

# GOLDEN STATE WATER COMPANY CUSTOMER ASSISTANCE PROGRAM

## PROGRAM DESCRIPTION

The California Public Utilities Commission has authorized Golden State Water Company (GSWC) to implement a Customer Assistance Program (CAP) that provides a monthly credit for eligible customers based upon the same income qualification guidelines that are used by the electric and gas California Alternate Rate for Energy (CARE) programs.

If you already participate in the CARE program of participating energy utilities (gas/electric), you may also qualify for GSWC's CAP by submitting a copy of a current utility bill showing your eligibility for CARE. Following enrollment, you may be required to provide proof of eligibility. Customers who do not participate in these programs, can enroll by submitting the application to GSWC. All enrollments are subject to the program guidelines and qualifications. The CAP discount becomes effective after your application and proof of income have been verified and approved, if proof of income is required by GSWC.

The program also extends eligibility to customers in mobile homes who receive their water through sub-metered service, non-profit group living facilities, agricultural employee housing facilities and migrant worker housing centers that are enrolled in the CARE programs.

## PROGRAM QUALIFICATIONS

**To qualify for the CAP discount, you must meet the following requirements:**

- The GSWC bill must be in your name and the address must be your primary residence or you must be a tenant receiving water service by a sub-metered system in a mobile home park.
- You may not be claimed as a dependent on another person's tax return.
- You must reapply each time you move; the CAP discount does not automatically transfer to another residence.
- You must renew your application every two years, or sooner, if requested.
- You must notify GSWC within 30 days if you become ineligible for the CAP.
- Your total gross annual income of all persons living in your household cannot exceed the income levels below:

<b>CAP INCOME QUALIFICATION GUIDELINES</b>	
Effective June 1, 2023 to May 31, 2024	
<b>Household Size</b>	<b>Total Combined Income from All Sources</b>
1-2 Persons	\$ 39,440
3 Persons	\$ 49,720
4 Persons	\$ 60,000
5 Persons	\$ 70,280
6 Persons	\$ 80,560
7 Persons	\$ 90,840
8 Persons	\$101,120
Each additional person	\$ 10,280

If you are eligible and would like to participate in GSWC's Customer Assistance Program, please complete the application on the reverse side and mail it to:

**Email completed application to:**  
[customerservice@gswater.com](mailto:customerservice@gswater.com) **or**  
**Mail completed application to:**

### **HAVE QUESTIONS OR NEED INFORMATION?**

Please call GSWC's CAP Hotline at **(866) 360-2279**.  
Or visit our website at [www.gswater.com](http://www.gswater.com).

**Golden State Water Company**  
**CAP Department**  
P.O. Box 9016  
San Dimas, California 91773

**GOLDEN STATE WATER COMPANY  
APPLICATION FOR  
CUSTOMER ASSISTANCE PROGRAM (CAP)  
(Para recibir una aplicación en español, favor de llamar)  
CAP HOTLINE (866) 360-2279**

**1. CUSTOMER INFORMATION** (please type or print)

Applicant Name \_\_\_\_\_

I am a sub-metered tenant of a mobile home park or apartment complex

Account Number 

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Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
if different from service address

Daytime Telephone No. (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Number of people living in your household: Adults 

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 + Children 

--	--

 = Total 

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Total Gross Annual Income of Household \_\_\_\_\_

**2. BASIS FOR ELIGIBILITY**

**Household Income Eligibility**

CHECK all programs you or someone in your household participate in. You will be enrolled in the CAP depending on your household size and income. Please include Total Gross Annual Income.

- |  |   |
|--|---|
| <input type="checkbox"/> Pensions  | <input type="checkbox"/> Social Security                              |
| <input type="checkbox"/> SSI, SSP  | <input type="checkbox"/> Disability or Worker's Compensation Payments |
| <input type="checkbox"/> Interest /dividends from: Savings Accounts,<br>Stocks, Bonds or Retirement Accounts | <input type="checkbox"/> Rental or royalty income                     |
| <input type="checkbox"/> Wages and/or Profits from Self-Employment   | <input type="checkbox"/> Insurance or Legal settlements               |
| <input type="checkbox"/> Unemployment benefits   | <input type="checkbox"/> Spousal or child Support                     |
| <input type="checkbox"/> Scholarships, Grants or Other Aid for Living Expenses                               | <input type="checkbox"/> Cash and/or other income                     |

**Public Assistance Program Eligibility:**

CHECK all programs you or someone in your household participate in. Please include Total Gross Annual Income.

- |  |  |
|--|--|
| <input type="checkbox"/> Medi-Cal/Medicaid                         | <input type="checkbox"/> WIC   |
| <input type="checkbox"/> Medi-Cal/Medicaid: Healthy Families A & B | <input type="checkbox"/> Head Start: Income Eligible (Tribal Only)   |
| <input type="checkbox"/> SSI                                       | <input type="checkbox"/> TANF/Tribal TANF                            |
| <input type="checkbox"/> Food Stamp/SNAP                           | <input type="checkbox"/> National School Lunch (NSL)                 |
| <input type="checkbox"/> LIHEAP                                    | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |

**3. DECLARATION** (Please read and sign)

By signing below, I certify under penalty of perjury that this information is true and correct under the laws of the State of California. I will provide proof of income, if asked, and I will notify GSWC of any changes that affect my eligibility. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received.

I understand that GSWC can share my information with other utilities or their agents to enroll me in their assistance programs. I understand that an incomplete application form will be returned to me for missing information and that this will delay the processing of my application.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date