



**Medical Rate Assistance Program**

Roseville Electric

# Application for Medical Rate Assistance

a discount\*\* on the standard residential rate for qualified customers

## Primary Account Holder/Customer on Account

Last Name		First Name	
Home Address		Phone Number	
City	State	Zip	
Mailing Address if different than above			
X X X - X X -		-	
Social Security Number last 4 digits only		Roseville Electric Utility Account Number	

## 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	Social Security #	Age
	XXX-XX-_____	
	XXX-XX-_____	
	XXX-XX-_____	
	XXX-XX-_____	
	XXX-XX-_____	
	XXX-XX-_____	
	XXX-XX-_____	
	XXX-XX-_____	

## Agreement

Roseville Electric makes every effort to inform customers prior to outages for scheduled, planned maintenance. Unplanned maintenance or 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 Finance 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 Finance and 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 canceled. **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 penalty of perjury that the information contained on this application is true and correct.**

X \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature

## How to Apply

**1. Complete Primary Account Holder/Customer on Account** with the 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:

- Tax Transcript – Can be obtained by using IRS Form 4506-T (Refer to example on back of this form)  
**OR**
- Current tax return (Pages 1 & 2 with signatures)  
**OR**
- Social Security Benefits letter **AND** Tax Transcript **or** Tax Return **or** Affidavit of Non-Filing of Tax Returns  
**OR**
- Unemployment Benefits letter **AND** Tax Transcript **or** Tax Return **or** Affidavit of Non-Filing of Tax Returns

**4. Ask your physician to complete and sign** the statement of certification on the back of this form.

**5. Sign, date and mail all required documents to:**  
City of Roseville -Finance Department  
311 Vernon St.  
Roseville CA. 95678  
*(do not include this application with bill payment)*

## Who is eligible?

Household members	Annual Gross Income *
1	\$38,550
2	\$44,050
3	\$49,550
4	\$55,050
5	\$59,500
6	\$63,900
7	\$68,300
8	\$72,700

You must be a current Roseville Electric customer, use a qualifying medical device\*\* and have a combined household income no greater than specified in this chart based on the number of household members.

\* Annual gross income as identified by the U.S. Department of Housing and Urban Development (HUD) for 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 dependant minors under the age of 18.

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

**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 the person residing in a residential dwelling.

In your opinion, does the equipment listed here meet this description?        Yes        No

Patient Name	Doctor's Name	Phone
	Address	City State Zip
Type of equipment required	California Medical License Number	
Make Model	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.	
Voltage Wattage	Signature	Date

**Example 4506-T Form**

**Example of completed Request for Transcript of Tax Return**

You must submit a 4506-T form for each household member, age 18 and over, even if a tax return was not filed.

For additional forms, contact the IRS at 1-800-TAX-FORM or visit [www.irs.gov](http://www.irs.gov) and search for 4506-T.

**Please note:** The form must be filled out completely and legibly. This will allow us to verify income based on your previous year's tax filings.

- Check box **6a** if you filed a tax return last year
- Or -
- Check box **7** if you did **NOT** file a tax return last year

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.

For assistance please call the City of Roseville Finance Department at (916) 774-5300 or visit [www.roseville.ca.us/Finance](http://www.roseville.ca.us/Finance)

Form <b>4506-T</b> <small>(Rev. January 2010)</small> Department of the Treasury Internal Revenue Service	<b>Request for Transcript of Tax Return</b> <b>SAMPLE FORM</b> <small>This form may be rejected if the form is incomplete or illegible.</small>	OMB No. 1545-1872
<p><b>Tip.</b> Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use <b>Form 4506, Request for Copy of Tax Return</b>. There is a fee to get a copy of your return.</p>		
<p><b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.</p> <p><i>Joe Smith</i></p>	<p><b>1b</b> First social security number on tax return or employer identification number (see instructions)</p> <p><i>123-45-6789</i></p>	
<p><b>2a</b> If a joint return, enter spouse's name shown on tax return.</p> <p><i>Jane Smith</i></p>	<p><b>2b</b> Second social security number if joint tax return</p> <p><i>987-65-4321</i></p>	
<p><b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code</p> <p><i>123 Elm St. Apt 23. Roseville, CA 95678</i></p>		
<p><b>4</b> Previous address shown on the last return filed if different from line 3</p> <p><i>Address on prior year's taxes if different</i></p>		
<p><b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.</p>		
<p><b>Caution.</b> If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.</p>		
<p><b>6</b> Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. <i>1040</i></p> <p><b>a</b> <b>Return Transcript</b>, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-C, Form 1041, Form 990, and Form 990-E. Transcripts are available for returns filed from 2001 through 2009, and returns processed during 2008. <b>If you filed a tax return last year mark here</b> <input checked="" type="checkbox"/></p> <p><b>b</b> <b>Account Transcript</b>, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. <input type="checkbox"/></p> <p><b>c</b> <b>Record of Account</b>, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days. <input type="checkbox"/></p>		
<p><b>7</b> <b>Verification of Non-filing</b>, which is only available for returns filed with the IRS. Current year requests are only available after June 15th. <b>If you did NOT file a tax return last year mark here</b> <input checked="" type="checkbox"/></p>		
<p><b>8</b> <b>Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.</b> The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days. <input type="checkbox"/></p>		
<p><b>Caution.</b> If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.</p>		
<p><b>9</b> <b>Year or period requested.</b> Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.</p>		
<p><b>Signature of taxpayer(s).</b> I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. <b>Note.</b> For transcripts being sent to a third party, this form must be received within 120 days of signature date.</p>		
<p><i>Joe Smith</i> Signature (see instructions)</p>	<p><i>xx/xx/xxxx</i> Date</p>	<p>Telephone number of taxpayer on line 1a or 2a <i>(916)123-1234</i></p>
<p><b>Sign Here</b></p> <p><i>Jane Smith</i> Spouse's signature</p>	<p>Date</p>	
<p>For Privacy Act and Paperwork Reduction Act Notice, see page 2. <span style="float: right;">Cat No. 37667N <b>Form 4506-T</b> (Rev. 1-2010)</span></p>		