

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE

SAN FRANCISCO, CA 94102-3298



May 25, 2018

Edward N. Jackson
Director, Rates and Regulatory Affairs
Liberty Utilities (California)
9750 Washburn Road
Downey, CA 90241

Dear Mr. Jackson,

The Commission has approved Liberty Utilities' (Apple Valley Ranchos Water) Advice Letter No. 229, filed on May 23, 2018, regarding updating the eligibility income guidelines in its rate assistance program for low-income customers, also known as the California Alternative Rates for Water (CARW) program.

Enclosed are copies of the following revised tariff sheets for the utility's files:

<u>P.U.C. Sheet No.</u>	<u>Title of Sheet</u>
958-W	California Alternative Rates for Water Application
959-W	Table of Contents, Page 1
960-W	Table of Contents, Page 2

Please contact Carmen Rocha at 415-703-2162, if you have any questions.

Thank you,

/s/ROBIN BRYANT

Robin Bryant
Water & Sewer Advisory Branch
Division of Water and Audits

Enclosures



Advice Letter No. 229-W

May 23, 2018

TO THE PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Liberty Utilities (Apple Valley Ranchos Water) Corp. (U 346 W) ("Liberty Apple Valley") hereby submits the following revised tariff sheets applicable to water service in its service territory:

CPUC Sheet No.	Title of Sheet	Schedule Number	Canceling Sheet No.
958-W	California Alternative Rates for Water Application	FORM 13	948-W
959-W	Table of Contents, Page 1		957-W
960-W	Table of Contents, Page 2		949-W

Summary

Liberty Apple Valley submits this advice letter to update the eligibility income guidelines in its rate assistance program for low-income customers, also known as the California Alternative Rates for Water ("CARW") program. The CARW eligibility guidelines are patterned after the guidelines established in the California Alternate Rates for Energy ("CARE") program for energy utilities. When approved, this filing will increase the eligibility income levels in Liberty Apple Valley's CARW program to match the eligibility income guidelines in the energy utilities CARE program.

Background

On December 15, 2005, the California Public Utilities Commission ("Commission") issued Decision 05-12-020 granting Liberty Apple Valley authority to establish its CARW program. The CARW program consists of an \$8.38 per month service charge discount for customers who meet income eligibility requirements. The eligibility income guidelines are revised annually by the Commission and are effective each June 1st. On March 1, 2018, the Commission established the 2018/2019 eligibility income guidelines, effective June 1, 2018. This advice letter is being filed to reflect the updated eligibility income guidelines on Liberty Apple Valley's CARW

tariffs.

Compliance

Liberty Apple Valley has revised its Form No. 13 to reflect the annual increase to eligibility income. The table below shows the increase to each level of the eligibility income.

Table 1

Maximum Household Income	
Number of Persons in Household	Total Combined Yearly Income
1-2	\$ 32,920
3	\$ 41,560
4	\$ 50,200
5	\$ 58,840
6	\$ 67,480
7	\$ 76,120
8	\$ 84,720
Add \$ 8,640 for each additional person	
Upper Limit Calculation=200% of Federal Poverty Guidelines.	

Tier Designation

Pursuant to D.07-01-024, this advice letter is submitted with Tier 1 designation.

Requested Effective Date

Pursuant to Resolution E-3524 adopted February 19, 1998, Liberty Apple Valley respectfully requests approval of this advice letter allowing these tariffs to become effective June 1, 2018.

Notice and Service

This advice letter does not seek to increase any rate or charge. Therefore, customer notice is unnecessary. In accordance with General Order 96-B, General Rule 4.3 and 7.2 and Water Industry Rule 4.1, a copy of this advice letter will be mailed or electronically transmitted on May 18, 2018 to competing and adjacent utilities and other utilities or interested parties.

Response or Protest

Anyone may respond to or protest this advice letter. 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 advice letter. A protest objects to the advice letter in whole or in part and must set forth the specific grounds on which it is based. These grounds are:

- (1) The utility did not properly serve or give notice of the advice letter;
- (2) The relief requested in the advice letter 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 advice letter contain material error or omissions;
- (4) The relief requested in the advice letter is pending before the Commission in a formal proceeding; or
- (5) The relief requested in the advice letter requires consideration in a formal hearing, or is otherwise inappropriate for the advice letter process; or
- (6) The relief requested in the advice letter is unjust, unreasonable, or discriminatory (provided that such a protest may not be made where it would require relitigating a prior order of the Commission.)

A protest shall provide citations or proofs where available to allow Staff to properly consider the protest. A response or protest must be made in writing or by electronic mail and must be received by the Division of Water and Audits within 20 days of the date this advice letter is filed. The address for mailing or delivering a protest is:

Tariff Unit, Water Division
California Public Utilities Commission
505 Van Ness Avenue, Third Floor, San Francisco, CA 94102
water_division@cpuc.ca.gov

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:

Edward Jackson
Director, Rates and Regulatory Affairs
Liberty Utilities (California)
9750 Washburn Road
P. O. Box 7002
Downey, CA 90241
Fax: (562) 861-5902
E-Mail: AdviceLetterService@LibertyUtilities.com

Cities and counties that need Board of Supervisors or Board of Commissioners approval to protest should inform the Division of Water and Audits 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.

If you have not received a reply to your protest within 10 business days, contact Edward Jackson at (562) 923-0711, ext. 1212.

Very truly yours,

LIBERTY UTILITIES (APPLE VALLEY RANCHOS WATER) CORP.

/s/ Edward N. Jackson

EDWARD N. JACKSON

Director, Rates and Regulatory Affairs

Liberty Utilities (California)

9750 Washburn Road

P. O. Box 7002

Downey, CA 90241

562.923.0711, ext. 1212

Edward.Jackson@libertyutilities.com

ENJ/ssf

Enclosures

LIBERTY UTILITIES
(APPLE VALLEY RANCHOS WATER) CORP.
21760 OTTAWA ROAD
P. O. BOX 7005
APPLE VALLEY, CA 92307-7005

	<u>REVISED</u>	Cal. P.U.C. Sheet No.	<u>958-W</u>
Canceling	<u>REVISED</u>	Cal. P.U.C. Sheet No.	<u>948-W</u>

Form No. 13
Liberty Utilities (Apple Valley Ranchos Water) Corp.
Notice and Application for
California Alternative Rates for Water (CARW) Program

(To be inserted by Utility)

Advice No.	<u>229-W</u>	<u>GREGORY S. SORENSEN</u>
		Name
Decision No.	<u></u>	<u>PRESIDENT</u>
		Title

(To be inserted by Cal. P.U.C.)

Date Filed	<u>05/23/2018</u>
Effective	<u>06/01/2018</u>
Resolution No.	<u></u>

Dear Customer:

Liberty Utilities is proud to serve Apple Valley with safe, reliable water service. We have a great team of experts with a proven track record of providing utility services throughout the country. As your new provider, we look forward to meeting you, investing in the community and ensuring you receive exceptional water service now and for generations to come.

We are writing to let you know about a program we provide to customers who may be having difficulty covering monthly household expenses. A monthly bill credit is available to low-income customers who qualify for the California Alternative Rates for Water (CARW) program, and eligible customers could receive a \$8.38 monthly bill credit (\$16.76 bi-monthly) for their primary residence.

We encourage customers to review the program qualifications on the enclosed application. If you think you may qualify for the CARW program, please complete and submit the application form by mail or at our local office. Discounts will be applied to qualified customers upon verification and approval by Liberty Utilities.

Please don't hesitate to call us at 1.800.481.9190 or 760.247.6484 if you have questions about the CARW program or need assistance completing application. We are honored to be your water provider.

Thank you.

Estimado Cliente:

Liberty Utilities se enorgullece de servir con Apple Valley, servicio de agua seguro y confiable. Tenemos un gran equipo de expertos con un historial probado de proporcionar los servicios públicos en todo el país. A medida que su nuevo proveedor, esperamos contar con su presencia,

la inversión en la comunidad y asegurar que reciba un servicio excepcional de agua y para las generaciones venideras.

Le escribimos para hacerle saber acerca de un programa que proporcionamos a los clientes que pueden estar teniendo dificultades para cubrir los gastos mensuales del hogar. Un crédito de factura mensual está disponible para clientes de bajos ingresos que califican para las tarifas de California alternativas programa de Agua (CARW), y los clientes elegibles podrían recibir un crédito de factura mensual \$8.38 (\$16.76 cada dos meses) para su residencia principal.

Recomendamos a los clientes para revisar los requisitos del programa en la solicitud adjunta. Si usted cree que puede calificar para el programa CARW, por favor completar y enviar el formulario de solicitud por correo o en nuestra oficina local. Los descuentos serán aplicados a los clientes cualificados, previa verificación y aprobación por parte de la Liberty Utilities.

Por favor, no dude en llamarnos al 1.800.481.9190 o 760.247.6484 si tiene preguntas sobre el programa CARW o necesita ayuda para completar la aplicación. Tenemos el honor de ser su proveedor de agua.

Gracias.

Don't Let Our Community Get Tapped Out!

Water is essential to everything that's living, and we must be smart about how we use it. There is no shortage of ways that you can make a difference, and Liberty Utilities is here to help. Please don't use more than you need.

Our Programs Include:

- ◆ **No-cost water audits.** A member of our conservation team will help identify ways you can reduce water use, check for leaks and recommend adjustments to sprinklers and watering schedules. In many cases, we provide no-cost replacement sprinkler devices.
- ◆ **No-cost conservation tools** such as faucet aerators, shut-off nozzles and shower timers.

We're Here to Help

For more information on mandatory water use restrictions, rebates and our conservation programs, visit www.libertyutilities.com or call us at (760) 247-6484. Pick up free water-saving devices by visiting our office at 21760 Ottawa Road, Apple Valley, CA 92308.

Help us meet our state-mandated water use reduction goal of 24% and ensure a reliable water supply for the future.

Please hand deliver your completed application to the office or mail your application to:

Entregue su solicitud completada en, o envíela por correo a:

Liberty Utilities
Customer Service Department
21760 Ottawa Road
P.O. Box 7005
Apple Valley, CA 92307



Liberty Utilities®

CARW

**Low Income Rate
Ratepayer Assistance
Save \$8.38 /Month**

SEE IF YOU QUALIFY TODAY!

**CALIFORNIA
ALTERNATIVE
RATES FOR WATER**
(CARW) - RATE DISCOUNT
APPLICATION INSIDE

**TARIFAS ALTERNAS PARA
AGUA DE CALIFORNIA**
(CARW) - DESCUENTO
ENSU TARIFA DE AGUA
SOLICITUD ADENTRO

California Alternative Rates for Water (CARW) Application

Solicitud para el Programa de Tarifas Alternas para Agua en California (CARW)

Account Number (Numero de cuenta) _____

Customer Number (Numero de cliente) _____

Conditions for Participation

1. The water bill is in your name.
2. You may not be claimed on another person's income tax return other than your spouse.
3. Your total yearly household income (the income or aid received by all persons living in your home)-before deductions- is no more than the income level shown to the right.
4. You may be asked to verify your income. If you do not reply or are found not eligible, you may receive corrected billings.
5. You will be reminded to renew your application every two years.
6. I am a residential customer with a 1 inch or smaller water meter.

Condiciones para participar

1. La factura de agua esta a su nombre.
2. No puede aparecer como dependiente en la declaración de impuestos de otra persona que no sea su cónyuge.
3. El ingreso anual total de su hogar (el ingreso o ayuda recibido por todas las personas que viven en su hogar)- antes de deducciones no sobrepasa el nivel de ingresos mostrados a su derecha.
4. Se le puede pedir que verifique su ingreso. Si no responde o si no es considerado elegible, podria recibir cuentas corregidas.
5. Se le recordara que renueve su solicitud cada dos años.
6. Soy un cliente residencial con un contador de agua de 1 pulgada o menos.

Maximum Household Income Ingreso Máximo en el Hogar

Number of Persons in Household Número de Personas en el Hogar	Total Combined Yearly Income Ingreso Total Anual cominado
1-2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

**Add \$8,640 for each additional person.
Añada \$8,640 por cada personal adicional.**

1. I currently participate in the following program(s): Actualmente participo en el siguiente programa(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> Southern California Edison (C.A.R.E.) | <input type="checkbox"/> Southwest Gas Company (C.A.R.E.) | |
| <input type="checkbox"/> Medi-Cal/Medicaid | <input type="checkbox"/> WIC | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> Healthy Families A & B | <input type="checkbox"/> National School Lunch (NSL) |
| <input type="checkbox"/> TANF/Tribal TANF | <input type="checkbox"/> LIHEAP | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| | | <input type="checkbox"/> Head Start income Eligible (Tribal Only) |

2. Check the total number of persons in your household. Marque el número de personas que viven en su hogar.

- | | | | | | |
|---|--------------------------------------|---|--|---|---------------------------------------|
| <input type="checkbox"/> One/Uno (1) | <input type="checkbox"/> Two/Dos (2) | <input type="checkbox"/> Three/Tres (3) | <input type="checkbox"/> Four/Cuatro (4) | <input type="checkbox"/> Five/Cinco (5) | <input type="checkbox"/> Six/Seis (6) |
| <input type="checkbox"/> More than Six/Más de Seis (6+),
Number/Número _____ | | | | | |
| | | Adults/Adultos _____ | + | Children/Niños _____ | = |
| | | Total Number/Número Total _____ | | | |

3. Write the total yearly household income for all persons in your household. This is income before deductions from all sources:

Favor de escribir el ingreso anual de su hogar de todas las personas que viven en su hogar: y de todas fuentes de ingreso.
El ingreso tiene que ser antes de cualesquier deducciones:

\$ _____

\$ _____

4. Check all sources of income for your household:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Wages or Salaries | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Disability Payments | <input type="checkbox"/> TANF (AFDC) |
| <input type="checkbox"/> Interest or Dividends from: | <input type="checkbox"/> Rental or Royalty Income | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Scholarships, Grants, or other | <input type="checkbox"/> Social Security, SSI, SSP | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Stocks or Bonds | <input type="checkbox"/> Aid Used for Living Expenses | <input type="checkbox"/> Pensions | <input type="checkbox"/> Cash and/or Other Income |
| <input type="checkbox"/> Retirement Accounts | <input type="checkbox"/> Profit from Self-Employment (IRS) | <input type="checkbox"/> Insurance Settlements | <input type="checkbox"/> Spousal Support |

Marque todas las Fuentes de ingresos de su hogar:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Sueldos | <input type="checkbox"/> Beneficios de desempleo | <input type="checkbox"/> Pagos de discapacidad | <input type="checkbox"/> TANF (AFDC) |
| <input type="checkbox"/> Interés o Dividendos de: | <input type="checkbox"/> Ingresos de alquiler o regalías | <input type="checkbox"/> Compensación al trabajador | <input type="checkbox"/> Estampillas de comida |
| <input type="checkbox"/> Cuentas de Ahorros | <input type="checkbox"/> Becas, subvenciones, u otro ayuda usada para sufragar el costo de vida | <input type="checkbox"/> Seguro Social, SSI, SSP | <input type="checkbox"/> Apoyo para los niños |
| <input type="checkbox"/> Acciones o Bonos | <input type="checkbox"/> Ganancias de autoempleo (Forma 1040, table C Línea 29 del IRS) | <input type="checkbox"/> Pensiones | <input type="checkbox"/> Dinero en efectivo y/u otros ingresos |
| <input type="checkbox"/> Cuentas de Jubilación | | <input type="checkbox"/> Indemnizaciones de seguro | <input type="checkbox"/> Apoyo de cónyuge |
| | | <input type="checkbox"/> Indemnizaciones legales | |

5. Declaration and Self-Certification Statement: 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 Liberty Utilities if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount that I received. I understand that Liberty Utilities can share my information with other utilities or their agents to enroll me in their assistance programs.

Declaración y afirmación de autocertificación: Yo declare que la información proeista en esta solicitud es verdadera y correcta. Estoy de acuerdo con proveer comprobantes de mis ingresos si me lo piden. Si en algún momento no califico para recibir el descuento, notificaré a Liberty Utilities. Si ya no califico pero sigo recibiendo el descuento, tal vez tendré que pagar la cantidad del descuento que recibí. Entiendo que Liberty Utilities puede compartir mi información con otras compañías de servicios públicos o sus representantes, para registrarme en sus programas de asistencia.



Signature/Firma _____

Print Name/Nombre en letra de molde _____

Date/Fecha _____

Address/Dirección _____

City/Ciudad _____

Phone/Teléfono _____

email address _____

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Schedule No. 1 Residential General Metered Service-Yermo	929-W
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Schedule No. 3 Non-Residential General Metered Service-Yermo	930-W
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LIST OF CONTRACTS AND DEVIATION:

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(continued)

(To be inserted by utility)

Advice No. 229-W

Issued By

GREGORY S. SORENSEN

Name

(To be inserted by Cal.P.U.C.)

Date Filed 05/23/2018

Decision No.

PRESIDENT

Title

Effective 06/01/2018

Resolution No.

APPLE VALLEY RANCHOS WATER CO
21760 OTTAWA ROAD
P. O. BOX 7005
APPLE VALLEY, CALIFORNIA 92307-

REVISED

Cal. P.U.C. Sheet No. 960-W

Canceling

REVISED

Cal. P.U.C. Sheet No. 949-W

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No. 14	Fire Flow Test Application	829-W

(To be inserted by utility)

Issued By

(To be inserted by Cal. P.U.C.)

Advice No. 229-W

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