

**GOLDEN STATE WATER COMPANY NOTICE AND APPLICATION FOR
CUSTOMER ASSISTANCE PROGRAM (CAP)**

Program Description

The California Public Utilities Commission has authorized Golden State Water Company (GSWC) to implement a Low Income Program to assist low-income families. GSWC's Customer Assistance Program (CAP) 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 CAP program by submitting a copy of a current utility bill showing your eligibility for CARE and a signed and completed GSWC CAP application. Customers, who do not participate in these programs, can enroll by filling out and submitting this CAP application to GSWC. For questions please call GSWC's CAP 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 CAP 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 CAP 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 CAP 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 CAP.
- Your total gross annual income of all persons living in your household cannot exceed the income levels below:

Income Guidelines (Effective as of June 1, 2022 to May 31, 2023)	
Household Size	Total Combined Income from All Sources
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

Household Income Eligibility

CHECK all programs you or someone in your household participate in. You will be enrolled in the CAP Program depending on your household size and income. Please include Total Gross Annual Income on other side of Application.

- Pensions
- Social Security
- SSI, SSP
- Interest /dividends from: Savings Accounts, stocks, bonds or Retirement Accounts
- Wages and/or Profits from Self-Employment
- Rental or royalty income
- Unemployment benefits
- Disability or Worker's Compensation Payments
- Scholarships, Grants or Other Aid for Living Expenses
- Insurance or Legal settlements
- Spousal or child Support
- Cash and/or Other Income

Public Assistance Program Eligibility:

CHECK all programs you or someone in your household participate in. Please include Total Gross Annual Income on other side of Application.

- | | |
|--|---|
| <input type="radio"/> Medi-Cal/Medicaid (under age 65) | <input type="radio"/> WIC |
| <input type="radio"/> Medi-Cal/Medicaid (age 65 and older) | <input type="radio"/> Healthy Families A & B |
| <input type="radio"/> SSI | <input type="radio"/> TANF/Tribal TANF |
| <input type="radio"/> Food Stamp/SNAP | <input type="radio"/> National School Lunch (NSL) |
| <input type="radio"/> LIHEAP | <input type="radio"/> Bureau of Indian Affairs General Assistance |
| <input type="radio"/> Head Start Income Eligible (Tribal Only) | |

**GOLDEN STATE WATER COMPANY
APPLICATION FOR
CUSTOMER ASSISTANCE PROGRAM (CAP)**
(Para recibir una aplicación en español, favor de llamar)
CAP 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

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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 _____

Declaration (Please read and sign)

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
CAP Program
P.O. Box 9016
San Dimas, California 91773

FOR GOLDEN STATE WATER COMPANY USE ONLY

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