



Low-Income Rate Assistance (LIRA) Program Application

At California Water Service Company (Cal Water), we care about our customers. We are pleased to offer our Low-Income Rate Assistance (LIRA) program to those who meet the income guidelines below or participate in other assistance programs listed. The California Public Utilities Commission (CPUC) has approved LIRA for Cal Water's residential customers throughout California. This program provides a discount of 50% off (up to \$12) of the monthly 5/8-inch meter service charge for qualified customers.

If you qualify for this discount, please complete the application below and return to: California Water Service Company, Attn: Customer Service Department, 1720 North First Street, San Jose, CA 95112.

New and existing LIRA applicants:

Please complete this form and return it to Cal Water at the address above. LIRA is not retroactive; customers who qualify will begin receiving the discount in the month after application is received.

Note to existing LIRA customers:

We are asking you to complete this form because California law requires that customers who currently receive the LIRA discount periodically certify that they still qualify for the discount.

Program qualifications:

- The Cal Water bill must be in your name.
- You must live at the address where the discount will be received.
- Your household must meet the income guidelines listed below OR someone in your household must be enrolled in one of the public assistance programs described below.
- You must notify Cal Water if your household no longer qualifies for the LIRA discount.
- Following enrollment, you may be required to provide proof of eligibility.
- You are required to recertify your eligibility every two years (four years if you can prove handicapped/elderly (62+) status).

For questions, please e-mail LIRA@calwater.com or call toll-free (877) 419-1701.

1 CALIFORNIA WATER SERVICE COMPANY CUSTOMER INFORMATION (please type or print)

New LIRA applicant Existing LIRA customer

Customer Account Number: (Located on front page of your Cal Water bill)

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Name _____ **E-mail** _____
As it appears on your water bill

Service Address _____ **City** _____ **CA Zip Code** _____
Do NOT use a P.O. Box

Mailing Address _____ **City** _____ **CA Zip Code** _____
If different from the address above

Daytime Telephone Number _____
Please include area code

Total number of adults and children living in your household

2 PLEASE CHOOSE BASIS FOR ELIGIBILITY (select A or B)

A. Someone in my household is enrolled in one or more of the following assistance programs:

- | | | |
|---|--|---|
| <input type="radio"/> Medicaid/Medi-Cal (under age 65) | <input type="radio"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="radio"/> National School Lunch Program (NSLP) |
| <input type="radio"/> Medicaid/Medi-Cal (age 65 and over) | <input type="radio"/> Healthy Families A & B | <input type="radio"/> Bureau of Indian Affairs General Assistance |
| <input type="radio"/> Supplemental Security Income (SSI) | <input type="radio"/> CalWORKs (TANF) or Tribal TANF | <input type="radio"/> Head Start Income Eligible (Tribal only) |
| <input type="radio"/> CalFresh/SNAP (food stamps) | | <input type="radio"/> CARE (gas & electric company discount) |
| <input type="radio"/> Women, Infants, & Children (WIC) | | |

B. My household income does not exceed the following:

Your household's gross annual income may not exceed these LIRA income guidelines (effective June 1, 2011 – May 31, 2012).

Total number of people in household	1 or 2	3	4	5	6	
Total combined annual income	\$31,800	\$37,400	\$45,100	\$52,800	\$60,500	<small>Add \$7,700 for each additional household member</small>

Please declare your annual household income: \$,

3 DECLARATION (please read carefully and sign below)

I state that the information I have provided in this application is true and correct. I agree to provide proof of eligibility if asked. I agree to inform California Water Service Company if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Cal Water can share my information with other utilities or their agents to enroll me in their assistance programs.

X _____ **California Water Service Company Customer Signature** fill in circle if guardian or power of attorney _____ **Date**