

CITY OF MODESTO FINANCE DEPARTMENT

APPLICATION

DISCOUNT FOR LOW-INCOME SENIORS

AND

CUSTOMERS WITH PERMANENT DISABILITIES

Customers qualifying for this discount will receive a 25% discount on their utility bills. To apply, please provide the information requested below and return the application and requested documentation to the Central Valley Opportunity Center (address on the reverse of this form). * This discount is only available on the City Utility account of your primary residence. *

GENERAL INFORMATION

Name: _____

Residence Address: _____

Mailing Address: _____

Phone Number: _____

Utility Account Number: _____

Are you at least 60 years old? YES NO

Are you a person with a YES NO
 permanent disability(ies)?

FINANCIAL INFORMATION

What is your annual gross income? \$ _____

Spouse's annual gross income \$ _____

Annual income from others
 in your household \$ _____

Total Household Annual Income. \$ _____

DOCUMENTATION

PROOF OF INCOME. Total household annual income must be less than \$22,400 per year. Please include a copy of your income tax return, **AND**

PROOF OF DISABILITY. A copy of your Medical Card (with the Disability Code), **AND/OR**

PROOF OF AGE. A copy of your Drivers License, Medicare card, or Birth Certificate.

A COPY OF YOUR CITY OF MODESTO BILL

*****IF YOU ARE APPLYING FOR THIS DISCOUNT IN PERSON, BRING YOUR UTILITY BILL WITH YOU. IF YOU ARE FILING BY MAIL, PLEASE INCLUDE A COPY OF YOUR BILL WITH THE OTHER REQUIRED DOCUMENTS. ORIGINAL DOCUMENTS SUBMITTED WILL NOT BE RETURNED.*****

CUSTOMER SIGNATURE AND CERTIFICATION

By signing below, I certify that all the information provided on this application and the supporting documents is true and correct. I understand that I am responsible for notifying the City of Modesto if my income increases above the qualifying income level, that my eligibility for this discount is subject to audit, and that if I receive the discount without qualifying for it, I may be required to pay back all discounts received. I understand that certification for this discount is valid for two years and that I must submit a new application when it expires. I declare that the information on this application is true and correct.

X _____
Applicant Signature Date

**Return to:
CVOC
1581 Cummins Dr, Ste 100
Modesto, CA 95358**

**CVOC Office Hours:
Mon-Fri 8:00-5:00
(209) 577-3210**

This program is administered by the Central Valley Opportunity Center (CVOC) at 1581 Cummins Dr, Ste 100, Modesto, CA 95358. For further information, please contact the CVOC at (209) 577-3210.

Applications must be submitted directly to the CVOC. Please contact the CVOC to schedule an appointment.