

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



June 11, 2020

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

Dear Mr. Jackson,

The Commission has approved Liberty Utilities' (Park Water) Advice Letter No. 298, filed on April 22, 2020, regarding 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
1456-W	Form 13, California Alternative Rates for Water Application
1457-W	Table of Contents, Page 1
1458-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

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

REVISED Cal. P.U.C. Sheet No. 1456-W
Canceling REVISED Cal. P.U.C. Sheet No. 1412-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)

Issued By

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

Advice No. 298-W

GREGORY S. SORENSEN

Date Filed 04/22/2020

Name

Effective 06/01/2020

Dec. No. _____

PRESIDENT

Resolution No. _____

Title

For our neighbors who may be in need of assistance, Liberty Utilities is proud to offer the California Alternate 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:

- 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.
- 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 visit 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, 2020 to May 31, 2021)

Number of Persons in Household	Total Annual Income*
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

For each additional household member, add \$8,960

* Includes current household income from all sources before deductions.

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

California Alternate Rates for Water (CARW) Application

Account Number _____ Customer Number _____

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

Southern California Edison (C.A.R.E.) Southern California Gas Company (C.A.R.E.) SSI
 Medi-Cal/Medicaid WIC National School Lunch (NSLP)
 CalFresh/SNAP Healthy Families A&B Bureau of Indian Affairs General Assistance
 TANF/Tribal TANF LIHEAP 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)

Number _____ + _____ = _____ 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:

Wages or Salaries Unemployment Benefits Disability Payments CalWORKS (TANF/AFDC)
 Interest or Dividends from: Rental or Royalty Income Workers Compensation CalFresh/SNAP
 Savings Account Scholarships, Grants, or other Social Security, SSI, SSP Child Support
 Stocks or Bonds Aid Used for Living Expenses Pensions 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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¿Necesita Ayuda? El Programa de Tarifas Alternas para Agua en California



Ve a Si Su Hogar Califica



www.libertyutilities.com

Para nuestros vecinos que tal vez necesiten ayuda, Liberty Utilities tiene el orgullo de ofrecer el Programa de Tarifas Alternas para Agua en California (CARW).

CARW es un programa de asistencia tarifaria para clientes de bajos ingresos que ofrece un descuento mensual de **\$7.70** en la factura de agua a los clientes residenciales que cumplen con los requisitos.

Hay dos formas de tener derecho a CARW:

- Si participa en un programa de asistencia para clientes de bajos ingresos de otra empresa de servicios públicos (como CARE de Southern California Gas Company) o si recibe beneficios de programas como Medicare, Medi-Cal y otros.
- Si proporciona información de que el ingreso en el hogar cumple con los lineamientos del programa.

Inscribirse es rápido y fácil. Sólo llene el formulario de solicitud adjunto y tráigalo personalmente a nuestra oficina o envíelo por correo.



Tiene alguna pregunta sobre CARW?
Llame a la oficina de Servicio al Cliente al 562-923-9671
O visite libertyutilities.com

COMO PUEDE CALIFICAR

1

PROGRAMAS DE ASISTENCIA PUBLICA
Si usted u otra persona que vive en su hogar recibe beneficios de cualquiera de los siguientes programas:

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

2

INGRESO MÁXIMO EN EL HOGAR:
(En vigor del 1 de junio de 2020 a el 31 de mayo 2021)

Número de personas en el hogar	Ingreso total anual*
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

Por cada miembro adicional en el hogar, añada \$8,960
*Incluye los ingresos actuales del hogar de todas las fuentes de ingreso antes de deducciones.

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

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

Número de cuenta _____ Número de cliente _____

1. Actualmente participo en el siguiente programa(s):

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

2. Marque el número de personas que viven en su hogar:

Uno (1) Dos (2) Tres (3) Cuatro (4) Cinco (5) Seis (6)
 Número _____ + _____ = _____ Niños Número Total _____
 Más de Seis (6+),

3. Escriba el total del ingreso familiar anual para todas las personas en su hogar. Este es el ingreso antes de las deducciones de todas las fuentes: _____ \$

4. Marque todas las fuentes de ingresos de su hogar:

Sueldos Beneficios de desempleo Pagos de discapacidad CalWORKS (TANF/AFDC)
 Interés o Dividendos de: Ingresos de alquiler o regalías Compensación al trabajador CalFresh/SNAP
 Cuentas de Ahorro Becas, subvenciones, u otra ayuda Seguro Social, SSI, SSP Apoyo para los niños
 Acciones o Bonos Usada para sufragar el costo de vida Pensiones Dinero en efectivo y/u otros ingresos
 Cuentas de Jubilación Ganancias de autoempleo (Forma 1040, tabla C Línea 29 del IRS) Indemnizaciones de seguro Apoyo de cónyuge
 Indemnizaciones legales

5. **Declaración y afirmación de autocertificación:** Yo declaro que la información prociesta 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.

Firma _____ Nombre en letra de molde _____ Fecha _____

Dirección _____ Ciudad _____

Teléfono _____

Need a Helping Hand? The California Alternate Rates for Water Program



See if Your Household Qualifies



www.libertyutilities.com

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(To be inserted by utility)

Issued By

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

Advice No. <u>298-W</u>	<u>GREGORY S. SORENSEN</u>	Date Filed <u>04/22/2020</u>
	Name	
		Effective <u>06/01/2020</u>
Dec. No. _____	<u>PRESIDENT</u>	Resolution No. _____
	Title	