



# Municipal Services Billing

119 E Olin Avenue, Madison, WI 53713 • TEL (608) 266-4651 • [municipalbilling@cityofmadison.com](mailto:municipalbilling@cityofmadison.com)

## Madison Customer Assistance Program (MadCAP)

City of Madison’s Customer Assistance Program - **MadCAP** is for customers with low household incomes. Eligible households will receive either a **\$20** or **\$30** monthly bill credit.

### HOW TO QUALIFY

1. Be a residential customer
2. Have the water service in your name
3. Your household income must meet the program guidelines as shown in the table below
4. Provide last year’s tax return or a benefits statement from Social Security to verify your income<sup>1</sup>
5. This requirement is applicable to homeowners only, not renters. Homeowners who have participated in the Toilet Rebate Program have satisfied this requirement. If not, you must:
  - a. Take part in [MWU’s Toilet Rebate Program](#); or
  - b. Seek assistance from [Project Home](#) to perform the following water-saving measures:
    1. Installing high-efficiency toilets
    2. Fixing plumbing leaks
    3. Installing water saving devices

### INCOME GUIDELINES:

“Gross annual household income” means incoming money that is earned or unearned by all the household members. For example: wages, salaries, interest, dividends, spousal support and child support payments, public assistance payments, social security and pensions, rental income, income from self-employment, and all employment-related, non-cash income, and money from other sources. If your household income is the same or less than 30% AMI you are eligible for a \$30 credit each month. If your household income is the same or less than 50% AMI you are eligible for a \$20 credit each month.

- Income limits for the program may change from year to year. Eligibility is normally for a one-year period. If your household income changes, you may no longer qualify for the monthly credit.
- Protect your personal information by **hiding or removing the first five digits of any social security number** on any document you send.
- If your income changes and or no longer eligible, you must let the City know by emailing or writing to the address given at the end of Page 2. Households that qualify will need to re-apply every year.

### Eligibility – At or below amounts shown below (2022)

Number of Persons in Household	Gross Annual Household Income <sup>2</sup> (all household income before taxes)	
	30% AMI <sup>3</sup>	50% AMI
1	\$24,250	\$40,400
2	\$27,700	\$46,150
3	\$31,150	\$51,900
4	\$34,600	\$57,650
5	\$37,400	\$62,300
6	\$40,150	\$66,900
7	\$42,950	\$71,500
8 or more	\$46,630	\$76,100

<sup>1</sup> Last year’s signed tax return (1040, 1040A, or 1040 EZ) including all schedules (if electronically filed, please manually sign the copy provided) OR an IRS Verification of Non-filing Letter **OR** Yearend benefits statement from Social Security or evidence of any other source of income or assistance

<sup>2</sup> Customers with a gross annual household income **at or below 50%** of the City of Madison Area Median Income (AMI) set by the Federal Department of Housing & Urban Development (FDHUD) qualifies for MadCAP. Under this program, families earning 30% or less of Area Mean Income (AMI) will be **credited \$30 per month** and families earning between 30% and 50% of AMI will be **credited \$20 per month**.

<sup>3</sup> Area Mean Income (AMI)



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## Madison Customer Assistance Program (MadCAP) – APPLICATION FORM (General)

**Complete all steps 1 - 5 below.** Applications with missing information will need to be re-submitted which may delay your eligibility. You will not start getting the monthly credit until the next billing cycle after your application has been approved.

### 1. Customer Information

Customer Name:		Date:
Service Address:	City:	Zip:
Customer Number: <sup>4</sup>	Account Number:	Phone Number:
Mailing Address (if different):	City:	Zip:

2. How many people live in your Household? \_\_\_\_\_

3. Use the table below to find the **number of people who live in your household**. Under the number of people who live in your household, circle the total **GROSS (before taxes and other deductions) household income** that is applicable to you.

Number of People in Your Household	1	2	3	4	5	6	7	8+
My Annual Household Income is <u>Less</u> than:	\$24,250	\$27,700	\$31,150	\$34,600	\$37,400	\$40,150	\$42,950	\$46,630
My Annual Household Income is <u>Less</u> than:	\$40,400	\$46,150	\$51,900	\$57,650	\$62,300	\$66,900	\$71,500	\$76,100

4. Make a copy of all documents that show your **GROSS** Household Income for every household member

### 5. DECLARATION: (Please read, sign, and date.)

The information on this application is truth and correct. I have read and understand the requirements of the MadCAP. I agree to provide proof of income in order to participate. I agree to notify the City if the number of people in my household or my household income changes. I understand that if I receive the credit without qualifying for it, I may be required to pay back the credit I received. I understand that I need to apply and provide my household income documents every year. The City may take legal action against me if I was not truthful or do not follow these rules.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SEND** completed application (Page 2) **AND** all required documentation of income to:

**Email:** municipalbilling@cityofmadison.com **or US MAIL:** Madison Municipal Services, 119 E. Olin Ave, Madison, WI 53713

<sup>4</sup> You may need to look at your bill to obtain customer and account numbers. These two numbers are listed on the first page of your bill. If you need help finding your customer or account number, please call 608-266-4651.