Water Rate Assistance Program

1. Account Information

Applicant Name (as it appears on your City of Modesto bill)		
Service Address		
City	Zip Code	
Mailing Address (if different than service address)		
City	State	Zip
City of Modesto Account #	Contact Phone Number	
New Applicant: Yes ☐ No ☐ Renewing Applicant: ☐Yes No ☐	Date of Birth	

How to Apply

1. Enter your City of Modesto account information.
2. Enter your household and income information.
3. Please attach the required documentation:
   - ☐ **Proof of Total Monthly Income**
   - ☐ **Copy of City of Modesto Water Bill**
4. Sign, date, and return application with required documentation to:

CVOC – Central Valley Opportunity Center
1801 H St. Suite A 4-6
Modesto, CA 95354
(209) 577-3210

****Incomplete applications will not be processed****

Qualifying customers receive a $10.00 reduction in the base service charge for water each monthly billing cycle. Please allow 4-6 weeks for processing once your application has been submitted and approved.

Eligibility Guidelines

Persons in Household	Monthly Income	Annual Income
1	$2,796	$33,550
2	$3,196	$38,350
3	$3,596	$43,150
4	$3,992	$47,900
5	$4,313	$51,750
6	$4,633	$55,600
Additional Members		+$3,850

2. Household Information & Income Verification **(Total Household Income Can NOT Exceed Eligibility Guidelines)**

List names of all persons living in the home, 18 years of age or older below:

Adults _____

Minors (under 18) _____

Total = 0 _____

Household income includes money from all household members (taxable or non-taxable) including but not limited to:

Wages	☐No ☐Yes	$ _____	Workers Compensation	☐No ☐Yes	$ _____
Interest Income	☐No ☐Yes	$ _____	Unemployment Benefits	☐No ☐Yes	$ _____
Social Security	☐No ☐Yes	$ _____	Spousal Support	☐No ☐Yes	$ _____
SSI, SSP, SSDI	☐No ☐Yes	$ _____	Rental or royalty income	☐No ☐Yes	$ _____
Pensions	☐No ☐Yes	$ _____	Legal settlements	☐No ☐Yes	$ _____
TANF (AFDC)	☐No ☐Yes	$ _____	Scholarships	☐No ☐Yes	$ _____
Child Support	☐No ☐Yes	$ _____	Grants	☐No ☐Yes	$ _____
Disability Payments	☐No ☐Yes	$ _____	Cash	☐No ☐Yes	$ _____
Self-employed (IRS Form Schedule C required)	☐No ☐Yes	$ _____	Other income: (explain) _____		$ _____

If you are renting your home, are you receiving a housing subsidy (Section 8, HUD, etc.)? ☐Yes ☐No

Is anyone in the household receiving a food subsidy (Cal Fresh, WIC, etc.)? ☐Yes ☐No

Note: Proof of income may include W2, Tax return, paystubs, award letters, etc. City of Modesto will not accept bank statements as proof of gross income. If you need a copy of your Social Security Award Letter, please contact the local Social Security office at www.socialsecurity.gov/myaccount or by calling 1-800-772-1213. Documents will not be returned.

3. Declaration and Signature

The information on this application along with the required documentation will be used to determine eligibility for assistance.

By signing below, I certify that all 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 inappropriately received.

I understand that certification for **this discount program is valid for TWO YEARS**, and that **I must submit a new application when this one expires.**

_____ _____

Signature (person whose name appears on City of Modesto bill) Date

CVOC **Use Only**

☐**Approved** ☐Denied