

**Low Income Rate Information and Application Instructions**

The Merced Irrigation District offers a residential Low Income Discount Program (CARE) rate for customers within qualifying income levels. This rate reduces the cost of electric service for the participant's permanent, primary residence. Qualifying income levels may not exceed the following criteria.

CARE Program Income Limits	
Household Size Members in Household	Maximum Annual Gross Income*
1 to 2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320
For each additional person add.....	\$9,080 <i>per member</i>

\*Before taxes based on current income sources included, but not limited to, those described below.

"Income" shall be defined as the combined gross income, whether taxable or non-taxable, of all persons who live in the household, which includes but is not limited to:  child support,  alimony,  spousal support payments,  public assistance,  food stamps,  cash aid,  Section 8 housing assistance,  veteran benefits,  disability,  retirement,  unemployment,  Social Security Income,  Aid to Families with Dependent Children,  cash,  tips,  wages,  interest,  the derived income from salaries,  rental income,  dividends and all employment-related non-cash income. Please check all that apply.

**TO ESTABLISH ELIGIBILITY:**

- (1) **Complete** the enclosed **application**.
- (2) Request a **"Return Transcript"** from the Internal Revenue Service for each member of the household who is 18 years or older and provide proof of income if not shown on the Return Transcript (see above for "income" definition). **Make sure to request a Return Transcript not an Account Transcript.**
  - (a) **Return Transcripts** can be requested at [www.irs.gov](http://www.irs.gov) by clicking on "Get Transcript of Your Tax Records" under "Tools" or by calling 1-800-908-9946 or by faxing a completed IRS Form 4506-T to 1-559-456-7227.
  - (b) **IF YOU DID NOT FILE** a tax return for the prior year, you will need to **request a Verification of Nonfiling** using IRS Form 4506-T (check line 7) **and provide income verification** for all income (see above for "income" definition). Verifications of Nonfiling can be requested via mail or fax.
 

<u>By mail:</u> Internal Revenue Service	<u>By Fax:</u> 1-559-456-7227
RAIVS Team	
Stop 37106	
Fresno, CA 93888	

(3) **Return the application, transcript(s), and additional income verification to the Merced Irrigation District.** Applicants may receive the discount only after MID verifies the application and the transcript(s) for every household member over the age of 18. Incomplete applications will not be processed. Additional information may be required to determine eligibility. It is the responsibility of the applicant to notify MID of increases in household income which may cause the applicant to exceed the low income level and thus result in the household no longer being eligible for the utility discount. Program participants may be required to recertify household income or other qualifying criteria at any time to continue to receive applicable utility discounts.

Mail all required documentation to:

**MID CARES**  
**744 West 20<sup>th</sup> Street**  
**Merced, CA 95340**

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### Customer Information:

1. Name as it appears on your electric bill:

\_\_\_\_\_

First Middle Last

2. Service Address:

\_\_\_\_\_

Number & Street Apt. # City Zip Code

3. Mailing Address (if different from service address):

\_\_\_\_\_

Number & Street Apt. # City State Zip

4. Contact Information:

\_\_\_\_\_

Home Phone # Cell Phone # Work # Email

5. MID Account #

6. Including you, how many people live in your home?

\_\_\_\_\_ Adults + \_\_\_\_\_ Children under 18 = \_\_\_\_\_ Total

7. Combined Gross Annual Household Income: \$

8. New Applicant: \_\_\_\_\_ YES \_\_\_\_\_ NO Renewal: \_\_\_\_\_ YES \_\_\_\_\_ NO

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 the MID CARE Program discount, I permit the proper change to my rate schedule and give consent to have my eligibility verified at any time. If verification establishes that I am ineligible, I will be removed from the program and the District may render corrective billings. I declare, under penalty of perjury, that the information on this application is true and correct.

Applicant's Signature                      Witness Signature                      Date

*(Witness's signature only required if applicant signed with an "X")*

**REMEMBER TO ATTACH:**

- Proof of Income not reported on transcripts
- IRS Return Transcript of tax returns for every member of your household 18 years and older.
- Additional information: \_\_\_\_\_

\_\_\_\_\_

**Please remember to sign and date application and MAIL TO:  
 MID CARES, 744 W 20<sup>th</sup> Street, Merced, CA 95340**

**OFFICE USE ONLY**

Approved

Denied

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

**Once application is approved, the reduced "CARE" rate will remain in effect for two years unless an earlier verification establishes that I am ineligible. It is the Customer's responsibility to re-apply for the reduced "CARE Rate PRIOR to application expiration to avoid a rate increase.**

Please allow up to 60 days for processing of application. Processing will be delayed beyond 60 days if application is incomplete or inaccurate. Utility bill accounts will begin receiving the discount after eligibility is verified and is not retroactive.

If you need assistance completing this application, or obtaining your IRS transcript, please call 209-722-3041 or bring your information to the MID Administrative Office located at 744 West 20<sup>th</sup> Street, Merced, CA 95340.

Effective 04/05/2022