



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 <input type="checkbox"/>	Date of Birth	
Renewal <input type="checkbox"/>		

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 \$15.00 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	\$2,833	\$34,000
2	\$3,238	\$38,850
3	\$3,648	\$43,770
4	\$4,046	\$48,550
5	\$4,371	\$52,450
6	\$4,696	\$56,350
7	\$5,021	\$60,250

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: 	Household income includes money from all household members (taxable or non-taxable) including but not limited to:				
	Wages	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Workers Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
	Interest Income	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Unemployment Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
	Social Security SSI, SSP, SSDI	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Spousal Support	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
				Rental or royalty income	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
	Pensions TANF (AFDC)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Legal settlements	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
	Child Support	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Scholarships	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Disability Payments	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Grants	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
Self-employed (IRS Form Schedule C required)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Cash	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
			Other income: (explain)	\$ _____	
Adults _____					
Minors (under 18) _____					
Total = _____					
			If you are renting your home, are you receiving a housing subsidy (Section 8, HUD, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Is anyone in the household receiving a food subsidy (Cal Fresh, WIC, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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