



City of Milpitas

MILPITAS ASSISTANCE PROGRAM (MAP) APPLICATION

Please submit application to the Milpitas Community Center, 457 E. Calaveras Blvd., Milpitas, CA 95035

If you have any questions or need help completing your application please call (408) 586-3405 or email MAP@ci.milpitas.ca.gov.

CUSTOMER INFORMATION (print clearly)

Last Name	First Name	Middle Initial	
Home Address			City
Home Phone		Cell Phone	Email (required for program notifications and enrollment updates)
<input type="checkbox"/> My family and I reside at the address above.		<input type="checkbox"/> The utility bill is in my name	Utility Bill Customer #:
<input type="checkbox"/> I am the homeowner	<input type="checkbox"/> I am applying for a temporary hardship because of health reasons.		<input type="checkbox"/> The recipient is a youth who is in the Foster Care or Juvenile Dependency system.

HOUSEHOLD INCOME QUALIFICATIONS

List the name of all adults and children in household: (Please print clearly)

Full Legal Name	Relationship to applicant	Date of Birth	Gross earnings from all jobs before deductions	Pension, Retirement, Social Security	Welfare Benefits, Child Support, Alimony Payments	Other Monthly Income
1.						
2.						
3.						
4.						
5.						

List any additional household members and their income on a separate sheet.

Please attach proof of participation in a qualifying assistance program or income documentation demonstrating your eligibility. Do not attach any health information unless you have completed the Health Information Authorization and have specifically been asked to provide evidence of a serious illness. Call (408) 586-3405 or email map@ci.milpitas.ca.gov for more details.

Terms and Conditions

- Applications will be accepted and processed in the order they are received and approved contingent on the availability of funds.
- Assistance is not transferable to other properties or applicants.
- Applicants must not share a water meter with another home or dwelling unit.

Declaration and Self Certification

I certify that all the above information is true and correct and that all income has been reported. I understand that this information is given in connection with the receipt of Federal funds, which City officials may verify the information on the application, and that deliberate misrepresentation of the information may be subject to immediate dismissal from the program.

1. All of the information provided is true and correct.
2. I will notify the City of Milpitas if my household is no longer eligible.
3. I understand I am required to provide proof of household income.
4. I will pay back the discount if any of the information provided is untrue.
5. I am not claimed on another person's income tax return.
6. I understand that discounts will be effective for one (1) year for tier 1 & 2 and that I must reapply annually. I understand that the discounts will be effective for 6 (six) months for Tier 3, and I may reapply once.
7. I understand that I must notify the City of Milpitas if I move, and I may reapply if I move within the City of Milpitas.
8. I understand I must attach a Health Information Authorization form if I am providing any proof of a health-related hardship.

Signature: _____ Print Name: _____ Date: _____

The City of Milpitas does not discriminate in employment or provision of services on the basis of race, national origin, religion, marital status, gender, sexual orientation or any other basis prohibited by state and federal law.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. All supporting documentation must be submitted with the application.

OFFICE USE ONLY

Date Rec'd

Approved Denied

Processed by: _____

Effective Date: _____