



Qualified Agricultural Employee Housing Facilities

Mail completed application to your local Cal Water Customer Center.

1 APPLICANT INFORMATION: (please type or print)

Name on Utility Bill _____

Name of Facility (if different than on bill) _____

Service Address _____ City _____ CA Zip Code _____

Mailing Address (if different) _____ City _____ CA Zip Code _____

Facility Contact (who to contact if utility needs more information) _____

E-mail Address (optional) _____

Daytime Phone [grid] Fax [grid]

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

- EMPLOYEE HOUSING (privately owned)
HOUSING FOR AGRICULTURAL EMPLOYEES (non-migrant and operated by non-profit entities)

3 RECERTIFICATION: (please type or print)

If recertifying the facility's eligibility for continued LIRA discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

This year's discount will be used for:

4 DECLARATION: (please read carefully and sign below)

- Organization is a California Water Service Company of record
100% of all residents of the facility and/or households meet LIRA income guidelines
Documentation is available to substantiate the above

By signing below, I certify under penalty of perjury that the information on this declaration is truthful and correct. Although this declaration is valid for one year, I will notify California Water Service of any changes that may affect eligibility for LIRA.

Authorized Representative's Signature _____ Date _____

Authorized Representative's Name (please type or print) _____ Date _____

Please complete this application by providing individual account information on the reverse side of this page.

5

FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FIVE (5) ADDRESSES:

Cal Water Account Number:

Grid for Cal Water Account Number (10 boxes)

Service Address _____ City _____ CA Zip Code _____

Please check:

Type of Metering? Individually metered Master metered

Total number of residents (excluding on-site manager) _____

Cal Water Account Number:

Grid for Cal Water Account Number (10 boxes)

Service Address _____ City _____ CA Zip Code _____

Please check:

Type of Metering? Individually metered Master metered

Total number of residents (excluding on-site manager) _____

Cal Water Account Number:

Grid for Cal Water Account Number (10 boxes)

Service Address _____ City _____ CA Zip Code _____

Please check:

Type of Metering? Individually metered Master metered

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Service Address _____ City _____ CA Zip Code _____

Please check:

Type of Metering? Individually metered Master metered

Total number of residents (excluding on-site manager) _____