

GOLDEN STATE WATER COMPANY NOTICE AND APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR WATER (CARW) PROGRAM

Program Description

The California Public Utilities Commission has authorized Golden State Water Company (GSWC) to implement a Low Income Rate Assistance Program to assist low-income families. GSWC's California Alternate Rates for Water (CARW) program provides a monthly credit for eligible customers based upon the same income qualification guidelines that are used by the electric and gas California Alternate Rate for Energy (CARE) programs.

If you already participate in the CARE program of participating energy utilities you may also qualify for GSWC's CARW program by submitting a copy of a current utility bill showing your eligibility for CARE and a signed GSWC CARW application. Customers, who do not participate in these programs, can enroll by filling out and submitting this CARW application to GSWC. For questions please call GSWC's CARW Hotline at **(866) 360-2279**. All enrollments are subject to the program guidelines and qualifications. For more information please visit our website at www.gswater.com. The CARW program also extends eligibility to customers in mobile homes who receive their water through sub-metered service, non-profit group living facilities, agricultural employee housing facilities and migrant worker housing centers that are enrolled in the CARE programs. The CARW discount becomes effective after your application and proof of income have been verified and approved, if proof of income is required by GSWC.

Program Qualifications

- ✓ The GSWC bill must be in your name and the address must be your primary residence or you must be a tenant receiving water service by a sub-metered system in a mobile home park.
- ✓ You may not be claimed as a dependent on another person's tax return.
- ✓ You must reapply each time you move, the CARW discount does not automatically transfer to another residence.
- ✓ You must renew your application every two years, or sooner, if requested.
- ✓ You must notify GSWC within 30 days if you become ineligible for CARW.
- ✓ Your total gross annual income of all persons living in your household cannot exceed the income levels below:

| CARW Income Qualifications (Effective as of June 1, 2018) | |
|--|--|
| Household Size | Total Combined Income from All Sources |
| 1 - 2 | \$ 32,920 |
| 3 | \$ 41,560 |
| 4 | \$ 50,200 |
| 5 | \$ 58,840 |
| 6 | \$ 67,480 |
| 7 | \$ 76,120 |
| 8 | \$ 84,760 |
| Each Additional person | \$ 8,640 |

For the purpose of the CARW program the "gross household income" means all money and non cash benefits, available for living expenses, from all sources, both taxable and non taxable, before deductions for all people who live in your home. This includes, but is not limited to:

- | | | |
|---|---|--|
| <input type="checkbox"/> Wages or salaries | <input type="checkbox"/> Social Security, SSI, SSP | <input type="checkbox"/> Rental or royalty income |
| <input type="checkbox"/> Interest or dividends from: Savings accounts, stocks or bonds | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | <input type="checkbox"/> Profit from self-employment (IRS form Schedule C, Line 29) |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Disability payments | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> TANF(AFDC) | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Insurance settlements | <input type="checkbox"/> Spousal Support |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Legal settlements | <input type="checkbox"/> Other Income |

Public Assistance Program Eligibility:

Do you or someone in your household participate in any of the following program? If so, please check {X} the program(s) below.

- | | | |
|---|--|---|
| <input type="checkbox"/> Medi-Cal/Medicaid | <input type="checkbox"/> Head Start Income Eligible (Tribal Only) | <input type="checkbox"/> Food Stamp/SNAP: |
| <input type="checkbox"/> Healthy Families A & B | <input type="checkbox"/> LIHEAP | <input type="checkbox"/> WIC |
| <input type="checkbox"/> TANF/Tribal TANF | <input type="checkbox"/> Bureau of Indian Affairs General Assistance | |
| <input type="checkbox"/> SSI | <input type="checkbox"/> National School Lunch (NSL) | |

**GOLDEN STATE WATER COMPANY
APPLICATION FOR
CALIFORNIA ALTERNATE RATES FOR WATER (CARW) PROGRAM
(Para recibir una aplicación en español, favor de llamar)
CARW HOTLINE (866) 360-2279**

APPLICATION INFORMATION (please print clearly)

Applicant Name _____

I am a sub-metered tenant of a mobile home park or apartment complex

Golden State Water Company Account Number |__|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Service Address _____

Mailing Address _____
if different from service address

Telephone No. (home) _____ **(work)** _____

Number of people living in your household: Adults |__||__| **+ Children** |__||__| **= Total** |__||__|

Total Gross Annual Income of Household _____

By signing below, I certify under penalty of perjury that this information is true and correct under the laws of the State of California. I will provide proof of income, if asked, and I will notify GSWC of any changes that affect my eligibility. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received. I understand that GSWC can share my information with other utilities or their agents to enroll me in their assistance programs. I understand that an incomplete application form will be returned to me for missing information and that this will delay the processing of my application.

Customer Signature

Date

Email completed application to:
customerservice@gswater.com

or

Mail completed application to:
Golden State Water Company
CARW Program
P.O. Box 9016
San Dimas, California 91773

FOR GOLDEN STATE WATER COMPANY USE ONLY

Date received _____ **Date Verified** _____ **Verified By** _____