

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



May 10, 2021

Ronald K. Moore
Senior Regulatory Analyst
Golden State Water Company
630 East Foothill Blvd.
San Dimas, CA 91773

Dear Mr. Moore,

The Commission has approved Golden State Water Company's Advice Letter No. 1851, filed on April 15, 2021, regarding updating Low Income Program eligibility Income levels for fiscal year 2021/2022.

Enclosed are copies of the following revised tariff sheets, effective June 1, 2021, for the utility's files:

P.U.C. Sheet No.	Title of Sheet
8882-W	Schedule No. LI, Customer Assistance Program, Page 1
8883-W	Schedule No. LI, Customer Assistance Program, Page 2
8884-W	Form No. 20, Customer Assistance Program Notice/ Application (English & Spanish)
8885-W	Table of Contents, Page 4
8886-W	Table of Contents, Page 2
8887-W	Table of Contents, Page 1

Please contact Carmen Rocha at MDC@cpuc.ca.gov or 415-703-2162, if you have any questions.

Thank you,

/s/ROBIN BRYANT

Robin Bryant
Water Division

Enclosures



April 15, 2021

Advice Letter No. 1851-W

(U 133 W)

Golden State Water Company (GSWC) hereby transmits the following tariff sheets applicable to its water operations:

<u>CPUC Sheet No</u>	<u>Title of Sheet</u>	<u>Canceling CPUC Sheet No.</u>
Revised No. 8882-W	Schedule No. LI Customer Assistance Program Page 1	Revised No. 8310-W
Revised No. 8883-W	Schedule No. LI Customer Assistance Program Page 2	Revised No. 8680-W
Revised No. 8884-W	Form No. 20 Customer Assistance Program Notice/ Application (English & Spanish)	Revised No. 8681-W
Revised No. 8885-W	Table of Contents Page 4	Revised No. 8880-W
Revised No. 8886-W	Table of Contents Page 2	Revised No. 8775-W
Revised No. 8887-W	Table of Contents Page 1	Revised No. 8881-W

REQUEST

GSWC submits this advice letter to update the eligibility income levels in its low income program, also known as Customer Assistance Program (CAP) previously known as California Alternate Rates for Water (CARW) program. The CAP eligibility income levels are patterned after those established in the California Alternate Rates for Energy (“CARE”) program for energy utilities. This filing, when approved, will increase the eligibility income levels for GSWC’s CAP program for the period June 1, 2021 through May 31, 2022.

COMPLIANCE

On March 19, 2021, the California Public Utilities Commission established the eligibility income levels for fiscal year June 1, 2021 to May 31, 2022, effective June 1, 2021. This advice letter is being filed to update the revised eligibility income levels on GSWC's CAP tariffs. GSWC has updated its tariff Form No. 20, Customer Assistance Program Application/Notice and Schedule No. LI, Customer Assistance Program, Domestic Service- Single Family Accommodation.

The Program eligibility income levels for fiscal year 2021-2022 will be as follows:

Effective June 1, 2021 through May 31, 2022	
Household Size	Income Level
1-2	\$ 34,840
3	\$ 43,920
4	\$ 53,000
5	\$ 62,080
6	\$ 71,160
7	\$ 80,240
8	\$ 89,320
Each Additional Person	\$ 9,080

This advice letter is submitted with a Tier 1 designation. GSWC is requesting that this advice letter and the tariffs become effective June 1, 2021.

Response or Protest

Anyone may submit a response or protest for this AL. 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 (AL). A **protest** objects to the AL 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 AL;
2. The relief requested in the AL 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 AL contain material error or omissions;
4. The relief requested in the AL is pending before the Commission in a formal proceeding; or
5. The relief requested in the AL requires consideration in a formal hearing, or is otherwise inappropriate for the AL process; or
6. The relief requested in the AL is unjust, unreasonable, or discriminatory, provided that such a protest may not be made where it would require re-litigating a prior order of the Commission.

A protest may not rely on policy objections to an AL where the relief requested in the AL follows rules or directions established by statute or Commission order applicable to the utility. A protest shall provide citations or proofs where available to allow staff to properly consider the protest.

DWA must receive a response or protest via email (or postal mail) within 20 days of the date the AL is filed. When submitting a response or protest, **please include the utility name and advice letter number in the subject line.**

The addresses for submitting a response or protest are:

Email Address:

Water.Division@cpuc.ca.gov

Mailing Address:

CA Public Utilities Commission
Division of Water and Audits
505 Van Ness Avenue
San Francisco, CA 94102

On the same day the response or protest is submitted to DWA, the respondent or protestant shall send a copy of the protest to Golden State Water Company at:

Email Address:

regulatoryaffairs@gswater.com

Mailing Address:

Golden State Water Company
Attn: Gladys Estrada
630 East Foothill Blvd.
San Dimas, CA 91773

Cities and counties that need Board of Supervisors or Board of Commissioners approval to protest should inform DWA, 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.

Replies

The utility shall reply to each protest and may reply to any response. Any reply must be received by DWA within five business days after the end of the protest period, and shall be served on the same day on each person who filed the protest or response to the AL.

The actions requested in this advice letter are not now the subject of any formal filings with the California Public Utilities Commission, including a formal complaint, nor action in any court of law.

No individuals or utilities have requested notification of filing of tariffs. Distribution of this advice letter is being made to the attached service list in accordance with General Order No. 96-B.

Sincerely,

/s/ Gladys Estrada
Gladys Estrada
Regulatory Analyst

c: Jim Boothe, CPUC- Water Division
Jeremy Ho, CPUC- Water Division
Victor Chan , CPUC- CalPA
Richard Rauschmeier, CPUC- CalPA

Schedule No. LI
Customer Assistance Program (CAP)
Domestic Service - Single Family Accommodation

APPLICABILITY

Applicable to residential water service for domestic use rendered to low-income households where the customer meets all the Special Conditions of this rate schedule.

TERRITORY

Within all Customer Service Areas served by the Company.

RATES

Discount applied to the regular filed tariff in the applicable Customer Service Area.

CSA	Monthly CAP Credit Amount
Arden Cordova	\$ 6.10
Arden Cordova (Flat)	\$ 16.10
Bay Point	\$ 17.11
Clearlake	\$ 29.10
Los Osos	\$ 28.10
Santa Maria	\$ 10.10
Simi Valley	\$ 12.10
Region 2	\$ 12.10
Region 3	\$ 13.10

QUALIFIED NON-PROFIT GROUP LIVING FACILITIES RATES

Non-profit group living facilities, agricultural employee housing facilities, and migrant farm-worker housing centers will receive a flat monthly credit of \$20.00.

(Continued)

(To be inserted by utility)

Advice Letter No. 1851-W
Decision No. 12-08-044

Issued By
R. J. Sprowls
President

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

Date Filed April 15, 2021
Effective June 1, 2021
Resolution No. _____

Schedule No. LI
Customer Assistance Program (CAP)
Domestic Service - Single Family Accommodation

SPECIAL CONDITIONS

1. Low-Income Household: A Low-Income Household is a household where the total gross annual income from all sources is no more than shown on the table below based on the number of persons in the household. Total gross income shall include income from all sources, both taxable and nontaxable.

(Effective as of June 1, 2021 through May 31, 2022)	
Number of Persons in Household	Total Gross Annual Income
1-2	\$ 34,840
3	\$ 43,920
4	\$ 53,000
5	\$ 62,080
6	\$ 71,160
7	\$ 80,240
8	\$ 89,320
Each Additional Person	\$ 9,080

2. Application and Eligibility Declaration: An application and eligibility declaration on a form authorized by the Commission is required for each request for service under this schedule. Customers are only eligible to receive service under this rate schedule at one residential location at any one time, and the rate applies only to the customer's permanent primary residence. A customer may present documentation showing approval into their energy provider's California Alternate Rate for Energy Program ("CARE") or provide verification of their household income. Renewal of a customer's eligibility declaration will be required every two years and may be required on an annual basis.
3. Commencement of Rate: Eligible customers shall be billed on this schedule commencing with the next regularly scheduled billing period that follows verification and approval of application by the Utility.
4. Verification: Information provided by the applicant is subject to verification by the Utility. Refusal or failure of a customer to provide documentation of eligibility acceptable to the Utility, upon request by the Utility, shall result in removal from this rate schedule.
5. Notice From Customer: It is the customer's responsibility to notify the Utility if there is a change of eligibility status. Notification should be made within 30 days of the customer's change in eligibility.
6. Rebilling: Customers may be re-billed for periods of ineligibility under the applicable rate schedule.
7. Mobile home Park and Master-metered: A reduction will be calculated in the bill of mobile home park and master-metered customers, who have sub-metered tenants that meet the income eligibility criteria. A discount will be passed through to eligible customer(s).

(T)
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(To be inserted by utility)
 Advice Letter No. 1851-W
 Decision No. 12-08-044

Issued By
R. J. Sprowls
President

(To be inserted by P.U.C.)
 Date Filed April 15, 2021
 Effective June 1, 2021
 Resolution No. _____

GOLDEN STATE WATER COMPANY (U 133 W)
630 E. FOOTHILL BLVD. - P.O. BOX 9016
SAN DIMAS, CALIFORNIA 91773-9016

Revised Cal. P.U.C. Sheet No. 8884-W
Cancelling Revised Cal. P.U.C. Sheet No. 8681-W

Form No. 20

GOLDEN STATE WATER COMPANY NOTICE AND APPLICATION FOR
CUSTOMER ASSISTANCE PROGRAM (CAP) (C)

Please Refer to Sample Pages of Tariff Book

(To be inserted by utility)

Advice Letter No. 1851-W
Decision No. 12-08-044

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No. 5	Special Information Required on Forms	8673-W, 8674-W, 8675-W
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No. 7	Deposits	4802-W, 4803-W
No. 8	Notices	8676-W, 8677-W, 8612-W
No. 9	Rendering and Payment of Bills	6381-W, 6382-W, 7478-W, 8878-W, 8879-W
No. 10	Disputed Bills	8666-W, 8667-W
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No. 13	Temporary Service	793-W, 794-W
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Sample Forms:

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No. 18	Waste of Water Notice	6985-W
No. 19	Customer Service Door Notice	6986-W
No. 20	Customer Assistance Program Application/Notice	8884-W
No. 24	Confidentiality and Non-Disclosure Agreement	5841-W, 5842-W, 5843-W

(To be inserted by utility)

Advice Letter No. 1851-W
 Decision No. 12-08-044

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R. J. Sprowls
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Date Filed April 15, 2021
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(Continued)

(To be inserted by utility)

Advice Letter No. 1851-W
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President

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The following tariff sheets contain all effective rates and rules affecting rates and service of the utility, together with information relating thereto:

<u>Subject Matter of Sheet</u>	<u>Sheet No.</u>
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(To be inserted by utility)
 Advice Letter No. 1851-W
 Decision No. 12-08-044

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R. J. Sprowls
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(To be inserted by P.U.C.)
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 Effective June 1, 2021
 Resolution No. _____

Form No. 20
GOLDEN STATE WATER COMPANY NOTICE AND APPLICATION FOR
CUSTOMER ASSISTANCE PROGRAM (CAP)

Program Description

The California Public Utilities Commission has authorized Golden State Water Company (GSWC) to implement a Low Income Program to assist low-income families. GSWC's Customer Assistance Program (CAP) program 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 you may also qualify for GSWC's CAP program by submitting a copy of a current utility bill showing your eligibility for CARE and a signed and completed GSWC CAP application. Customers, who do not participate in these programs, can enroll by filling out and submitting this CAP application to GSWC. For questions please call GSWC's CAP Hotline at **(866) 360-2279**. All enrollments are subject to the program guidelines and qualifications. For more information please visit our website at www.gswater.com. The CAP 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. 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.

Program Qualifications

- 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 CAP.
- Your total gross annual income of all persons living in your household cannot exceed the income levels below:

Income Guidelines (Effective as of June 1, 2021 to May 31, 2022)	
Household Size	Total Combined Income from All Sources
1 - 2	\$ 34,840
3	\$ 43,920
4	\$ 53,000
5	\$ 62,080
6	\$ 71,160
7	\$ 80,240
8	\$ 89,320
Each Additional person	\$ 9,080

Household Income Eligibility

CHECK all programs you or someone in your household participate in. You will be enrolled in the CAP Program depending on your household size and income.

- Pensions
- Social Security
- SSI, SSP
- Interest /dividends from: Savings Accounts, stocks, bonds or Retirement Accounts
- Wages and/or Profits from Self-Employment
- Rental or royalty income
- Unemployment benefits
- Disability or Worker's Compensation Payments
- Scholarships, Grants or Other Aid for Living Expenses
- Insurance or Legal settlements
- Spousal or child Support
- Cash and/or Other Income

Public Assistance Program Eligibility:

CHECK all programs you or someone in your household participate in

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Medi-Cal/Medicaid (under age 65) <input type="checkbox"/> Medi-Cal/Medicaid (age 65 and older) <input type="checkbox"/> SSI <input type="checkbox"/> Food Stamp/SNAP <input type="checkbox"/> LIHEAP <input type="checkbox"/> Head Start Income Eligible (Tribal Only) | <ul style="list-style-type: none"> <input type="checkbox"/> WIC <input type="checkbox"/> Healthy Families A & B <input type="checkbox"/> TANF/Tribal TANF <input type="checkbox"/> National School Lunch (NSL) <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
|--|--|

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

APPLICATION INFORMATION (please print clearly)

Applicant Name _____

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

Golden State Water Company Account Number |__|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Service Address _____

Mailing Address _____
if different from service address

Telephone No. (home) _____ **(work)** _____

Number of people living in your household: Adults |__||__| **+ Children** |__||__| **= Total** |__||__|

Total Gross Annual Income of Household _____

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

Email completed application to:
customerservice@gswater.com

or

Mail completed application to:
Golden State Water Company
CAP Program
P.O. Box 9016
San Dimas, California 91773

FOR GOLDEN STATE WATER COMPANY USE ONLY

Date received _____ **Date Verified** _____ **Verified By** _____

Form No. 20
GOLDEN STATE WATER COMPANY AVISO Y APLICACION PARA EL PROGRAMA
ASISTENCIA DE CONSUMIDOR (CAP)

Descripción de Programa

La Comisión de Servicios Públicos de California ha autorizado a Golden State Water Company a implementar un programa para asistencia de tarifas reducidas para asistir a familias de bajos recursos. El programa de GSWC de Asistencia Para El Consumidor - CAP (por sus siglas en inglés) ofrece un crédito mensualmente para sus clientes elegibles para el programa que es Basado en los mismos requisitos de ingresos usados por los programas CARE de las compañías de gas y electricidad.

Si usted ya participa en el programa CARE de servicios públicos de energía usted también podría calificar para el programa de CAP de GSWC al enviar una copia reciente de su factura de servicio público la cual indica su elegibilidad para el programa CARE y una solicitud completa y firmada del programa CAP de GSWC. Clientes que no participan en estos programas, pueden calificar al enviar una solicitud a GSWC. Para preguntas, por favor llame la línea gratuita de CAP **(866) 360-2279**. Todas las inscripciones están sujetas a las directrices del programa y las cualificaciones. Para obtener más información, visite nuestro sitio web en www.gswater.com. El programa CAP también extiende elegibilidad para los clientes en casas móviles que reciben el agua través del servicio sub-medidor, viviendas grupales no-lucrativas, las viviendas de los empleados agrícola y centros de vivienda para trabajadores migrantes que están inscritos en los programas de CARE. El descuento CAP será efectivo después de que su aplicación y prueba de ingresos sea verificada y aprobada, si es que la prueba de ingresos es necesaria por GSWC.

Requisitos del Programa

- La factura de agua debe estar bajo su nombre o recibir servicio de agua con un sistema de sub-medidor en un parque de casas móviles o en un complejo de apartamentos.
- Nadie mas puede incluirlo como dependiente en sus impuestos.
- Debe de aplicar cada vez que se mude de casa, el descuento no se transfiere automáticamente a otra residencia
- Debe de renovar su aplicación cada dos (2) años o antes si es requerido.
- Debe notificar a la compañía de agua dentro de 30 días si su elegibilidad para CAP termina.
- El total del ingreso bruto anual de su hogar no podrá exceder los de la tabla siguiente:

Límites de ingresos del Programa (Efectivo junio 1, 2021 hasta el 31 de mayo de 2022)	
Numero de personas que viven en su casa	Ingresos total anual combinado
1-2	\$ 34,840
3	\$ 43,920
4	\$ 53,000
5	\$ 62,080
6	\$ 71,160
7	\$ 80,240
8	\$ 89,320
Para cada persona adicional, agregar	\$ 9,080

Elegibilidad por ingresos familiares

MARQUE todas las fuentes de ingresos familiares. Será inscripto en el Programa de (CAP, por sus siglas en inglés) según el tamaño de su familia y sus ingresos.

- Pensiones
- Seguro Social
- SSI, SSP
- Interés o dividendos de: Cuentas de ahorros, acciones, bonos o Beneficios de Jubilación
- Ingresos de alquiler o regalías
- Beneficios por incapacidad
- Compensación al trabajador
- Becas, préstamos de escuela y otra ayuda financiera
- Ganancias de autoempleo
- Indemnizaciones de seguro o legales
- Apoyo cónyuge o para los niños
- Dinero en efectivo o Otra ayuda

Eligibilidad Para El Programa De Asistencia Pública:

MARQUE todos los programas en los que parti usted o alguien en su casa participant:

- Medi-Cal/Medicaid (menor de 65 años)
- Medi-Cal/Medicaid (65 años o más)
- Ingreso de Seguro Suplementario (SSI, por sus siglas en inglés)
- Cupones para alimentos/Programa Suplementario de Asistencia Nutricional (SNAP, por sus siglas en inglés)
- Programa de Asistencia Energética para Hogares de Bajos Ingresos (LIHEAP, por sus siglas en inglés)
- Reúne los requisitos para Head Start (sólo Tribal)
- Programa Especial de Nutrición Suplementaria para Mujeres, Bebés y Niños (WIC, por sus siglas en inglés)
- Healthy Families A & B
- Asistencia Temporal para Familias Necesitadas (TANF, por sus siglas en inglés) o TANF tribal
- Almuerzos GRATIS del Programa Nacional de Almuerzos Escolares
- Oficina de Asistencia General para Asuntos de los Indígenas

GOLDEN STATE WATER COMPANY
REGION 1, 2 & 3 – SERVICE LIST

Sacramento Suburban Water Dist.
3701 Marconi Avenue – Suite 100
Sacramento, CA 95821
HHernandez@sswd.org
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