, please provide a copy of the documents you received from the Public Assistance Agency that indicates you have been accepted for the program and a current record of receipt of support.

To qualify using method described in No. 2, please provide an original Transcript of Tax Return from the IRS.

The completed application and documents of support or IRS transcript can be submitted either by mail to the Application Processing Center, via fax to (877) 349-3870 or in person at 14331 Frederick St., Suite 2, Moreno Valley, CA 92553.

For additional information, please contact our 24-hour Customer Service Center at (844) 341-6469.

## Maximum Household Income

Number of Persons in Household	Total Combined Annual Income*	
	Tier 1 (CARE) 20% Discount	Tier 2 (FERA) 12% Discount
1 to 2	Up to \$31,860	Not Eligible
3	Up to \$40,180	\$40,181 to \$50,225
4	Up to \$48,500	\$48,501 to \$60,625
5	Up to \$56,820	\$56,821 to \$71,025
6	Up to \$65,140	\$65,141 to \$81,425
7	Up to \$73,460	\$73,461 to \$91,825
8	Up to \$81,780	\$81,781 to \$102,225
Each Additional Person	\$8,320	\$8,320 to \$10,400

\*Current Gross (before taxes) household income from all sources.

## Program Details

- The MVU Energy Assistance Program is a discount program for qualified residents, providing a 12% or 20% discount on monthly energy charges depending on their income and household size.
- Program qualifications and rules are subject to change at the discretion of the utility.
- Eligibility for the program is based on the number of full-time residents in the household and the total gross income of all household members.
- Discount applies to energy charges only. Customer charges, public purpose charges, service fees and all taxes are calculated at the standard rates.
- To apply for the program, electric service must be provided in the name of the applicant.
- If applying using an original Transcript of Tax Return from the US Internal Revenue Service, a transcript is required for each member of the household. Transcripts are available free of charge by mailing a completed Form 4506-T to the IRS. Form and instructions are available at [www.irs.gov](http://www.irs.gov).
- Applications received without the required Support Documents or Transcript of Tax Return will not be processed.
- Program enrollment is valid through June 30 of each year. Customers must reapply annually to demonstrate eligibility for the discount.
- Allow 4-6 weeks for processing of application. Once approved, the discount will apply to the next regular billing period.
- If you have any questions regarding the program, please call our 24-hour Customer Service Center toll free at (844) 341-6469.

Mailing Address:  
**Moreno Valley Utility**  
**Application Processing Center**  
**380 N. San Jacinto St.**  
**Hemet, CA 92543**

Completed forms, Support Documents & IRS transcripts can also be faxed to: (877) 349-3870



# Energy Bill Assistance

A new discount savings program for income-qualified customers



**YOU MAY BE ELIGIBLE TO RECEIVE A 20% ENERGY DISCOUNT ON YOUR ELECTRIC BILL**

**ENERGY BILL ASSISTANCE 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)
--	--	---

**HOUSEHOLD MEMBERS AND INCOME ELIGIBILITY**

List all fulltime residences of the household and their total gross annual income. Gross income includes all money and non-cash benefits, available for living expenses, from all sources, both taxable and nontaxable, before deductions, for all people living in the home. This includes, but is not limited to, the following:

**Please check ( ✓ ) all sources of household income.**

<input type="checkbox"/> Pensions <input type="checkbox"/> Social Security <input type="checkbox"/> SSP or SSDI <input type="checkbox"/> Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accounts	<input type="checkbox"/> Wages and/or Profits from Self-Employment <input type="checkbox"/> Rental or Royalty Income <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Disability or Worker's Compensation Payments	<input type="checkbox"/> Scholarships, Grants or Other Aid Used for Living Expenses <input type="checkbox"/> Insurance or Legal Settlements <input type="checkbox"/> Spousal or Child Support <input type="checkbox"/> Cash and/or Other Income
---	--	--

Full Legal Name	Age	Social Security Number	Gross Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

<b>List additional household members on a separate sheet</b>	<b>Total</b>
<b>Household Income</b>	

**Declaration: Please sign and date below**

I state that the information I have provided in this application is true and correct. I have enclosed an original copy of the Transcript of Income Tax for each person listed above. I agree to inform Moreno Valley Utility if I no longer qualify for the discount. I understand that if I receive a discounted rate without meeting the qualifications of the program, that I will be required to pay back the discount received. I certify:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• The MVU bill is in my name</li> <li>• I am not claimed on another person's income tax return</li> <li>• I understand that the discount will be effective through the June billing cycle and that I must re-apply for the program each year</li> <li>• 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</li> </ul> | <ul style="list-style-type: none"> <li>• I understand that the rate discount applies only to energy charges</li> <li>• I understand that application processing will take 4-6 weeks and that the rate discount will not be applied to previous invoices</li> <li>• <b>I have enclosed an IRS Transcript of Return listing each person above (applications received without the IRS Transcript will not be processed)</b></li> <li>• I understand MVU may require additional verification of income</li> </ul> |
|--|---|

Signature	Date
-----------	------