GOLDEN STATE WATER COMPANY
CUSTOMER ASSISTANCE PROGRAM

PROGRAM DESCRIPTION

The California Public Utilities Commission has authorized Golden State Water Company (GSWC) to implement a Customer Assistance Program (CAP) that 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 (gas/electric), you may also qualify for GSWC's CAP by submitting a copy of a current utility bill showing your eligibility for CARE. Following enrollment, you may be required to provide proof of eligibility. Customers who do not participate in these programs, can enroll by submitting the application to GSWC. All enrollments are subject to the program guidelines and qualifications. 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.

The 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.

PROGRAM QUALIFICATIONS

To qualify for the CAP discount, you must meet the following requirements:

- 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 the CAP.
- Your total gross annual income of all persons living in your household cannot exceed the income levels below:

CAP INCOME QUALIFICATION GUIDELINES Effective June 1, 2026 to May 31, 2027	
Household Size	**Total Combined Income from All Sources**
1-2 Persons	$43,280
3 Persons	$54,640
4 Persons	$66,000
5 Persons	$77,360
6 Persons	$88,720
7 Persons	$100,080
8 Persons	$111,440
Each additional person	$11,360

If you are eligible and would like to participate in GSWC's Customer Assistance Program, please complete the application on the reverse side and mail it to:

Email completed application to:
customerservice@gswater.com **or**
Mail completed application to:

HAVE QUESTIONS OR NEED INFORMATION?
Please call GSWC's CAP Hotline at **(866) 360-2279**.
Or visit our website at www.gswater.com.

Golden State Water Company
CAP Department
P.O. Box 9016
San Dimas, California 91773

GOLDEN STATE WATER COMPANY
APPLICATION FOR
CUSTOMER ASSISTANCE PROGRAM (CAP)
(Para recibir una aplicación en español, favor de llamar)
CAP HOTLINE (866) 360-2279

1. CUSTOMER INFORMATION (please type or print)

Applicant Name_____

☐ **I am a sub-metered tenant of a mobile home park**

Account Number |___|___|___|___|___|___|___|___|___|___||___||___|

Service Address_____

Mailing Address _____
if different from service address

Daytime Telephone No. (Home) _____ **(Cell)** _____

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

Total Gross Annual Income of Household _____

2. BASIS FOR ELIGIBILY

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

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

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

3. 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**