APPLICATION FOR
Medical Rate Assistance Program
Municipal Services Division
City of Santa Clara
1500 Warburton Avenue
Santa Clara, CA 95050

(408) 615-2300: Monday - Friday, 8:00 a.m. - 5:00 p.m.
1-800-735-2922 CA Relay Service for the Deaf or Hearing Impaired

The City of Santa Clara provides a Medical Rate Assistance Program (M.R.A.P.). This program provides a monthly 25% discount to eligible households on their municipal utilities electric charges. To participate in M.R.A.P., you must submit a completed Physician's Certification Form. Please note that applicants who qualify for both the Low Income and Medical Rate Assistance programs will be enrolled in the Low Income program only.

Notice: If your name, address, or medical condition changes, you MUST inform the City of Santa Clara, Municipal Services Division

Name of Utility Customer

First	**Middle**	**Last**	**Electric Utility Account No.**

Name of Resident with Qualifying Medical Condition

First	**Middle**	**Last**	**Relationship to the Utility Customer:**
			___ **Self** ___ **Child** ___ **Spouse** ___ **Other** _____

Mailing Address

Number and Street		**Apt No.**	**Attention**
City	**State**	**Zip Code**	If you use a medical device such as an oxygen machine or ventilator, please notify the Santa Clara Fire Department at: (408) 615-4900 for protective services in the event of an emergency.

Email Address:	**Daytime Phone Number:**

The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the State and Federal Government and with my utility company. If eligible for the M.R.A.P. discount, I permit the proper change to my rate schedule and, if needed, give consent to have my eligibility verified every two years. I declare, under penalty of perjury, that the information on this application is true and correct.

X_____

Applicant's Signature Date Witness' Signature (If applicant signed with a mark)

YOU MUST INCLUDE THE FOLLOWING!!!

- ❑ **This form filled out completely**
- ❑ **Your utility account number**
- ❑ **Completed Physician Certification Form**

SANTA CLARA OFFICIAL USE ONLY

Verified by _____

Date _____

For information on the Home Energy Assistance Program (HEAP), call Sacred Heart Community Energy Service at 1-877-278-6455.