

## PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE  
SAN FRANCISCO, CA 94102-3298



July 24, 2019

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. 291, filed on May 10, 2019, regarding updating 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:

<b>P.U.C.</b>	
<b>Sheet No.</b>	<b>Title of Sheet</b>
1412-W	California Alternative Rates for Water Application (FORM 13)
1413-W	Table of Contents, Page 1
1414-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

Canceling REVISED Cal. P.U.C. Sheet No. 1412-W  
REVISED Cal. P.U.C. Sheet No. 1376-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. 291-W

Issued By

GREGORY S. SORENSEN

Name

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

Date Filed

05/10/2019

Effective

06/01/2019

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

PRESIDENT

Title

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

## For our neighbors who may be in need of assistance, Liberty Utilities is proud to offer the California Alternate Rates for Water (CARW) 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 562-933-9676 or 800-777-5987.  
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, 2019 to May 31, 2020)

Number of Persons in Household	Total Annual Income*
1-2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860

For each additional household member, add \$8,840.  
\* Includes certain 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.E.)  
 Southern California Gas Company (C.A.G.E.)  
 WIC  
 Healthy Families A&B  
 LIHEAP  
 TAN/Federal TANF  
 CalFresh/SNAP  
 Medi-Cal/Medicaid  
 Southern California Edison (C.A.E.)  
 National School Lunch (NSLP)  
 Bureau of Indian Affairs General Assistance  
 Head Start Income Eligible (Tribal Only)  
 SSI

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

Number  One (1)  Two (2)  Three (3)  Four (4)  Five (5)  Six (6)

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:

**Unemployment Benefits**  
 Wages or Salaries  
 Interest or Dividends from:  
 Rental or Royalty Income  
 Scholarships, Grants, or other  
 Aid Used for Living Expenses

**Disability Payments**  
 Workers Compensation  
 Social Security, SSI, SSP  
 Pensions

**Other Income**  
 Stocks or Bonds  
 Savings Account  
 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. 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



Veá Si Su Hogar Califica



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

- 1 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.
- 2 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 562-925-9671 o 800-777-5987. O visite [libertyutilities.com](http://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/Medicuid
- Healthy Families Categorias A & B
- Women, Infants & Children (WIC)
- CalWORKS (TANF) or Tribal TANF
- Head Start Income Eligible-Solemente 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 MAXIMO EN EL HOGAR:**  
(En vigor del 1 de junio de 2019 a el 31 de mayo 2020)

Numero de personas en el hogar	Ingreso total anual*
1-2	\$3,820
3	\$4,660
4	\$5,500
5	\$6,340
6	\$7,180
7	\$8,020
8	\$8,860

Por cada miembro adicional en el hogar, añada \$8.80 \*Indique los ingresos actuales del hogar de todos las fuentes de ingreso antes de deducciones.

Liberty Utilities  
P.O. Box 7005  
Downsny, CA 90241

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

Numero de cuenta \_\_\_\_\_ Numero de cliente \_\_\_\_\_

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

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

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

Uno (1)  
 Dos (2)  
 Tres (3)  
 Cuatro (4)  
 Cinco (5)  
 Seis (6)

Adultos \_\_\_\_\_ Niños \_\_\_\_\_

Número Total = \_\_\_\_\_

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:

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

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

Fecha \_\_\_\_\_ Nombre en letra de molde \_\_\_\_\_ Ciudad \_\_\_\_\_ Teléfono \_\_\_\_\_



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

See if Your Household Qualifies



[www.libertyutilities.com](http://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>291-W</u>	<u>GREGORY S. SORENSEN</u>	Date Filed	<u>05/10/2019</u>
		Name	Effective	<u>06/01/2019</u>
Dec. No.	<u>                    </u>	<u>PRESIDENT</u>	Resolution No.	<u>                    </u>
		Title		