

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



July 23, 2019

Edward N. Jackson
Director, Rates and Regulatory Affairs
Liberty Utilities (Apple Valley Ranchos Water) Corp.
21760 Ottawa Road
Apple Valley, CA 92308-6533

Dear Mr. Jackson,

The Commission has approved Liberty Utilities' (Apple Valley Ranchos Water) Advice Letter No. 235, filed on May 10, 2019, regarding authorization to update the eligibility income guidelines in its rate assistance program for low-income customers California Alternative Rates for Water ("CARW") program.

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

P.U.C.	
Sheet No.	Title of Sheet
986-W	California Alternative Rates for Water Application (Form 13)
987-W	Table of Contents, Page 1
988-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
Water Division

Enclosures

TABLE OF CONTENTS

The following listed tariff sheets contain all effective rates and rules affecting the charges and service of the utility, together with other pertinent information:

<u>Subject Matter of Sheet:</u>		<u>CPUC Sheet No.</u>
Title Page		900-W
Table of Contents		987-W, 988-W (T)
Preliminary Statement	969-W, 845-W, 533-W, 670-W, 624-W, 914-W, 923-W, 902-W, 671-W, 892-W 718-W, 719-W, 904-W, 905-W, 906-W, 776-W, 789-W, 888-W, 907-W, 934-W, 953-W	
Service Area Map-Apple Valley Ranchos		653-W
Service Area Map-Yermo		846-W
<u>Rate Schedules:</u>		
Schedule No. 1	Residential General Metered Service-Apple Valley	961-W, 962-W
Schedule No. 1	Residential General Metered Service-Yermo	929-W
Schedule No. 2	Gravity Irrigation Service	963-W, 964-W
Schedule No. 3	Non-Residential General Metered Service-Apple Valley	965-W, 966-W
Schedule No. 3	Non-Residential General Metered Service-Yermo	930-W
Schedule No. 4	Non-Metered Fire Services	967-W, 968-W
Schedule No. 5	Fire Flow Testing Charge	850-W
Schedule No. LC	Late Payment Charge	460-W
Schedule 14.1	Water Shortage Contingency Plan	804-W through 810-W
Schedule UF	Surcharge to Fund PUC Reimbursement Fee	932-W
Schedule CARW	California Alternative Rates for Water	861-W, 527-W
Schedule No. CARW-SC	California Alternative Rates for Water Sur-Charge	862-W
		819-W

LIST OF CONTRACTS AND DEVIATION:

Rules:

No. 1	Definitions	234-W, 235-W
No. 2	Description of Service	159-W
No. 3	Application for Service	13-W, 553-W
No. 4	Contracts	361-W
No. 5	Special Information Required on Forms	423-W through 425-W
No. 6	Establishment and Re-establishment of Credit	362-W
No. 7	Deposits	711-W, 730-W
No. 8	Notices	760-W, 427-W
No. 9	Rendering and Payment of Bills	689-W through 692-W
No. 10	Disputed Bills	240-W, 241-W
No. 11	Discontinuance and Restoration of Services	428-W through 433-W, 713-W, 435-W
No. 12	Information Available to Public	366-W, 367-W
No. 13	Temporary Service	368-W, 369-W
No. 14	Continuity of Service	370-W
No. 14.1	Water Conservation and Rationing Plan	831-W through 842-W
No. 15	Main Extensions	386-W through 392-W, 529-W, 714-W, 715-W, 564-W 396-W through 398-W, 983-W, 984-W
No. 16	Service Connections, Meters, and Customer Facilities	399-W through 405-W

(continued)

(To be inserted by utility)

Issued By

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

Advice No. 235-W

GREGORY S. SORENSEN

Date Filed 05/10/2019

Name

Effective 06/01/2019

Decision No. _____

PRESIDENT

Title

Resolution No. _____

TABLE OF CONTENTS
 (continued)

<u>Subject Matter of Sheet:</u>	<u>C.P.U.C. Sheet No.</u>
Rules: (continued)	
No. 17 Standards for Measurement of Service	273-W
No. 18 Meter Tests and Adjustment of Bills for Meter Error	34-W through 36-W
No. 19 Service to Separate Premises and Multiple Units, and Resale of Water	252-W, 253-W
No. 20 Water Conservation	371-W
No. 21 Military Family Relief Program	543-W, 544-W
No. 22 Fire Protection	716-W

Sample Forms:

No. 1	Application for Water Service	46-W	
No. 2	Customer's Deposit Receipt	39-W	
No. 3	Bill for Service, pg. 1	977-W	
	Bill for Service, pg. 2	978-W	
No. 4	Main Extension Contract – Individuals	206-W	
No. 5	Main Extension Contract – Subdivisions, Tracts, Housing Projects, Industrial Developments, Commercial Buildings or Shopping Centers	565-W –568-W	
No. 6	Main Extension Contract – Supplemental Water Acquisition Fee Paid Under Option 2	569-W–571-W	
No. 11	Uniform Fire Hydrant Service Agreement	274-W	
No. 12	Connection Fee Data Form	406-W	
No. 13	Notice & Application for California Alternative Rates For Water (CARW) Program	986-W	(T)
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. 235-W

GREGORY S. SORENSEN

Date Filed **05/10/2019**

Name

Effective **06/01/2019**

Decision No. _____

PRESIDENT

Resolution No. _____

Title

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

REVISED Cal. P.U.C. Sheet No. 986-W

Canceling REVISED Cal. P.U.C. Sheet No. 958-W

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)

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

Advice No. 235-W GREGORY S. SORENSEN
Name

Date Filed **05/10/2019**

Decision No. _____ PRESIDENT
Title

Effective **06/01/2019**

Resolution No. _____

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 alternativos 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 calificados, 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 o que 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, podría recibir cuentas corregidas.
5. Se le recordaría 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	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860

**Add \$8,840 for each additional person.
Añada \$8,840 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"/> Head Start income Eligible (Tribal Only) |
| <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 |

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

- One/Uno (1) Two/Dos (2) Three/Tres (3) Four/Cuatro (4) Five/Cinco (5) Six/Seis (6)
 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 1040, table C Linea 29 del 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 Linea 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 precista 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 _____