



**MURRIETA FIRE DEPARTMENT  
EMS SUBSCRIPTION PROGRAM  
INCOME HARDSHIP REDUCTION APPLICATION**

**Citizens under Medicare, Medicaid, or Medi-Cal may also receive a 50% reduction**

Upon approval of the application, Murrieta residents applying for an income hardship reduction will be made subscribers of the EMS Subscription Program at a reduced annual fee of \$24.00. The reduction will be granted upon verification that annual income is less than \$23,450.00.

**For those citizens under Medicare, Medicaid, or Medi-Cal:** Please provide verification, such as a copy of your Medicare, Medicaid or Medi-Cal card, when submitting your subscription application to receive the 50% reduction. **Please mail to: FIRE RECOVERY** at 2271 Lava Ridge Court, Suite 120, Roseville, CA 95661, Attention: EMS Subscription Program, along with your subscription enrollment form and check for \$24.00.

**For Income Hardship:** One application per individual or household. Please check the appropriate box below, complete information below, sign this application, include completed subscription enrollment form, include check for \$24.00, and attach the most recent supportive evidence of annual income of less than \$23,450.00. **Mail to: MURRIETA FIRE DEPARTMENT** at 41825 Juniper Street, Murrieta, CA 92562, Attention: EMS Subscription Program.

Please check all that apply:

- ( ) Supplemental Security Income (S.S.I) - \*\*Attach most current proof of annual income.
- ( ) Permanent Social Security Disability - \*\*Attach most current proof of annual income.
- ( ) Hardship - \*\*Attach most current proof of annual income.
- ( ) Medicare, Medicaid, or Medi-Cal - \*\*Attach current verification of coverage.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Apt# \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT \_\_\_\_\_

**Sign below for Income Hardship only.** I certify under penalty of perjury under the laws of the State of California that I qualify for an **income hardship reduction** and that my total annual income is less than \$23,450.00.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

For additional information concerning the above or about the EMS Subscription Program: **Call - (888) 650-5320**  
\*\*Copy of either: Benefits letter from Social Security Administration, Bank Statement (proof of direct deposit of US Treasury of Payroll), US Treasury Check, Payroll check (most recent), W-2, 1099 or previous year tax return.

**REMINDER: This application must be renewed each January, beginning 2014 to continue at reduced annual fee.**