

**CALIFORNIA PUBLIC UTILITIES COMMISSION
DIVISION OF WATER AND AUDITS**

Advice Letter Cover Sheet

Utility Name: California American Water

Date Mailed to Service List: May 31, 2022

District: All Districts

CPUC Utility #: U210W

Protest Deadline (20th Day): June 19, 2022

Advice Letter #: 1374

Review Deadline (30th Day): June 29, 2022

Tier 1 2 3 Compliance

Requested Effective Date: June 1, 2022

Authorization

Description: Update Customer Assistance Program Guidelines

Rate Impact: \$See AL
See AL%

The protest or response deadline for this advice letter is 20 days from the date that this advice letter was mailed to the service list. Please see the "Response or Protest" section in the advice letter for more information.

Utility Contact: Kristina Remelius

Utility Contact: Jonathan Morse

Phone: 916-568-4234

Phone: 916-568-4237

Email: Kristina.Remelius@amwater.com

Email: Jonathan.morse@amwater.com

DWA Contact: Tariff Unit

Phone: (415) 703-1133

Email: Water.Division@cpuc.ca.gov

DWA USE ONLY

DATE

STAFF

COMMENTS

APPROVED

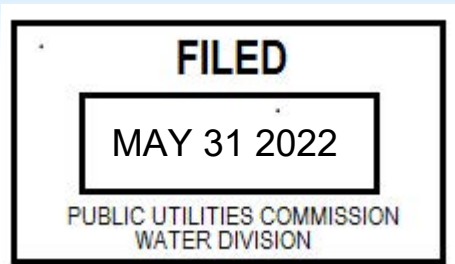
WITHDRAWN

REJECTED

Signature: _____

Comments: _____

Date: _____



4701 Beloit Drive
Sacramento, CA 95838
www.amwater.com

P (916)-568-4251
F (916) 568-4260

May 31, 2022

ADVICE LETTER NO. 1374

TO THE PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

California-American Water Company (“California American Water”) (U210W) hereby submits for review this advice letter, including the attached tariff sheets applicable to all districts.

Request

This advice letter is being made to update the Customer Assistance Program (CAP) income guidelines for the 2022-2023 year in compliance with Public Utilities Code Section 739.1. As stated in the Public Utilities Commission Energy Division’s March 11, 2022 letter, income guidelines/limits should be updated as follows:

Household Size	CARE & Energy Savings Assistance Program (CAP program)
1-2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260
Each Additional person	\$9,440

Tier Designation:

Pursuant to General Order 96-B, this advice letter is submitted with a Tier 1 designation.

Effective Date:

California American Water requests an effective date of June 1, 2022, consistent with the date of the new income guidelines.

Service List:

Service Lists – In accordance with General Rules 4.3 and 7.2, and Water Industry Rule 4.1, of General Order (GO) 96-B, Cal-Am served copies of AL 1374 to adjacent utilities and other parties requesting such notification, on May 31, 2022. Please note that, consistent with the Commission’s guidelines for service during the COVID-19 pandemic, this advice letter is only being distributed electronically.

RESPONSE OR PROTEST¹

¹ G.O. 96-B, General Rule 7.4.1

Anyone may submit a response or protest for this AL. When submitting a response or protest, **please include the utility name and advice letter number in the subject line.**

A **response** supports the filing and may contain information that proves useful to the Commission in evaluating the AL. A **protest** objects to the AL in whole or in part and must set forth the specific grounds on which it is based. These grounds² are:

1. The utility did not properly serve or give notice of the AL;
2. The relief requested in the AL would violate statute or Commission order, or is not authorized by statute or Commission order on which the utility relies;
3. The analysis, calculations, or data in the AL contain material error or omissions;
4. The relief requested in the AL is pending before the Commission in a formal proceeding;
or
5. The relief requested in the AL requires consideration in a formal hearing, or is otherwise inappropriate for the AL process; or
6. The relief requested in the AL is unjust, unreasonable, or discriminatory, provided that such a protest may not be made where it would require re-litigating a prior order of the Commission.

A protest may not rely on policy objections to an AL where the relief requested in the AL follows rules or directions established by statute or Commission order applicable to the utility. A protest shall provide citations or proofs where available to allow staff to properly consider the protest.

DWA must receive a response or protest via email (**or** postal mail) within 20 days of the date the AL is filed. When submitting a response or protest, **please include the utility name and advice letter number in the subject line.**

The addresses for submitting a response or protest are:

Email Address:

Water.Division@cpuc.ca.gov

Mailing Address:

CA Public Utilities Commission
Division of Water and Audits
505 Van Ness Avenue
San Francisco, CA 94102

On the same date the response or protest is submitted to the Water Division, the respondent or protestant shall send a copy by mail (or e-mail) to us, addressed to:

Recipients:

Kristina Remelius
*Rates and Regulatory
Analyst*

E-Mail:

Kristina.Remelius@amwater.com

Mailing Address:

520 Capitol Mall St 630
Sacramento, CA 95814
Fax: (916) 568-4277

Sarah E. Leeper
*Vice President – Legal,
Regulatory*

sarah.leeper@amwater.com

555 Montgomery Street, Ste.
816
San Francisco, CA 94111

² G.O. 96-B, General Rule 7.4.2

CA Rates

ca.rates@amwater.com

Fax: (415) 863-0615

4701 Beloit Drive
Sacramento, CA 95838
Fax: (916) 568-4260

Cities and counties that need Board of Supervisors or Board of Commissioners approval to protest should inform the Water Division, within the 20-day protest period, so that a late filed protest can be entertained. The informing document should include an estimate of the date the proposed protest might be voted on.

REPLIES³

The utility shall reply to each protest and may reply to any response. Any reply must be received by DWA within five business days after the end of the protest period, and shall be served on the same day on each person who filed the protest or response to the AL.

The actions requested in this advice letter are not now the subject of any formal filings with the California Public Utilities Commission, including a formal complaint, nor action in any court of law.

If you have not received a reply to your protest within 10 business days, contact Kristina Remelius at (916) 568-4234.

This filing will not cause the withdrawal of service, nor conflict with other schedules or rules.

CALIFORNIA-AMERICAN WATER COMPANY

/s/ Kristina Remelius

Kristina Remelius
Rates and Regulatory Analyst

³ G.O. 96-B, General Rule 7.4.3

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
XXXXX-W	Customer Assistance Program Application Cover Letter and Form in English and Spanish Sheet 1	9985-W
XXXXX-W	Schedule No. CA-CAP California American Water CUSTOMER ASSISTANCE PROGRAM Sheet 8	10246-W

Customer Assistance Program Application Cover Letter and Form
in English and Spanish

Sheet 1

(See Attached Form)

(Continued)

(TO BE INSERTED BY UTILITY)

Advice 1374
Decision

ISSUED BY

J. T. LINAM
DIRECTOR - Rates & Regulatory

(TO BE INSERTED BY C.P.U.C.)

Date Filed _____
Effective _____
Resolution _____



CALIFORNIA
AMERICAN WATER

WE KEEP LIFE FLOWING®

ABOUT THE PROGRAM / INFORMACIÓN SOBRE EL PROGRAMA

California American Water's customer assistance program provides assistance to low-income families. / *El programa de asistencia al cliente de California American Water ofrece ayuda a familias de bajos ingresos.*

Eligible members are determined based on a household's gross yearly income (see the income guidelines chart) or participation in qualifying public assistance programs. If your household meets the necessary requirements, assistance will be provided in the form of a monthly discount on your water or sewer charges. / *Para determinar si los miembros califican, se utilizan los ingresos brutos anuales del hogar (ver la gráfica de requisitos de ingresos) o la participación en programas de asistencia pública. Si su hogar llena los requisitos necesarios, se le dará asistencia en forma de un descuento mensual en sus cargos de agua y alcantarillado.*

For assistance, call 888-237-1333, or visit californiaamwater.com. See application on the reverse side. / *Para obtener ayuda, llame al 888-237-1333, o ingrese a californiaamwater.com. Consulte la solicitud al reverso.*

For details on how we treat the information you have provided to us on the form on the reverse, and your privacy rights and how to exercise them, including how to exercise a "do not sell" opt-out, visit our website www.amwater.com/corp/privacy-policy or contact us at 1-844-297-5952. / Para obtener detalles sobre cómo tratamos la información que nos ha proporcionado en el formulario al dorso, y sus derechos de privacidad y cómo ejercerlos, incluido cómo ejercer la opción de "no vender", visite nuestro sitio web www.amwater.com/corp/privacy-policy o comuníquese con nosotros al 1-844-297-5952.

CUSTOMER ASSISTANCE PROGRAM

CUSTOMER ASSISTANCE PROGRAM / PROGRAMA DE ASISTENCIA AL CLIENTE

TO QUALIFY FOR CUSTOMER ASSISTANCE / REQUISITOS PARA LA ASISTENCIA AL CLIENTE

- You must be an individually metered or flat-rate residential customer, or have residential sewer services with California American Water. / *Usted debe ser un cliente residencial con contador individual, o tener servicios residenciales de alcantarillado con California American Water.*
- The water bill must be in your name. / *La factura de agua debe estar a su nombre.*
- You may not be claimed as a dependent on another person's tax return. / *No puede figurar como dependiente en la declaración de impuestos de otra persona.*
- You must reapply if you change your personal residence. / *Debe volver a presentar la solicitud cada vez que cambie su lugar de residencia.*
- You must renew your application every two years, or sooner, if requested. / *Debe renovar su solicitud cada dos años, o antes, si se le solicita.*
- You or someone in your household must participate in a qualifying public assistance program (see list of qualifying programs in the application on the reverse) OR your total annual income cannot exceed that on the chart below. Total income means the total income of ALL persons living full-time in your home as reported on Federal Income Tax Form 1040. / *Usted o alguien en su hogar debe participar en un programa de asistencia pública que califique (ver por detrás del formulario de solicitud la lista de programas que califican) O el total de sus ingresos anuales no puede superar el de la gráfica que hay a continuación. El total de los ingresos significa los ingresos de TODAS las personas que viven de tiempo completo en su hogar, de acuerdo con lo que hayan reportado en el Formulario de Impuestos Federales 1040.*
- California American Water must be notified within 30 days if you become ineligible for the customer assistance program. / *Deberá notificar a California American Water dentro de los 30 días si deja de ser elegible para el programa de asistencia al cliente.*

INCOME GUIDELINES / REQUISITOS DE INGRESOS

(Effective June 1, 2022 to May 31, 2023 /

Vigentes desde el 1 de junio de 2022 hasta el 31 de mayo de 2023)

Number of Persons in Household / Cantidad de personas en el grupo familiar	Total Combined Annual Income / Ingreso anual combinado total
1-2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260
Each Additional Person, Add / Cada Persona Adicional, Agregue	\$9,440

APPLICATION: Customer Assistance Program/Payment Assistance

SOLICITUD: Programa de asistencia al cliente/Ayuda con los pagos

Mail completed application to / Envíe la solicitud completa a: California American Water, 655 W. Broadway, Suite 1410, San Diego, CA 92101

Email completed application with a copy of your water bill to / Envíe por correo electrónico la solicitud completa con una copia de su factura de agua a: ca.paymentassistance@amwater.com

Once you apply, you are enrolled for 2 years and/or if you recently signed up for service in the past year there is no need to complete another application. / Una vez que usted haya aplicado queda inscrito por dos años y/o si usted se inscribió recientemente para servicios en el último año no hay necesidad de completar otra solicitud.

Please fill out the form below and attach the following / Complete al formulario que figura a continuación y adjunte lo siguiente:

California American Water bill / La factura de California American Water

CALIFORNIA AMERICAN WATER CUSTOMER INFORMATION /

INFORMACIÓN DEL CLIENTE DE CALIFORNIA AMERICAN WATER: (please type or print / imprima o escriba en letra de imprenta)

Customer Account Number / Número de cuenta del cliente [1][0][1][5]- [][][][][][][][][][][][][][][]

Have you applied/enrolled in this program in the past? / ¿Ha aplicado usted antes o ha estado inscrito en este programa? [] Yes / Sí [] No / No

Name / Nombre _____ Home Address / Dirección Particular _____
(As it appears on your bill / Como aparece en su factura) (Do NOT use a P.O. Box / NO utilice un apartado postal - PO Box)

City / Ciudad _____ CA Zip Code / Código Postal de CA _____

Mailing Address / Dirección de correo _____ City / Ciudad _____
(If different from above address / Si es diferente de la dirección que figura arriba)

CA Zip Code / Código Postal de CA _____ Daytime Telephone Number / Número telefónico diurno [][][]-[][][]-[][][][][]
(Please include area code / Incluya el código de área)

MAXIMUM HOUSEHOLD INCOME /

INGRESO FAMILIAR MÁXIMO: (effective June 1, 2022 to May 31, 2023 / vigentes desde el 1 de junio de 2022 hasta el 31 de mayo de 2023)

Your Household's gross annual income may not exceed these CARE income guidelines. / Su ingreso anual bruto familiar no debe estos requisitos de ingresos de CARE.

Number of Persons in Household / Cantidad de personas en el grupo familiar	1-2	3	4	5	6	7	8	Each Additional Person, Add / Cada Persona Adicional, Agregue
Total Combined Annual Incomes / Ingreso anual combinado total	\$36,620	\$46,060	\$55,500	\$64,940	\$74,380	\$83,820	\$93,260	\$9,440

PUBLIC ASSISTANCE PROGRAM ELIGIBILITY / ELEGIBILIDAD PARA EL PROGRAMA DE ASISTENCIA PÚBLICA

(CHECK all programs you or someone in your household participate in / MARQUE todos los programas en los que usted o alguien en su grupo familiar participan)

- Medicaid/Medi-Cal (under age 65)/Medicade / Medi-Cal (menor de 65 años de edad)
- Medicaid/Medi-Cal (age 65 and over)/Medicade / Medi-Cal (de 65 años de edad y mayores)
- Supplemental Security Income (SSI) / Programa federal de seguridad de ingreso suplementario
- National School Lunch Program (NSLP) / Programa nacional de almuerzos escolares
- Women, Infants and Children (WIC) / Programa para mujeres, lactantes y niños
- Healthy Families A & B / Programas Healthy Families A y B (Familias Saludables)
- CalWORKs (TANF) or Tribal TANF / CalWORKs (TANF) o TANF Tribal
- Low Income Home Energy Assistance Program (LIHEAP) / Programa de ayuda para energía para hogares con recursos limitados
- CalFresh/SNAP (Food Stamps) / CalFresh/SNAP (Sellos para alimentos)
- Bureau of Indian Affairs General Assistance / Ayuda General de la Oficina de Asuntos Indígenas
- Head Start Income Eligible (Tribal Only) / Elegibilidad de ingresos para el programa Head Start (Tribal solamente)

HOUSEHOLD INCOME ELIGIBILITY / ELIGIBILIDAD DEL INGRESO FAMILIAR

(CHECK all sources of household income / MARQUE todas las fuentes de ingreso familiar)

- Pensions / Pensiones
- Social Security / Seguro Social
- SSP or SSDI / SSP o SSDI
- Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts / Intereses/Dividendos de: ahorros, acciones, bonos, o cuentas de jubilación
- Wages and/or Profits from Self-Employment / Salarios o ganancias de empleo por cuenta propia
- Rental or Royalty Income / Ingreso por alquileres o regalías
- Unemployment Benefits / Beneficios por desempleo
- Disability or Workers Compensation Payments / Pagos por incapacidad o de Compensación laboral
- Scholarships, Grants or other aid for living expenses / Becas escolares, subvenciones u otras ayudas para gastos de vida
- Insurance or Legal Settlements / Indemnizaciones de seguros o judiciales
- Spousal or Child Support / Cuotas de manutención de cónyuge o de hijos
- Cash and/or Other Income / Efectivo u otros ingresos

Number of people living in your household* / Cantidad de personas que viven en su hogar* [][] + [][] = [][]

Adults/Adultos Children/Niños Total/Total

Total Annual Household Income* / Ingreso familiar anual total*: \$ [][], [][][] *REQUIRED / NECESARIO

DECLARATION / DECLARACIÓN: (please read carefully and sign below / lea cuidadosamente y firme al pie)

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform California American Water 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 California American Water can share my information with other utilities or their agents to enroll me in their assistance programs. / Yo afirmo que la información que he suministrado en esta solicitud es verdadera y correcta. Acuerdo presentar comprobantes de ingresos si se me solicita. Acuerdo informar a California American Water si dejo de calificar para recibir descuentos. Entiendo que si recibo el descuento sin ser elegible para ello, puedo estar obligado a devolver el monto de descuento que haya recibido. Entiendo que California American Water puede compartir mi información con otras compañías de servicios públicos o sus agentes para mi inscripción en sus programas de ayuda.

X _____
California American Water Customer Signature / Firma del cliente de California American Water fill in circle if guardian or power of attorney / rellene el círculo si es tutor o posee un poder legal

Date / Fecha _____



Schedule No. CA-CAP
California American Water
CUSTOMER ASSISTANCE PROGRAM

SPECIAL CONDITIONS APPLICABLE TO CUSTOMER ASSISTANCE PROGRAM

General Items

1. **Customer Assistance Program (CAP):** As reflected in this tariff, qualifying customers receive a surcredit, as noted above, per month per qualifying residential customer. Customers must apply with the Company for acceptance into the Customer Assistance Program. Qualification criteria are outlined below. This program is also known as the H2O Help to Others Program. Effective June 1, 2022 to May 31, 2023. (C)

a. **CAP Household:** A CAP Household is a household where the total gross income from all sources, including total income from all persons living full-time in the household, is less than shown on the table below based on the number of persons in the household. Total gross income shall include both taxable and non-taxable income. Persons who are claimed as a dependent on another person's income tax return are not eligible for this program. The California American Water bill must be in the customer's name. (C)

Household Size	CARE & Energy Savings Assistance Program (CAP)
1-2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260
Each Additional person	\$9,440

b. **Application and Eligibility Declaration:** An application and eligibility declaration on a form authorized by the Commission is required for each request for service under this schedule. Renewal of a customer's eligibility declaration will be required every two years and may be required on an annual basis. Customers are only eligible to receive service under this rate schedule at one residential location at any one time, and the rate applies only to the customer's permanent primary residence. This schedule is not applicable where, in the opinion of the Company, either the accommodation or the occupancy is transitory. Customers may self-certify and may be requested to present documentation verifying participation in a customer assistance program (C)

(Continued)

(TO BE INSERTED BY UTILITY)
Advice 1374
Decision

ISSUED BY
J. T. LINAM
DIRECTOR - Rates & Regulatory

(TO BE INSERTED BY C.P.U.C.)
Date Filed _____
Effective _____
Resolution _____

ALL DISTRICTS SERVICE LIST
CALIFORNIA-AMERICAN WATER COMPANY
ADVICE LETTER 1374

BY MAIL:

	Lloyd W. Lowrey, Jr., ESQ. Noland, Hamerly, Etienne & Hoss 333 Salinas Street Salinas, CA 93901	Mark Brooks Utility Workers Union Of America 521 Central Ave. Nashville, TN 37211
Maxine Harrison California Public Utilities Commission Executive Division 320 West 4th Street Suite 500 Los Angeles, CA 90013	Wallin, Kress, Reisman & Krantz, LLP 11355 West Olympic Blvd., SUITE 300 Los Angeles, CA 90064	Ann Camel City Clerk City of Salinas 200 Lincoln Avenue Salinas, CA 93901
Gregory J. Smith, County Clerk County of San Diego County Administration Center 1600 Pacific Highway, Room 260 San Diego, CA 92101	Barbara Delory 4030 Bartlett Avenue Rosemead, CA 91770-1332	Carol Nickborg POB 4029 Monterey, CA 93942
Jim Sandoval, City Manager City of Chula Vista 276 Forth Avenue Chula Vista, CA 91910	Gary E. Hazelton County Clerk – Recorder Santa Cruz County 701 Ocean Street, Room 210 Santa Cruz, CA 95060	Steven J. Thompson 5224 Altana Way Sacramento, CA 95814
Sacramento County WMD 827 7th Street, Room 301 Sacramento, CA 95814	Henry Nanjo Department of General Services Office of Legal Services, MS-102 PO Box 989052 West Sacramento, CA 95798-9052	Hatties Stewart 4725 S. Victoria Avenue Los Angeles, CA 90043
Citrus Heights Water District 6230 Sylvan Road Citrus Heights, CA 95610 rchurch@chwd.org	City of Chula Vista Director of Public Works 276 Forth Avenue Chula Vista, CA 91910	Anne Moore, City Attorney City of Chula Vista 276 Forth Avenue Chula Vista, CA 91910
San Gabriel County Water District 8366 Grand Ave Rosemead, CA 91770	City of Camarillo 601 Carmen Drive Camarillo, CA 93010	Karen Crouch City Clerk, Carmel-By-The-Sea PO Box CC Carmel-by-the-Sea, CA 93921
Louis A. Atwell Director of Public Works City of Inglewood One W. Manchester Blvd. Inglewood, CA 90301	Los Angeles Docket Office California Public Utilities Commission 320 West 4th Street, Suite 500 Los Angeles, CA 90013	Marcus Nixon Asst. Public Advisor 320 W. 4th Street, Suite 500 Los Angeles, CA 90013

ALL DISTRICTS SERVICE LIST
CALIFORNIA-AMERICAN WATER COMPANY
ADVICE LETTER 1374

James R. Lough, City Attorney
City of Imperial Beach
825 Imperial Beach Blvd.
Imperial Beach, CA 91932

Ventura County Waterworks District
7150 Walnut Canyon Road
P.O. Box 250
Moorpark, CA 93020

Temple City
City Clerk
9701 Las Tunas Dr.
Temple City, CA 91780

Robert C. Baptiste
9397 Tucumcari Way
Sacramento, CA 95827-1045

Michelle Keith
City Manager
City of Bradbury
600 Winston Avenue
Bradbury, CA 91008

City of Los Angeles
Department of Water and Power
111 North Hope Street
Los Angeles, CA 90012
Attn: City Attorney

Mario Gonzalez
111 Marwest Commons circle
Santa Rosa, CA 95403

City of Sand City
City Hall
California & Sylvan Avenues
Sand City, CA 93955
Attn: City Clerk

Darryl D. Kenyon
Monterey Commercial Property Owners
Association
P.O. Box 398
Pebble Beach, CA 93953

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Rutan & Tucker, LLP
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Costa Mesa, CA 92626-1931

Yazdan Enreni, P.E.
Public Works Director
Monterey County DPW
168 West Alisal Steet, 2nd Floor
Salinas. CA 93901-4303

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James L. Markman
Richards, Watson & Gershon
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Los Angeles, CA 90071-3101

Fruitridge Vista Water Company
P.O. Box 959
Sacramento, CA 95812

Marc J. Del Piero
4062 El Bosque Drive
Pebble Beach, CA 93953-3011

Rex Ball
SR/WA, Senior Real Property MGMT
County of Los Angeles
222 South Hill Street, 3rd Floor
Los Angeles, CA 90012

Monterey Regional Water Pollution
Control Agency (MRWPCA)
5 Harris Court Road. Bldg D.
Monterey, CA 93940

Barbara Morris Layne
36652 Hwy 1, Coast Route
Monterey, CA 93940

City of San Gabriel
City Clerk
425 S. Mission Drive
San Gabriel, CA 91776

Carol Smith
6241 Cavan Drive, 3
Citrus Heights, CA 95621

Irvin L. Grant
Deputy County Counsel
County of Monterey
168 W. Alisal Street, 3rd floor
Salinas, CA 93901-2680

Michelle Keith
City Manager
City of Bradbury
600 Winston Avenue
Bradbury, CA 91008

Anthony La Bouff, County Counsel
Placer County
175 Fulweiler Avenue
Auburn, CA 95603

Deborah Mall, City Attorney
City of Monterey
512 Pierce Street
Monterey, CA 93940

ALL DISTRICTS SERVICE LIST
CALIFORNIA-AMERICAN WATER COMPANY
ADVICE LETTER 1374

Penngrove/Kenwood Water Co
4984 Sonoma Hwy
Santa Rosa 95409

Will and Carol Surman
36292 Highway One
Monterey, CA 93940

City of Thousand Oaks Water Dept.
2100 E. Thousand Oaks Blvd.
Thousand Oaks, CA 91362

City of Monrovia
City Clerk
415 South Ivy Ave
Monrovia, CA 91016

Don Jacobson
115 Farm Road
Woodside, CA 94062-1210

Rio Linda Water District
730 L Street
Rio Linda, CA 95673

City of Rosemead
City Clerk
8838 E. Valley Blvd
Rosemead, CA 91770

Jose E. Guzman, Jr.
Guzman Law Offices
288 Third Street, Ste. 306
Oakland, CA 94607

Robert A. Ryan, Jr.
County of Sacramento
Downtown Office
700 H Street, Suite 2650
Sacramento, CA 95814

Alco Water Service
249 Williams Road
Salinas, CA 93901

Sacramento Suburban Water District
3701 Marconi Avenue, Suite 100
Sacramento, CA 95821-5303

Gail T. Borkowski, Clerk of the Board
County of Monterey
P.O. Box 1728
Salinas, CA 93902

BY E-MAIL:

Public Advocates Office
California Public Utilities Commission
dra_water_al@cpuc.ca.gov

Lori Ann Dolqueist
Nossaman LLP
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Morgan Foley, City Attorney
City of Coronado
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Richard Rauschmeier
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Ms. Lisa Bilir
California Public Utilities Commission
Public Advocates Office
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Sunnyslope Water Company
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Pasadena, CA 91109
sswc01_jcobb@sbcglobal.net

East Pasadena Water Company
3725 Mountain View
Pasadena, CA 91107
larry@epwater.com

Veronica Ruiz, City Clerk
City of San Marino
2200 Huntington Drive, 2nd floor
San Marino, CA 91108
vrui@cityofsanmarino.org

ALL DISTRICTS SERVICE LIST
CALIFORNIA-AMERICAN WATER COMPANY
ADVICE LETTER 1374

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Attorney At Law
Richards Watson & Gershon
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Monterey Peninsula Water Mgmt Dist.
Chief Financial Officer
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suresh@mpwmd.net
arlene@mpwmd.net

Rates Department
California Water Service Company
1720 North First Street
San Jose, CA 95112
rateshelp@calwater.com

Laura Nieto
City of Irwindale
Chief Deputy City Clerk
5050 North Irwindale Avenue
Irwindale, CA 91706
lnieto@IrwindaleCA.gov

Dana McRae
County Council
County of Santa Cruz
701 Ocean Street, Room 505
Santa Cruz, CA 95060
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rchurch@chwd.org

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brai@cityofinglewood.org

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1391 35th Avenue
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ALL DISTRICTS SERVICE LIST
CALIFORNIA-AMERICAN WATER COMPANY
ADVICE LETTER 1374

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650 Canyon Del Rey Road
Del Rey Oaks, CA 93940
Attn: City Clerk
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kminami@delreyoaks.org

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Salinas, CA 93902
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Monterey Peninsula Water Mgmt Dist.
Chief Financial Officer
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ALL DISTRICTS SERVICE LIST
CALIFORNIA-AMERICAN WATER COMPANY
ADVICE LETTER 1374

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Rafael Lirag
California Public Utilities Commission
Administrative Law Judge
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San Francisco, CA 94102-3214
Rafael.lirag@cpuc.ca.gov

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Imperial Beach, CA 91932
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**CALIFORNIA-AMERICAN WATER COMPANY
ADVICE LETTER 1374
SUPPORTING DOCUMENTATION FOR STAFF**

**All Districts – CAP Annual Income Guidelines
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PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



March 11, 2022

Ana Gonzalez
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ana.gonzalez@pge.com

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Pamela Wu
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Alpine Natural Gas
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Valerie Ontiveroz
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Sacramento, CA 95826
westgas@aol.com

RE: Notice to update the income guidelines to Investor Owned and Small Multi-Jurisdictional Utilities providing services under the California Alternative Rates for Energy (CARE), Family Electric Rate Assistance (FERA) and Energy Savings Assistance (ESA) programs.

Dear representatives from Investor Owned and Small Multi-Jurisdictional Utilities,

Energy Division is issuing this notice to update the income guidelines for the CARE, FERA, and ESA Programs in compliance with Decision (D) 12-08-044.¹ The utilities are requested to file revised tariffs with the Energy Division reflecting the income levels specified below by May 1, 2022.

CARE and ESA Program Income Guideline Updates:

The 2022-2023 CARE and ESA Programs' income limits have been updated in compliance with Public Utilities ("P.U.") Code Section 739.1 (a) and 2790 (f)(g).² Federal Poverty Guideline values and corresponding household size are used to determine the revised annual CARE and ESA Programs' income

¹D.12-08-044. Ordering Paragraph 119.

²PU Code Section 739.1(a) states: *The commission shall continue a program of assistance to low-income electric and gas customers with annual household incomes that are no greater than 200 percent of the federal poverty guideline levels, the cost of which shall not be borne solely by any single class of customer.*

PU Code Section 2790 states: (f)(1) *For purposes of this section, "low-income customers" means persons and families whose household income is at or below 250 percent of the federal poverty level...* (g) *This section shall become operative on July 1, 2022.*

limits.³ In 2021, Senate Bill 756 updated P.U. Code Section 2790 by changing the income limits of ESA program eligibility from referencing P.U. Code 739.1 (which defined low-income as households with income no greater than 200 percent of the Federal Poverty Guidelines) to now establishing the ESA Programs' income limits at or below 250 percent of the Federal Poverty Guidelines beginning July 1, 2022.

The 2022-2023 income limits for CARE and ESA are provided below for household sizes of 1-8 persons.

Effective June 1, 2022 to May 31, 2023, CARE Programs' income limits are as follows:

Table 1: CARE Income Guidelines

Household Size	Income Eligibility Upper Limit *
1-2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260
Each Additional Person	\$9,440
*Upper Limit Calculation = 200% of Federal Poverty Guidelines	

Effective June 1, 2022 to June 30, 2022, ESA Programs' income limits are as follows:

Table 2: ESA Income Guidelines (June 2022)

Household Size	Income Eligibility Upper Limit *
1-2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260
Each Additional Person	\$9,440
*Upper Limit Calculation = 200% of Federal Poverty Guidelines	

Effective July 1, 2022 to May 31, 2023, ESA Programs' income limits are as follows:

Table 3: ESA Income Guidelines (July 2022 – May 2023)

Household Size	Income Eligibility Upper Limit *
1	\$33,975
2	\$45,775
3	\$57,575

³Household income limitations per the Federal Poverty Guidelines are used to determine whether a person or household qualifies for ESA or CARE. The California Public Utilities Commission transitioned to this approach because the methodology it used previously, pursuant to Resolution E-3524, which was adopted in February 1998, did not align with the requirements of P.U. Code Section 739.1 (b)(1).

4	\$69,375
5	\$81,175
6	\$92,975
7	\$104,775
8	\$116,575
Each Additional Person	\$11,800
*Upper Limit Calculation = 250% of Federal Poverty Guidelines	

Family Electric Rate Assistance (FERA) Program Income Guideline Updates:

The California Public Utilities Commission (CPUC) authorized FERA, also known as the Lower Middle Income Large Household Program, in D.04-02-057 on February 26, 2004. In that decision, the CPUC stated that the use of CARE procedures for annual income guideline updates are also reasonable for the FERA program.⁴ P.U. Code Section 739.1 (5)(e)(2) requires a single application form for CARE and FERA to enable applicants to apply for the appropriate assistance program based on their economic need. D.05-10-044, dated October 27, 2005, raised the *lower* income limits of the FERA program to 200%+\$1 of the Federal Poverty Guideline levels, which correspond to the *upper* limits of the CARE program.

Effective June 1, 2022 to May 31, 2023, FERA income limits are as follows:

Table 4: FERA Income Guidelines

Household Size	Income Eligibility Lower Limit *	Income Eligibility Upper Limit **
3	\$46,061	\$57,575
4	\$55,501	\$69,375
5	\$64,941	\$81,175
6	\$74,381	\$92,975
7	\$83,821	\$104,775
8	\$93,261	\$116,575
Each Additional Person	\$9,440	\$11,800
*Lower Limit Calculation = 200% of Federal Poverty Guidelines (CARE) + \$1		
** Upper Limit Calculation = 250% of Federal Poverty Guidelines ⁵		

Note: The income limits established herein are effective for all new FERA, CARE, and ESA Programs' enrollments as well as CARE post enrollment verifications, and re-certifications. The existing list of categorical eligible programs for IOU CARE enrollment is retained. The Director of the Energy Division will continue to communicate new income levels annually and require energy utilities to file revised tariffs effective June 1st of each year.

The utilities are requested to file revised tariffs with the Energy Division reflecting the income levels specified above by May 1, 2022. Only the revised tariff sheets are required to be filed, however, please ensure that all tariffs, internet sites and printed materials about the CARE, FERA and/or ESA programs

⁴D.04-02-057. Finding of Fact 22.

⁵D.04-02-057. Page 2.

display the current income eligibility guidelines and their effective dates, up through a household of eight, as shown in the above tables. All tariffs, internet sites and printed materials about the CARE program should also indicate that unacceptable energy usage levels could result in removal from the program.⁶

If you have any questions regarding this notice, please contact Gillian Weaver at (213) 266-4740 or by e-mail at gillian.weaver@cpuc.ca.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Pete Skala", followed by the word "FOR" in a bold, sans-serif font.

Pete Skala
Interim Deputy Executive Director, Energy and Climate Policy/
Interim Director, Energy Division
Director of the Office of Distributed Energy Resources, Natural Gas & Retail Energy Rates
pete.skala@cpuc.ca.gov

⁶D.12-08-044. Page 124 and PU code 739.1 (i)(1)

CALIFORNIA-AMERICAN WATER COMPANY

655 W. Broadway, Suite 1410
San Diego, CA 92101

Cancelling Revised
Original

Cal. P.U.C. Sheet No. 10246-W
Cal. P.U.C. Sheet No. 9959-W

Schedule No. CA-CAP
California American Water
CUSTOMER ASSISTANCE PROGRAM

Sheet 8

SPECIAL CONDITIONS APPLICABLE TO CUSTOMER ASSISTANCE PROGRAM

(L)

General Items

1. **Customer Assistance Program (CAP):** As reflected in this tariff, qualifying customers receive a surcredit, as noted above, per month per qualifying residential customer. Customers must apply with the Company for acceptance into the Customer Assistance Program. Qualification criteria are outlined below. This program is also known as the H2O Help to Others Program. Effective June 1, 2021 to May 31, 2022.
 - a. **CAP Household:** A CAP Household is a household where the total gross income from all sources, including total income from all persons living full-time in the household, is less than shown on the table below based on the number of persons in the household. Total gross income shall include both taxable and non-taxable income. Persons who are claimed as a dependent on another person's income tax return are not eligible for this program. The California American Water bill must be in the customer's name.

Household Size	CARE & Energy Savings Assistance Program (CAP)
1-2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320
Each Additional person	\$9,080

- b. **Application and Eligibility Declaration:** An application and eligibility declaration on a form authorized by the Commission is required for each request for service under this schedule. Renewal of a customer's eligibility declaration will be required every two years and may be required on an annual basis. Customers are only eligible to receive service under this rate schedule at one residential location at any one time, and the rate applies only to the customer's permanent primary residence. This schedule is not applicable where, in the opinion of the Company, either the accommodation or the occupancy is transitory. Customers may self-certify and may be requested to present documentation verifying participation in a customer assistance program

(L)

(Continued)

(TO BE INSERTED BY UTILITY)	ISSUED BY	(TO BE INSERTED BY C.P.U.C.)
Advice 1353	J. T. LINAM	Date Filed <u>12/23/2021</u>
Decision	DIRECTOR - Rates & Regulatory	Effective <u>03/04/2022</u>
		Resolution <u>CANCELLED</u>

655 W. Broadway, Suite 1410
San Diego, CA 92101

Customer Assistance Program Application Cover Letter and Form
in English and Spanish Sheet 1

(See Attached Form)

(Continued)

(TO BE INSERTED BY UTILITY)		ISSUED BY	(TO BE INSERTED BY C.P.U.C.)	
Advice	1326	J. T. LINAM	Date Filed	<u>03/05/2021</u>
Decision	D. 20-08-047	DIRECTOR - Rates & Regulatory	Effective	<u>03/05/2021</u>
			Resolution	<u>CANCELLED</u>



WE KEEP LIFE FLOWING™

CUSTOMER ASSISTANCE PROGRAM

ABOUT THE PROGRAM / INFORMACIÓN SOBRE EL PROGRAMA

California American Water's customer assistance program provides assistance to low-income families. / *El programa de asistencia al cliente de California American Water ofrece ayuda a familias de bajos ingresos.*

Eligible members are determined based on a household's gross yearly income (see the income guidelines chart) or participation in qualifying public assistance programs. If your household meets the necessary requirements, assistance will be provided in the form of a monthly discount on your water or sewer charges. / *Para determinar si los miembros califican, se utilizan los ingresos brutos anuales del hogar (ver la gráfica de requisitos de ingresos) o la participación en programas de asistencia pública. Si su hogar llena los requisitos necesarios, se le dará asistencia en forma de un descuento mensual en sus cargos de agua y alcantarillado.*

For assistance, call 888-237-1333, or visit californiaamwater.com. See application on the reverse side. / *Para obtener ayuda, llame al 888-237-1333, o ingrese a californiaamwater.com. Consulte la solicitud al reverso.*

For details on how we treat the information you have provided to us on the form on the reverse, and your privacy rights and how to exercise them, including how to exercise a "do not sell" opt-out, visit our website www.amwater.com/corp/privacy-policy or contact us at 1-844-297-5952. / Para obtener detalles sobre cómo tratamos la información que nos ha proporcionado en el formulario al dorso, y sus derechos de privacidad y cómo ejercerlos, incluido cómo ejercer la opción de "no vender", visite nuestro sitio web www.amwater.com/corp/privacy-policy o comuníquese con nosotros al 1-844-297-5952.

CUSTOMER ASSISTANCE PROGRAM / PROGRAMA DE ASISTENCIA AL CLIENTE

TO QUALIFY FOR CUSTOMER ASSISTANCE / REQUISITOS PARA LA ASISTENCIA AL CLIENTE

- You must be an individually metered or flat-rate residential customer, or have residential sewer services with California American Water. / *Usted debe ser un cliente residencial con contador individual, o tener servicios residenciales de alcantarillado con California American Water.*
- The water bill must be in your name. / *La factura de agua debe estar a su nombre.*
- You may not be claimed as a dependent on another person's tax return. / *No puede figurar como dependiente en la declaración de impuestos de otra persona.*
- You must reapply if you change your personal residence. / *Debe volver a presentar la solicitud cada vez que cambie su lugar de residencia.*
- You must renew your application every two years, or sooner, if requested. / *Debe renovar su solicitud cada dos años, o antes, si se le solicita.*
- You or someone in your household must participate in a qualifying public assistance program (see list of qualifying programs in the application on the reverse) OR your total annual income cannot exceed that on the chart below. Total income means the total income of ALL persons living full-time in your home as reported on Federal Income Tax Form 1040. / *Usted o alguien en su hogar debe participar en un programa de asistencia pública que califique (ver por detrás del formulario de solicitud la lista de programas que califican) O el total de sus ingresos anuales no puede superar el de la gráfica que hay a continuación. El total de los ingresos significa los ingresos de TODAS las personas que viven de tiempo completo en su hogar, de acuerdo con lo que hayan reportado en el Formulario de Impuestos Federales 1040.*
- California American Water must be notified within 30 days if you become ineligible for the customer assistance program. / *Deberá notificar a California American Water dentro de los 30 días si deja de ser elegible para el programa de asistencia al cliente.*

INCOME GUIDELINES / REQUISITOS DE INGRESOS

(Effective June 1, 2020 to May 31, 2021 /

Vigentes desde el 1 de junio de 2020 hasta el 31 de mayo de 2021)

Number of Persons in Household / Cantidad de personas en el grupo familiar	Total Combined Annual Income / Ingreso anual combinado total
1-2	\$ 34,480
3	\$ 43,440
4	\$ 52,400
5	\$ 61,360
6	\$ 70,320
7	\$ 79,280
8	\$ 88,240
Each Additional Person, Add / Cada Persona Adicional, Agregue	\$ 8,960 CANCELLED

APPLICATION: Customer Assistance Program/Payment Assistance

SOLICITUD: Programa de asistencia al cliente/Ayuda con los pagos

Mail completed application to / Envíe la solicitud completa a: California American Water, 655 W. Broadway, Suite 1410, San Diego, CA 92101

Email completed application with a copy of your water bill to / Envíe por correo electrónico la solicitud completa con una copia de su factura de agua a: ca.paymentassistance@amwater.com

Once you apply, you are enrolled for 2 years and/or if you recently signed up for service in the past year there is no need to complete another application. / Una vez que usted haya aplicado queda inscrito por dos años y/o si usted se inscribió recientemente para servicios en el último año no hay necesidad de completar otra solicitud.

Please fill out the form below and attach the following / Complete al formulario que figura a continuación y adjunte lo siguiente:

California American Water bill / La factura de California American Water

CALIFORNIA AMERICAN WATER CUSTOMER INFORMATION /

INFORMACIÓN DEL CLIENTE DE CALIFORNIA AMERICAN WATER: (please type or print / imprima o escriba en letra de imprenta)

Customer Account Number / Número de cuenta del cliente -

Have you applied/enrolled in this program in the past? / ¿Ha aplicado usted antes o ha estado inscrito en este programa? **Yes / Sí** **No / No**

Name / Nombre _____ **Home Address / Dirección Particular** _____
 (As it appears on your bill / Como aparece en su factura) (Do NOT use a P.O. Box / NO utilice un apartado postal - PO Box)

City / Ciudad _____ **CA Zip Code / Código Postal de CA** _____

Mailing Address / Dirección de correo _____ **City / Ciudad** _____
 (If different from above address / Si es diferente de la dirección que figura arriba)

CA Zip Code / Código Postal de CA _____ **Daytime Telephone Number / Número telefónico diurno** - -
 (Please include area code / Incluya el código de área)

MAXIMUM HOUSEHOLD INCOME /

INGRESO FAMILIAR MÁXIMO: (effective June 1, 2020 to May 31, 2021 / vigentes desde el 1 de junio de 2020 hasta el 31 de mayo de 2021)

Your Household's gross annual income may not exceed these CARE income guidelines. / Su ingreso anual bruto familiar no debe estos requisitos de ingresos de CARE.

Number of Persons in Household / Cantidad de personas en el grupo familiar	1-2	3	4	5	6	7	8	Each Additional Person, Add / Cada Persona Adicional, Agregue
Total Combined Annual Incomes / Ingreso anual combinado total	\$34,480	\$43,440	\$52,400	\$61,360	\$70,320	\$79,280	\$88,240	\$8,960

PUBLIC ASSISTANCE PROGRAM ELIGIBILITY / ELEGIBILIDAD PARA EL PROGRAMA DE ASISTENCIA PÚBLICA

(CHECK all programs you or someone in your household participate in / MARQUE todos los programas en los que usted o alguien en su grupo familiar participan)

- Medicaid/Medi-Cal (under age 65)/Medicade / Medi-Cal (menor de 65 años de edad)
- Medicaid/Medi-Cal (age 65 and over)/Medicade / Medi-Cal (de 65 años de edad y mayores)
- Supplemental Security Income (SSI) / Programa federal de seguridad de ingreso suplementario
- National School Lunch Program (NSLP) / Programa nacional de almuerzos escolares
- Women, Infants and Children (WIC) / Programa para mujeres, lactantes y niños
- Healthy Families A & B / Programas Healthy Families A y B (Familias Saludables)
- CalWORKs (TANF) or Tribal TANF / CalWORKs (TANF) o TANF Tribal
- Low Income Home Energy Assistance Program (LIHEAP) / Programa de ayuda para energía para hogares con recursos limitados
- CalFresh/SNAP (Food Stamps) / CalFresh/SNAP (Sellos para alimentos)
- Bureau of Indian Affairs General Assistance / Ayuda General de la Oficina de Asuntos Indígenas
- Head Start Income Eligible (Tribal Only) / Elegibilidad de ingresos para el programa Head Start (Tribal solamente)

HOUSEHOLD INCOME ELIGIBILITY / ELIGIBILIDAD DEL INGRESO FAMILIAR

(CHECK all sources of household income / MARQUE todas las fuentes de ingreso familiar)

- Pensions / Pensiones
- Social Security / Seguro Social
- SSP or SSDI / SSP o SSDI
- Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts / Intereses/Dividendos de: ahorros, acciones, bonos, o cuentas de jubilación
- Wages and/or Profits from Self-Employment / Salarios o ganancias de empleo por cuenta propia
- Rental or Royalty Income / Ingreso por alquileres o regalías
- Unemployment Benefits / Beneficios por desempleo
- Disability or Workers Compensation Payments / Pagos por incapacidad o de Compensación laboral
- Scholarships, Grants or other aid for living expenses / Becas escolares, subvenciones u otras ayudas para gastos de vida
- Insurance or Legal Settlements / Indemnizaciones de seguros o judiciales
- Spousal or Child Support / Cuotas de manutención de cónyuge o de hijos
- Cash and/or Other Income / Efectivo u otros ingresos

Number of people living in your household* / Cantidad de personas que viven en su hogar* + =
 Adults/Adultos Children/Niños Total/Total

Total Annual Household Income* / Ingreso familiar anual total*: \$, ***REQUIRED / NECESARIO**

DECLARATION / DECLARACIÓN: (please read carefully and sign below / lea cuidadosamente y firme al pie)

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform California American Water 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 California American Water can share my information with other utilities or their agents to enroll me in their assistance programs. / Yo afirmo que la información que he suministrado en esta solicitud es verdadera y correcta. Acuerdo presentar comprobantes de ingresos si se me solicita. Acuerdo informar a California American Water si dejo de calificar para recibir descuentos. Entiendo que si recibo el descuento sin ser elegible para ello, puedo estar obligado a devolver el monto de descuento que haya recibido. Entiendo que California American Water puede compartir mi información con otras compañías de servicios públicos o sus agentes para mi inscripción en sus programas de ayuda.

X _____
 California American Water Customer Signature / Firma del cliente de California American Water fill in circle if guardian or power of attorney / rellene el círculo si es tutor o posee un poder legal Date / Fecha