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 Medical Rate Assistance 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 as necessary to effectuate the purpose of this application. 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, call Community Action at 1-866-205-2388 or 408-920-3953.