

MORENO VALLEY UTILITY

EMERGENCY ASSISTANCE FUND REQUIREMENTS

Moreno Valley Utility (MVU) Residential Customers have the opportunity to receive a one-time bill credit of up to \$1000 on their electric utility bill. The Emergency Assistance Fund has been established with the aim of assisting customers in addressing outstanding energy charges on their electric utility bill.

IDENTITY REQUIREMENTS:

- Customer must be a **Moreno Valley Utility Residential Customer**.
- Applicant service address must match the primary residence.
- All individuals aged 18 and above who reside in the household must be included on application.
- Customer must provide a valid government issued ID.
 - Ex. Driver's License, Identification Card, Real ID, or Passport.

RECENT MVU SHUTOFF NOTICE REQUIREMENT:

- Applicant is required to submit proof of recent MVU 10 Day shutoff notice dated within the severance process from the date of the application.

PROOF OF EMERGENCY REQUIREMENTS:

- Applicant must provide evidence of one of the following:
 - a. **Proof of job loss:** Documentation required includes a termination letter from the applicant's last employer and/or an unemployment award letter (EDD) indicating a final decision.
 - b. **Proof of illness:** Applicants are required to provide a doctor's note that includes the date the note was signed, the date(s) for the time off required, the doctor's signature, and the doctor's license number. **NOTE: Documentation must be limited to a single page, and medical history records will not be accepted.**
 - c. **Proof of family emergency:** In the event of a death in the immediate family, applicants must provide a death certificate, or written verification from a funeral home.
 - d. **Other emergency:** In the event of other emergencies, applicants must furnish official documentation recognized and issued by an authoritative entity, organization, or institution, validating their emergency hardship.

INCOME REQUIREMENTS:

- All individuals aged 18 and above who reside in the household are required to submit documentation verifying income for the past four weeks (equivalent to a full month).
 - Ex. Paycheck stubs, disability letters, child support payments, SSI documentation, CalWORKS statements, alimony records, and other relevant sources.

AFTER COMPLETING THE APPLICATION PLEASE BRING INTO OUR LOCAL OFFICE:

Local Office: 14331 Frederick Street, Suit 2 Moreno Valley, CA 92553

If you have any questions, please call our 24/7 Customer Service Center at 1.844.341.6469 or visit www.moval.org/mvu

MORENO VALLEY UTILITY
EMERGENCY ASSISTANCE FUND APPLICATION

CUSTOMER INFORMATION

Name on File:

Service Address:

MVU Account Number:

E-Mail:

HOUSEHOLD INCOME

All individuals aged 18 and above who reside in the household must provide Gross Income.
 If you do not have a SSN, utilize your ITIN. Otherwise, leave the entry field blank.

#	FULL LEGAL NAME	AGE	SOCIAL SECURITY NUMBER	GROSS INCOME
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
LIST ADDITIONAL HOUSEHOLD MEMBERS ON A SEPERATE SHEET			TOTAL HOUSEHOLD INCOME	

EMERGENCY

Please indicate your emergency by checking the appropriate box.

- Job Loss
 Family Emergency
 Illness
 Other Emergency

If you chose **Other Emergency** please specify below:

EMERGENCY ASSISTANCE FUND

RULES & REGULATIONS

Please thoroughly review the rules and regulations provided below:

- Limited Funds: The incentive offer is on a first-come, first-served basis and is effective until funding are exhausted or the program is discontinued. The Emergency Assistance fund is not guaranteed and may be terminated without prior notice.
- The Emergency Assistance Fund is solely designated for alleviating customer electrical energy charges. This one-time credit will be allocated specifically to address any outstanding balance on the MVU account linked to this application. The Emergency Assistance Fund will NOT be allocated towards late fees or other associated charges.
- The application will remain active for a period of 30 days from the date of submission. During this time, it is the customer’s responsibility to monitor for any requests for additional documentation. Should such requests arise, customers are required to promptly provide the requested documentation within the 30-day timeframe. Failure to do so will result in the application becoming null and void after the 30-day period, necessitating the submission of a new application.
- Applicants are reminded to retain copies of their completed application along with all necessary documentation (such as government ID, 10-day disconnection notice, proof of emergency, etc.) for their personal records. It is the applicant’s responsibility to ensure compliance with all program requirements and to submit all documentation prior to application submission.
- The applicant must be the primary or secondary account holder listed on the electrical service account with MVU.
- The applicant cannot be claimed as a dependent on someone else's tax return.
- Processing time for the application is 2-3 weeks, subject to completion of all necessary requirements. However, in the event that an application is selected for further review, additional processing time may be necessary.
- After fulfilling all program requirements, Emergency Assistance Funds will be distributed to the customer’s MVU electrical account within 3-5 business days from the date of application approval. The funds will not be retroactively applied to any previous invoices.
- In cases where the applicant is undergoing a collection process or facing impending disconnection, it is crucial to understand that the disbursement of Emergency Assistance Funds will not halt or delay the collection process. The customer/applicant remains accountable for any outstanding charges or fees incurred during this period. Furthermore, approval of Emergency Assistance Funds does not guarantee the termination of resolution of the ongoing collection process.

I certify the following:

By signing this form, I certify that I have read and understand the Rules and Regulations of the Emergency Assistance Funds. The information I have provided is true and correct meeting all the requirements as stated on this application. I acknowledge that if it is later determined that I do not meet the program's qualifications, I am obligated to repay all funds received.

Signature:

Date:

Office Use Only:

**Approved
By:**

**Credit
Approved:**

Date: