

## 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' (Park Water) Advice Letter No. 283, filed on May 23, 2018, regarding updating the eligibility income guidelines in its rate assistance program for low-income customers, known as the California Alternative Rates for Water (CARW) program in compliance with PU Code Section 739.1(a).

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>
1376-W	California Alternative Rates for Water Application
1377-W	Table of Contents, Page 1
1378-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



Liberty Utilities (Park Water) Corp.  
9750 Washburn Road  
Downey, CA 90241-7002  
Tel: 562-923-0711  
Fax: 562-861-5902

Advice Letter No. 283-W

May 23, 2018

TO THE PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Liberty Utilities (Liberty Park Water) Corp. (U 314 W) ("Liberty Park Water") hereby submits the following revised tariff sheets applicable to water service in its service territory:

<b>CPUC Sheet No.</b>	<b>Title of Sheet</b>	<b>Schedule Number</b>	<b>Canceling Sheet No.</b>
1376-W	California Alternative Rates for Water Application	FORM 13	1346-W
1377-W	Table of Contents, Page 1		1372-W
1378-W	Table of Contents, Page 2		1347-W

**Summary**

Liberty Park Water 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 Park Water's CARW program to match the eligibility income guidelines in the energy utilities CARE program.

**Background**

On October 19, 2006, the California Public Utilities Commission ("Commission") issued Decision 06-10-036 granting Liberty Park Water authority to establish its CARW program. The CARW program consists of a \$7.70 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 1<sup>st</sup>. 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 Park Water's CARW tariffs.

**Compliance**

Liberty Park Water 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 Park Water 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](mailto: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](mailto: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 (PARK 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](mailto:Edward.Jackson@libertyutilities.com)

ENJ/ssf

Enclosures

LIBERTY UTILITIES (PARK WATER) CORP.  
9750 WASHBURN ROAD  
P. O. BOX 7002  
DOWNEY, CALIFORNIA 90241-7002

Canceling REVISED Cal. P.U.C. Sheet No. 1376-W  
REVISED Cal. P.U.C. Sheet No. 1346-W

**FORM NO. 13**

California Alternative Rates For Water (CARW) Application  
Solicitud para el Programa de Tarifas Alternas para Agua en California (CARW)

(To be inserted by utility)

Advice No. 283-W

Issued By

GREGORY S. SORENSEN  
Name

Date Filed

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

05/23/2018

Dec. No. \_\_\_\_\_

PRESIDENT  
Title

Effective

06/01/2018

Resolution No. \_\_\_\_\_



## Need a Helping Hand? The California Alternative Rates for Water Program



See if Your Household Qualifies



**Liberty Utilities**

[www.libertyutilities.com](http://www.libertyutilities.com)



**Liberty Utilities**

[www.libertyutilities.com](http://www.libertyutilities.com)

# For our neighbors who may be in need of assistance, Liberty Utilities is proud to offer the California Alternative Rates for Water Program (CARW).

CARW is a low-income rate assistance program that provides a monthly discount of **\$7.70** on the water bill to qualifying residential customers.

There are two ways to qualify for CARW:

- 1 By participating in another utilities low-income assistance program (such as CARE from the Southern California Gas Company) or receiving benefits from programs such as Medicare, Medi-Cal and more.
- 2 By providing information that household income meets program guidelines.

Enrolling is quick and easy. Just complete the attached application and return it to our office either in person or by mail.



Questions about CARW?  
 Contact Customer Service at 562-923-9671 or 800-727-5987.  
 Or visit [libertyutilities.com](http://libertyutilities.com).

## HOW TO QUALIFY

1

### PUBLIC ASSISTANCE PROGRAMS

If you or another person in your household receives benefits from any of the following programs:

- Medi-Cal/Medicaid
- Healthy Families Categories A & B
- Women, Infants & Children (WIC)
- CalWORKS (TANF) or Tribal TANF
- Head Start Income Eligible—Tribal Only
- Bureau of Indian Affairs General Assistance (BIA GA)
- CalFresh / SNAP (Food Stamps)
- National School Lunch Program (NSLP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

OR

2

### MAXIMUM HOUSEHOLD INCOME

(Effective June 1, 2016 to June 1, 2017)

Number of Persons in Household	Total Annual Income*
1-2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

For each additional household member, add \$8,640

\* Includes current household income from all sources before deductions.

Liberty Utilities  
 P.O. Box 7002  
 Downey, CA 90241



# California Alternative Rates for Water (CARW) Application

Account Number \_\_\_\_\_ Customer Number \_\_\_\_\_

**1. I currently participate in the following program(s):**

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

**2. Check the total number of persons in your household.**

One (1)     Two (2)     Three (3)     Four (4)     Five (5)     Six (6)  
 More than Six (6+),  
 Number \_\_\_\_\_

	+		=	
Adults		Children		Total Number

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

\$

**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"/> CalWORKs (TANF/AFDC)     |
| <b>Interest or Dividends from:</b>         | <input type="checkbox"/> Rental or Royalty Income       | <input type="checkbox"/> Workers Compensation      | <input type="checkbox"/> CalFresh/SNAP            |
| <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 |

**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.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_

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**Liberty Utilities**  
 P.O. Box 7002  
 Downey, CA 90241

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Service Area Map Los Angeles County	914-W, 499-W through 502-W

**Rate Schedules:**

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(continued)

(To be inserted by utility)

Advice No. 283-W

Issued By:

GREGORY S. SORENSEN

Name

Date Filed

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

05/23/2018

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(To be inserted by utility)

Issued By

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

Advice No. 283-W GREGORY S. SORENSEN Date Filed 05/23/2018  
 Name  
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