Low-Income Rate Assistance (LIRA) Program Application

At California Water Service (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. Qualifying customers receive a fixed monthly discount equal to 50% of the 5/8 x 3/4-inch meter service charge.

If you qualify for this discount, please complete the application below and return to: California Water Service, 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.

For questions, please e-mail LIRA@calwater.com or call toll-free 1-877-419-1701.

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).

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

○ New LIRA applicant   ○ Existing LIRA customer

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

Name _____
As it appears on your water bill

E-mail _____

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

Home ☐   Cell ☐

Total number of adults and children living in your household

Birth Date

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:

- ○ Medicaid/Medi-Cal for Families A & B
- ○ Supplemental Security Income (SSI)
- ○ CalFresh SNAP
- ○ Women, Infants, & Children Program (WIC)
- ○ Low-Income Home Energy Assistance Program (LIHEAP)
- ○ CalWORKs/Temporary Assistance for Needy Families (TANF)
- ○ National School Lunch Program (NSLP)
- ○ Bureau of Indian Affairs General Assistance
- ○ Head Start Income Eligible (Tribal only)
- ○ Tribal TANF

☐ 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, 2017 – May 31, 2018)

Total number of people in household	1	2	3	4	5	6	7	8
Total combined annual income	$32,480	$32,480	$40,820	$49,200	$57,560	$65,920	$74,280	$82,640

Add $8,320 for each additional household member

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 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 Customer Signature   ○ fill in circle if guardian or power of attorney   Date