

LIBERTY UTILITIES (PARK WATER) CORP.  
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REVISED Cal. P.U.C. Sheet No. 1346-W  
Canceling REVISED Cal. P.U.C. Sheet No. 1317-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. <u>277-W</u>	<u>GREGORY S. SORENSEN</u>	Date Filed <u>05-26-2017</u>
	Name	Effective <u>06-01-2017</u>
Dec. No. _____	<u>PRESIDENT</u>	Resolution No. _____
	Title	

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



See if Your Household Qualifies



### California Alternate Rates for Water (CARW) Application

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 **\$7.40** 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.

### 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, 2017 through June 1, 2018

Number of Persons in Household	Total Annual Income*
1 — 2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640

For each additional household member, add **\$8,360**

\* Includes current household income from all sources before deductions

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Downey, CA 90241

## California Alternate 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 \_\_\_\_\_ ©Copyright and trademark rights reserved.

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**Liberty Utilities**

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