

2022 APPLICATION FOR MEDICAL RATE ASSISTANCE



A 50% DISCOUNT*** ON THE STANDARD RATE FOR QUALIFIED CUSTOMERS

1. Primary Account Holder/Customer on Account

_____	_____	
Last Name	First Name	
_____	_____	
Home Address	Phone Number	
_____	_____	
City	State	Zip
_____	_____	_____
Mailing Address if different than above		
_____	XXX-XX-_____	_____
Roseville Electric Utility Account Number	Last 4 digits of your SSN	

2. Household Members

List all persons living in the home including children under the age of 18. Provide the last 4 digits of the social security number for everyone in the household.

Name	Last 4 of SSN #	Age
_____	XXX-XX-_____	_____
_____	XXX-XX-_____	_____
_____	XXX-XX-_____	_____
_____	XXX-XX-_____	_____
_____	XXX-XX-_____	_____
_____	XXX-XX-_____	_____
_____	XXX-XX-_____	_____

3. Income Documentation

Please attach copies of all income documentation for everyone living in your home 18 years and older. Documents sent to the City will NOT be returned. **Please allow up to 60 days for processing. The new electric utility rate will be reflected on bills after eligibility is verified and will not be applied retroactively.**

4. Agreement and Signature

Roseville Electric makes every effort to inform customers prior to outages for scheduled, planned maintenance. Unplanned maintenance and outages are uncommon in Roseville Electric's service area; however, it is advisable to have an emergency plan in place for your health needs in the event we are unable to notify you of pending disruptions to your service. If an outage is causing a life threatening emergency, call 911 immediately.

I understand that if I become past due on my utility bill, my electric service is subject to disconnection. I understand that it is my responsibility to contact the City of Roseville Electric Department to discuss payment arrangements prior to the final due date, as indicated in the Reminder Notice.

I understand that the information provided on this application will be used to verify and determine program eligibility. I hereby authorize the City of Roseville to verify the information provided on this application with any source and to share the information on this application with the City's Electric Departments. **Please allow up to 60 days for processing. The new electric utility rate will be reflected on bills after eligibility is verified and will not be applied retroactively.**

I understand it is my obligation and responsibility to report any increases to my household income and should my household income exceed the income qualification level and or, when the person requiring the medical equipment either no longer uses the device or resides at this location my participation will be cancelled. **I understand this is a two (2) year program and will be required to re-apply to continue receiving the discount.**

By signing below, I declare under the penalty of perjury that the information contained on this application is true and correct.

X _____ Date _____

How to Apply

1. Complete Primary Account Holder/Customer on Account with name and address as it appears on the Roseville Electric Utility account.
2. List ALL household members living in the home including age. Please list the last 4 digits of the social security number for each household member.
3. **Provide Income Documentation:** Provide one (1) of the following for EACH household member 18 years and older. **Please DO NOT send W2s, check stubs or financial statements as proof of income.**

What type of income documents are accepted?

- Current Federal Tax Return (Pages 1 & 2 with signatures) or Tax Transcript which can be obtained by calling the IRS @ 1-800-829-1040.
- SSI benefits letter AND an Affidavit of Non-Filing Form on page 2 of this application (if you do not file taxes).
- Unemployment Benefits letter, accompanied by current Federal Tax Return OR Affidavit of Non-Filing form.

What if I have not filed taxes?

You must obtain a Verification of Non-Filing of Tax returns from the IRS @ 1-800-829-1040.

4. Obtain Statement of Certification by Medical Doctor on back section of application.

5. Sign, date and mail all required documents to:
City of Roseville:
116 South Grant St. Suite 100, Roseville, CA 95678
(Do not include this application with bill payment)

Who is eligible?

You must be a current Roseville Electric customer and have a combined household income no greater than specified in this chart based on the number of household members.

Household Members	Annual Gross Income*
1	\$56,750
2	\$64,850
3	\$72,950
4	\$81,050
5	\$87,550
6	\$94,050
7	\$100,550
8	\$107,000

*Annual gross income as identified by the U.S. Department of Housing and Urban Development (HUD) by Placer County. Gross income includes, but is not limited to, the sum of all wages including: Social Security, Welfare, retirement payments, disability payments, interest, self-employment and dividend income for all residents living in the household, excluding dependent minors under the age of 18.

The program discount is 50% off of the standard residential rate for the first 500kWh of usage per billing period and 15% off the standard rate for usage in excess of 500kWh.

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Statement of Certification - To be completed by a Medical Doctor

To be eligible for a rate discount, a patient must depend on an essential medical support device. Such a device is defined as any medical device requiring utility supplied electrical energy for its operation and which is regularly required to support the life of any person residing in a residential dwelling.

In your opinion, does the equipment listed here meet this description? (Please circle) YES NO

Patient Name

Type of Equipment required

Make/Model

Voltage/Wattage

Doctor's Name

Address

Phone

California Medical License Number

I hereby certify, under penalty of perjury, that this patient regularly requires the use of the listed life supporting medical equipment that is powered by electricity.

Signature

Date

STOP! Were you required to file a Federal Income Tax Return for the current tax year?

Yes, I was. (Do NOT proceed. Please include a copy of your Federal Tax Return pages 1 & 2.)

No, I was not. (Please fill out the form below)

AFFIDAVIT OF NON-FILING OF TAX RETURNS

_____ and/or _____ do hereby certify, represent and warrant that **I was not required to file federal income tax returns for the calendar year 20_____** in accordance with Section 6012 of the Internal Revenue Code for the following reason(s):

***A full and complete explanation is REQUIRED when making the above statement of non-filing for the tax year as indicated above. Failure to provide the necessary information may result in suspension or termination of your participation in the Electric Rate Assistance Program or the Medical Rate Assistance Program.**

I declare under penalty of perjury that the foregoing is true and correct. Applicant shall provide proof of non-filing upon reasonable request by the City. Executed on the date shown below.

Name of Applicant (Please Print)

Name of Applicant (Please Print)

Signature of Applicant

Signature of Applicant