

New COVID-19 Utility Assistance Program

We want to assist you during the difficult times we are experiencing.

FOR OUR SMALL BUSINESS CUSTOMERS:

We understand that many businesses — and especially small businesses — are facing new and unforeseen challenges due to COVID-19. If you are on our General Service Rate (20kW or less) and are having trouble paying your bill, we are offering flexible payment arrangements of up to 24 months. To set this up, please call us at (844) 341-6469 or you can set it up online and receive instant confirmation at www.moval.org/mvu.

FOR OUR RESIDENTIAL CUSTOMERS:

We have two ways to help our Residential customers.

First, you can apply for an extended payment plan with up to 12 months to pay the outstanding balance accrued since March 2020. For a confidential, instant confirmation, please apply online at www.moval.org/mvu or call us at (844) 341-6469.

Second, if your income meets the income listed below OR if it has changed significantly due to COVID-19, OR if someone in your home participates in at least one of the eligible public assistance programs listed on the application, YOU MAY QUALIFY FOR OUR NEW DISCOUNT SAVINGS PROGRAM.

Maximum Household Income

Number of Persons in Household	Total Combined Annual Income*	
	Tier 1 (CARE) 30% Discount	Tier 2 (FERA) 18% Discount
1 to 2	Up to \$34,480	Not Eligible
3	Up to \$43,440	\$43,441 to \$54,300
4	Up to \$52,400	\$52,401 to \$65,500
5	Up to \$61,360	\$61,361 to \$76,700
6	Up to \$70,320	\$70,321 to \$87,900
7	Up to \$79,280	\$79,281 to \$99,100
8	Up to \$88,240	\$88,241 to \$110,300
Each Additional Person	\$8,960	\$8,960 to \$11,200

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

RESIDENTIAL BILL DISCOUNT DETAILS – IT'S EASY

- This is a discount program for qualified residents, providing an 18% or 30% discount on monthly energy charges.
- This is a limited offer, while funding lasts. We will apply the discount at the level for which you qualify to all MVU energy bills accumulated since March 2020.
- Discount excludes Public Purpose Charges and Taxes. These are calculated at the standard rates.
- To apply for the program, electric service must be provided in the name of the applicant.

HOW DO RESIDENTIAL CUSTOMERS QUALIFY?

- Fill out the application on the back of this brochure
- You may provide an original Transcript of Tax Return for 2019 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. ... or
- You may provide other documentation that shows total gross monthly income for each family member over 18 is now at a significantly lower level. Documentation may be pay stubs, unemployment benefit confirmation or other income proof received within the last 6 weeks. ... or
- If you are currently on a CARES PROGRAM for another utility or if you are receiving public assistance or welfare payments such as aid to families with dependent children, temporary assistance to needy families or general assistance, you can qualify. Just provide proof of income from these sources for a one-month period within 6 weeks of your application date.

HOW DO RESIDENTIAL CUSTOMERS APPLY?

**PLEASE DO NOT EMAIL YOUR APPLICATION
OR PERSONAL DOCUMENTATION**

You can submit your completed application and documentation to us
Fax: (877) 349-8870

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

**Or at our local office, in a sealed envelope,
in our drop box at: 14331 Frederick St Ste 2, Moreno Valley**

If you have questions, please call us at (844) 341-6469 or email questions to us at: mvutility@moval.org.

COVID-19 Assistance

A new discount savings program for income-qualified customers

**YOU MAY BE ELIGIBLE TO RECEIVE
A 30% 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"/> Healthy Families A & B | <input type="checkbox"/> National School Lunch (NSL) |
| <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> LIHEAP | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> TANF/Tribal TANF | <input type="checkbox"/> SSI | <input type="checkbox"/> Head Start Income Eligible (Tribal Only) |
| <input type="checkbox"/> WIC | | |

HOUSEHOLD MEMBERS AND INCOME ELIGIBILITY

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

Household Income

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 the following:**

- The MVU bill is in my name
- I am not claimed on another person's income tax return
- I understand that the discount will be effective through the June billing cycle and that I must re-apply for the program each year**
- 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 MVU may require additional verification of income

Signature

Date