

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE

SAN FRANCISCO, CA 94102-3298



June 6, 2025

Kiki Carlson
Director, Regulatory Affairs
Suburban Water Systems
1325 N. Grand Ave., Ste. 100
Covina, CA 91724-4044

Dear Ms. Carlson,

The Water Division of the California Public Utilities Commission has approved Suburban Water Systems' Advice Letter No. 413, filed on May 1, 2025, regarding Customer Assistance Program income eligibility guidelines for 2025-2026.

Enclosed are copies of the following revised tariff sheets, effective June 1, 2025, for the utility's files:

P.U.C. Sheet

No.	Title of Sheet
2037-W	Schedule No. LIC-1, San Jose Hills and Whittier/La Mirada Service Areas, Customer Assistance Program (Continued)
2038-W	Form No. 18 Customer Assistance Program (CAP)
2039-W	Table of Contents
2040-W	Table of Contents (Continued)

Please contact Alison Pafford at APF@cpuc.ca.gov, if you have any questions.

Thank you.

Enclosures

Suburban Water Systems
1325 N. Grand Ave. Ste. 100
Covina, CA 91724-4044

Revised
Canceling Revised

Cal. P.U.C. Sheet No. 2037-W
Cal. P.U.C. Sheet No. 2007-W

Schedule No. CAP-1

SAN JOSE HILLS AND WHITTIER/LA MIRADA SERVICE AREAS
CUSTOMER ASSISTANCE PROGRAM (CAP)
(Continued)

Income Qualification guidelines (Effective June 1, 2025 through May 31, 2026) (T)

Total persons In household	Maximum total combined Annual income	
1 - 2	\$ 42,300	(T)
3	\$ 53,300	
4	\$ 64,300	
5	\$ 75,300	
6	\$ 86,300	
7	\$ 97,300	
8	\$108,300	

For each additional person, add \$11,000 to the total combined annual income. (T)

SPECIAL CONDITIONS

1. As authorized by the California Public Utilities Commission (C.P.U.C.), all qualified Customer Assistance Program (CAP) participants will receive a monthly surcredit of \$1.61. This surcredit will provide an additional CAP credit for the difference between the interim rate implemented on January 1, 2024 and pursuant to Decision 24-12-030 the rates approved in Advice Letter 406-W. This surcredit shall commence on the effective date of Advice Letter 407-W, and remain in effect for an estimated 12-month period.

(To be inserted by utility)

Issued by

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

Advice Letter No. 413-W

Craig D. Gott

Date Filed 05/01/2025

Name

Decision No.

President

Effective 06/01/2025

Title

Resolution No.

Suburban Water Systems
1325 N. Grand Ave. Ste. 100
Covina, CA 91724-4044

Revised Cal. P.U.C. Sheet No. 2038-W
Canceling Revised Cal. P.U.C. Sheet No. 1995-W

Form No. 18
CUSTOMER ASSISTANCE PROGRAM (CAP)

(To be inserted by utility)

Issued by

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

Advice Letter No.	<u>413-W</u>	<u>Craig D. Gott</u>	Date Filed	<u>05/01/2025</u>
		Name		
Decision No.	<u></u>	<u>President</u>	Effective	<u>06/01/2025</u>
		Title		
			Resolution No.	<u></u>

CAP* DISCOUNT

Sign Up Today!

Scan the QR code to complete
the online application form



Need a Helping Hand?



Suburban is pleased to provide the
CAP* Program — a **Low-Income Rate Assistance**
program for qualifying residential customers*

CAP* provides an adjustment of \$9.04 on your water bill each
month, for Suburban customers on a low-income budget.

The easiest way to qualify for **CAP*** is to demonstrate
that you participate in your gas or electric utility's
low-income assistance program. There are two ways to
qualify:

OPTION 1: If you participate in your electric or gas utility
CARE program, simply **complete the online application**
(scan QR code at the top of the page), mark Option 1,
and attach a copy of a recent Southern California Edison
or Southern California Gas Company bill. Or fill out the
application (on the reverse side), mark Option 1, attach a
copy of a recent Southern California Edison or Southern
California Gas Company bill, and mail it to: Suburban
Water Systems, 1325 N. Grand Ave, Suite 100, Covina, CA
91724-4044.

OPTION 2: If you have a low-income budget, but do not
participate in CARE, you may qualify by certifying that
your household income meets the requirements shown
in Option 2 online and on the reverse side. If you meet
those requirements, **fill out the application online** (scan
QR code at the top of the page), and mark Option 2.
Or fill out the application (on the reverse side), mark
Option 2, and mail it to: Suburban Water Systems,
1325 N. Grand Ave., Suite 100, Covina, CA 91724-4044.

CAP* is not a retroactive program. Suburban Water
Systems uses a biannual renewal process for this
program and will send out renewal notices in
advance of the renewal date. Qualified customers
will begin receiving an adjustment in the month
that follows their acceptance into the program. If
you have additional questions about the **CAP***
program or to obtain additional applications in
English or Spanish, visit our website at
www.swwc.com/suburban/lira or call customer
service at 800.203.5430 (TTY 877.405.1710).

*The California Public Utilities Commission (CPUC)
has also approved **CAP*** for qualified non-profit
group living facilities, agricultural employee housing
facilities, and migrant farm worker housing centers.
Contact our customer service department at
800.203.5340 if you would like to receive an
application for one of these types of residences.



**Suburban
Water Systems**

*Formerly LIRA/WISH

Suburban Water Systems

CAP* Application

Scan the QR code to
complete the online
application form



Name

(As is appears on your water bill)

Customer Account Number

Service Address

Street

City

State

Zip

Mailing Address

If different from service address

Street

City

State

Zip

Daytime Phone Number

Total Persons Living in Household

Adults + Children = Total

Choose your option:

OPTION 1

- ☐ I do participate in CARE, the low-income assistance programs of either Southern California Edison or Southern California Gas Company. I am attaching a copy of a recent Southern California Edison or Southern California Gas Company bill to demonstrate my participation in CARE.

OPTION 2

- ☐ I do not participate in CARE, the low-income assistance programs of either Southern California Edison or Southern California Gas Company. However, I certify that I do qualify for CAP* because my annual household income is below CAP* income guidelines, or I participate in a public assistance program.

HOUSEHOLD INCOME STATEMENT

Maximum Household Income

Your household's gross annual income must be below CAP* income guidelines:

Total persons in household	Total combined annual income
1-2	\$ 42,300
3	\$ 53,300
4	\$ 64,300
5	\$ 75,300
6	\$ 86,300
7	\$ 97,300
8	\$ 108,300

For each additional person, add \$11,000 to the total combined annual income.

My annual household income is \$ _____

Please fill in circle next to all sources of your household's annual income.

- | | |
|---|---|
| <input type="radio"/> Wages or salaries | <input type="radio"/> Disability payments |
| <input type="radio"/> Interest and/or dividends from: | <input type="radio"/> Workers compensation |
| <input type="radio"/> Savings accounts | <input type="radio"/> Social Security, SSI, SSP |
| <input type="radio"/> Stocks or bonds, or | <input type="radio"/> Pensions |
| <input type="radio"/> Retirement accounts | <input type="radio"/> Insurance settlements |
| <input type="radio"/> Unemployment benefits | <input type="radio"/> Legal settlements |
| <input type="radio"/> Rental or royalty income | <input type="radio"/> TANF (AFDC) |
| <input type="radio"/> School grants, scholarships or other aid used for living expenses | <input type="radio"/> Food stamps |
| <input type="radio"/> Profit from self-employment (IRS form Schedule C, Line 29) | <input type="radio"/> Child support |
| | <input type="radio"/> Spousal support |
| | <input type="radio"/> Cash and/or other income |

The income guidelines listed above are effective June 1, 2025 through May 31, 2026.

PUBLIC ASSISTANCE PROGRAM ELIGIBILITY

Do you participate in any of the following programs? If so, please check (✓) the program(s) below.

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

DECLARATION

Please read carefully and sign:

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 Suburban Water Systems if I no longer qualify for CAP*. I realize that if I receive the adjustment to my bill without qualifying for it, I may be required to return the adjustment I received. I understand that Suburban Water Systems can share my information with other utilities or their agents to enroll me in their assistance programs.

Sign Here

Customer Signature

Date

*Formerly LIRA/WISH



Suburban
Water Systems

1325 N. Grand Ave., Suite 100
Covina, CA 91724-4044

CAP* DESCUENTO ¡Inscríbese Hoy!

Escanee el código QR
para llenar el formulario
de la solicitud en línea



Need a Helping Hand?



Suburban se complace en proporcionar el Programa **CAP***
Program — an **Programa de Asistencia con Tarifas para
Bajos Ingresos** para clientes residenciales calificados*

CAP* proporciona un ajuste de \$9.04 en su factura de agua
cada mes, para clientes de Suburban con bajos ingresos.

La forma más fácil de calificar para **CAP*** es demostrar que participa en el programa de asistencia para personas con bajos ingresos de su servicio de gas o electricidad. Existen dos formas para calificar:

OPCIÓN 1: Si participa en el programa CARE de sus servicios públicos de electricidad o gas, simplemente **complete la solicitud en línea** (escanee el código QR en la parte superior de la página), marque la opción 1 y adjunte una copia de una factura reciente de Southern California Edison o de Southern California Gas Company. O llene la solicitud (en el reverso), marque la opción 1, adjunte una copia de una factura reciente de Southern California Edison o Southern California Gas Company y envíela por correo a: Suburban Water Systems, 1325 N. Grand Ave, Suite 100, Covina, CA 91724-4044.

OPCIÓN 2: Si tiene bajos ingresos, pero no participa en CARE, puede calificar certificando que los ingresos de su hogar cumplen con los requisitos que se muestran en la Opción 2 en línea y en el reverso. Si cumple con esos requisitos, **complete la solicitud en línea** (escanee el código QR en la parte superior de la página) y marque la opción 2 o llene la solicitud (en el reverso), marque la opción 2 y envíela por correo a: Suburban Water Systems, 1325 N. Grand Ave., Suite 100, Covina, CA 91724-4044.

CAP* no es un programa retroactivo. Suburban Water Systems utiliza un proceso de renovación semestral para este programa y enviará avisos de renovación antes de la fecha de renovación. Los clientes calificados comenzarán a recibir un ajuste en el mes siguiente a su aceptación en el programa. Si tiene preguntas adicionales sobre el programa **CAP*** o para obtener solicitudes adicionales en inglés o español, visite nuestro sitio web en www.swwc.com/suburban/lira o llame al servicio de atención al cliente al 800.203.5430 (TTY 877.405.1710).

*La Comisión de Servicios Públicos de California (CPUC, por sus siglas en inglés) también ha aprobado **CAP*** para instalaciones calificadas de vivienda grupal sin fines de lucro, instalaciones de vivienda para empleados agrícolas y centros de vivienda para trabajadores agrícolas migrantes. Comuníquese con nuestro departamento de servicio al cliente al 800.203.5340 si desea recibir una solicitud para uno de estos tipos de residencias.

*Formalmente LIRA/WISH



**Suburban
Water Systems**

Solicitud para CAP* de Suburban Water Systems

Escanee el código QR para completar el formulario de la solicitud en línea



Nombre

(Tal y como aparece en su factura de agua)

Número de Cuenta de Cliente

Dirección de Servicio

Calle

Ciudad

Estado

Zip

Dirección Postal

Si es diferente de la dirección de servicio Calle

Ciudad

Estado

Zip

Número de Teléfono de Día

Total de Personas que Viven en el Hogar

Adultos + Niños = Total

Elija su opción:

OPCIÓN 1

☐

Yo participo en el programa CARE, los programas de asistencia para personas con bajos ingresos de Southern California Edison o Southern California Gas Company. Adjunto una copia de una factura reciente de Southern California Edison o Southern California Gas Company para demostrar mi participación en CARE.

OPCIÓN 2

☐

Yo No participo en el programa CARE, los programas de asistencia para personas de bajos ingresos de Southern California Edison o Southern California Gas Company. Sin embargo, certifico que califico para CAP* porque el ingreso anual de mi hogar está por debajo de las pautas de ingresos de CAP*, o participo en un programa de asistencia pública.

DECLARACIÓN DE INGRESOS DEL HOGAR

Ingreso Máximo del Hogar

El ingreso bruto anual de su hogar debe estar por debajo de las pautas de ingresos de CAP*:

Total de personas en el hogar	Ingreso anual total combinado
1-2	\$ 42,300
3	\$ 53,300
4	\$ 64,300
5	\$ 75,300
6	\$ 86,300
7	\$ 97,300
8	\$ 108,300

Por cada persona adicional, agregue \$11,000 al ingreso anual total combinado.

El ingreso anual de mi hogar es \$ _____

Llene el círculo junto a todas las fuentes de ingresos anuales de su hogar.

- | | |
|---|---|
| <input type="radio"/> Sueldos o salarios | <input type="radio"/> Pagos por discapacidad |
| <input type="radio"/> Intereses y/o dividendos de: | <input type="radio"/> Compensación de |
| <input type="radio"/> Cuentas de ahorro | <input type="radio"/> trabajadores |
| <input type="radio"/> Acciones o bonos, o | <input type="radio"/> Seguro Social, SSI, SSP |
| <input type="radio"/> Cuentas de jubilación | <input type="radio"/> Pensiones |
| <input type="radio"/> Prestaciones por desempleo | <input type="radio"/> Liquidación de seguros |
| <input type="radio"/> Ingresos por alquiler o regalías | <input type="radio"/> Acuerdos legales |
| <input type="radio"/> Subsidios escolares, becas u otras ayudas utilizadas para gastos de manutención | <input type="radio"/> TANF (AFDC) |
| <input type="radio"/> Ganancias por autoempleo (Formulario del IRS, Schedule C, Línea 29) | <input type="radio"/> Estampillas de alimentos |
| | <input type="radio"/> Manutención infantil |
| | <input type="radio"/> Manutención de cónyuge |
| | <input type="radio"/> Efectivo y/u otros ingresos |

Las pautas de ingresos enumeradas anteriormente están vigentes desde el 1 de Junio de 2025 hasta el 31 de Mayo de 2026.

PUBLIC ASSISTANCE PROGRAM ELIGIBILITY

¿Usted participa en alguno de los siguientes programas? Si es así, marque (✓) a los programas a continuación.

- | | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> Medi-Cal/Medicaid | <input type="checkbox"/> WIC | <input type="checkbox"/> SSI | <input type="checkbox"/> Asistencia General de la Agencia de Asuntos Indígenas | <input type="checkbox"/> Ingreso Head Start (solo para tribus) |
| <input type="checkbox"/> Estampillas de alimentos/SNAP | <input type="checkbox"/> Healthy Families A&B | <input type="checkbox"/> National School Lunch (NSL) | | |
| <input type="checkbox"/> TANF/Tribal TANF | <input type="checkbox"/> LIHEAP | | | |

DECLARACIÓN

Por favor, lea atentamente y firme:

La información que he proporcionado en esta solicitud es verdadera y correcta. Acepto proporcionar un comprobante de ingresos si me lo piden. Estoy de acuerdo en informar a Suburban Water Systems si ya no califico para CAP*. Entiendo que si recibo el ajuste de mi factura sin calificar para él, es posible que deba devolver el ajuste que recibí. Entiendo que Suburban Water Systems puede compartir mi información con otras empresas de servicios públicos o sus agentes para inscribirme en sus programas de asistencia.

*Formalmente LIRA/WISH



Suburban Water Systems

1325 N. Grand Ave., Suite 100
Covina, CA 91724-4044

Firma Aquí

Firma del Cliente

Fecha

Suburban Water Systems
1325 N. Grand Ave., Ste. 100
Covina, CA 91724-4044

Revised
Canceling Revised

Cal. P.U.C. Sheet No. 2039-W
Cal. P.U.C. Sheet No. 2036-W

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(Continued)

(To be inserted by utility)

Issued by

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

Advice Letter No. 413-W

Craig D. Gott

Date Filed 05/01/2025

Name

Decision No. _____

President

Effective 06/01/2025

Title

Resolution No. _____

Suburban Water Systems
1325 N. Grand Ave., Ste. 100
Covina, CA 91724-4044

Revised Cal. P.U.C. Sheet No. 2040-W
Canceling Revised Cal. P.U.C. Sheet No. 1998-W

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(To be inserted by utility)

Issued by

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

Advise Letter No.	413-W	Craig D. Gott	Date Filed	05/01/2025
		Name		
Decision No.		President	Effective	06/01/2025
		Title		
			Resolution No.	

**CALIFORNIA PUBLIC UTILITIES COMMISSION
DIVISION OF WATER AND AUDITS**

Advice Letter Cover Sheet

Utility Name: Suburban Water Systems

Date Mailed to Service List: May 1, 2025

District: n/a

CPUC Utility #: U – 339-W

Protest Deadline (20th Day): May 21, 2025

Advice Letter #: 413-W

Review Deadline (30th Day): May 31, 2025

Tier: ☒ ☐ ☐ ☒
1 2 3 Compliance

Requested Effective Date: June 1, 2025

Authorization: Energy Division Letter dated 3-26-25

Rate Impact: N/A

Description: Update Suburban's Customer Assistance Program income eligibility guidelines for 2025-2026.

The protest or response deadline for this advice letter is 20 days from the date that this advice letter was mailed to the service list. Please see the "Response or Protest" section in the advice letter for more information.

Utility Contact: Kiki Carlson

Utility Contact: Carmelitha Bordelon

Phone: (626) 543-2553

Phone: (626) 543-2547

Email: kiki.carlson@nexuswg.com

Email: carmelitha.bordelon@nexuswg.com

DWA Contact: Tariff Unit

Phone: (415) 703-1133

Email: Water.Division@cpuc.ca.gov

DWA USE ONLY

DATE

STAFF

COMMENTS

[] APPROVED

[] WITHDRAWN

[] REJECTED

Signature: _____

Comments: _____

Date: _____



1325 N. Grand Ave. Ste. 100, Covina, CA 91724-4044
Phone: 626.543.2640, Fax: 626.543.2664
SuburbanWaterSystems.com

U-339-W

VIA EMAIL

ADVICE LETTER NO. 413-W

May 1, 2025

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Suburban Water Systems (“Suburban”) hereby transmits for filing the following changes in its tariff schedules applicable to its service area and which are attached hereto:

CPUC Sheet No.	Title of Sheet	Canceling CPUC Sheet No.
2037-W	Schedule No. LIC-1, San Jose Hills and Whittier/La Mirada Service Areas, Customer Assistance Program (Continued)	2007-W
2038-W	Form No. 18 – Customer Assistance Program (CAP)	1995-W
2039-W	Table of Contents	2036-W
2040-W	Table of Contents (Continued)	1998-W

Suburban hereby submits this advice letter to update the income qualification guidelines for its Customer Assistance Program (CAP).

In compliance with the California Public Utilities Commission (“Commission”) Energy Division’s letter dated March 26, 2025 (Attachment B), Suburban updates its income qualification guidelines for its CAP in the San Jose Hills and Whittier/La Mirada service areas. The income eligibility guidelines presented in the letter are also being used by the Class A and B water utilities in determining their CAP income guidelines follow those established in the California Alternate Rates for Energy (CARE) program for energy utilities.

Moreover, the monthly credit reflected on the CAP brochure is subject to future adjustment based on the final resolution of advice letter no. 406-W.

Tier Designation and Effective Date

This advice letter is submitted with a Tier 1 designation.

In compliance with Commission Energy Division’s letter dated March 26, 2025, this advice letter is effective for period June 1, 2025 – May 31, 2026.

Protest and Responses

Anyone may respond to or protest this advice letter. A response supports the filing and may contain information that proves useful to the Commission in evaluating the advice letter. A protest objects to the advice letter in whole or in part and must set forth the specific grounds on which it is based. These grounds are:

A protest objects to the advice letter 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 advice letter;
- (2) The relief requested in the advice letter 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 advice letter contain material error or omissions;
- (4) The relief requested in the advice letter is pending before the Commission in a formal proceeding; or

- (5) The relief requested in the advice letter requires consideration in a formal hearing, or is otherwise inappropriate for the advice letter process; or
- (6) The relief requested in the advice letter is unjust, unreasonable, or discriminatory (provided that such a protest may not be made where it would require relitigating a prior order of the Commission.)

A protest shall provide citations or proofs where available to allow staff to properly consider the protest.

A response or protest must be made in writing or by electronic mail and must be received by the Water Division within 20 days of the date this advice letter is filed. The address for mailing or delivering a protest is:

Tariff Unit, Water Division, 3rd floor
California Public Utilities Commission,
505 Van Ness Avenue, San Francisco, CA 94102
Water.Division@cpuc.ca.gov

On the same date any protest or response is submitted to the Water Division, the respondent or protestant must serve a copy of the protest or response to:

Suburban Water Systems, Kiki Carlson, Director, Regulatory Affairs, 1325 N. Grand Ave., Suite 100, Covina, CA 91724-4044, and email to kiki.carlson@nexuswg.com

Cities and counties that need Board of Supervisors or Board of Commissioners approval to protest should inform the Water Division, within the 20 days 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. Each reply must be received by the Division of Water and Audits within five business days after the end of the protest period and shall be served on the same day to the person who filed the protest or response.

This filing will not cause the withdrawal of service, nor conflict with other schedules or rules.

In compliance with General Rule 4.3 and 7.2 and Water Industry Rule 4.1 of General Order 96-B, a copy of this advice letter has been mailed or electronically transmitted to all interested and affected parties as detailed in Attachment A.

Sincerely,

/s/Kiki Carlson

Kiki Carlson
Director, Regulatory Affairs

Enclosures

SUBURBAN WATER SYSTEMS
Distribution List

Attachment A

Page 1 of 3

Director Of Public Works
City of Whittier
13230 E. Penn Street
Whittier, CA 90602

City Clerk
City of West Covina
1444 W. Garvey Ave. South
West Covina, CA 91790

City Attorney
City of Whittier
13230 E. Penn Street
Whittier, CA 90602

City Clerk
City of La Mirada
P.O. Box 828
La Mirada, CA 90638

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La Habra Heights County Water District
Joe@Lhhc wd.com

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14406 E. Pacific Ave.
Baldwin Park, CA 91706

City Clerk
City of Azusa
Annette.Juarez@Azusaca.gov

County Clerk
Orange County
10 Civic Center Plaza, 3rd. Floor
Santa Ana, CA 92701

City Clerk
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Covina, CA 91723

City Attorney
City of Covina
125 East College Blvd.
Covina, CA 91723

Director of Public Works
City of Buena Park
6650 Beach Blvd.
Buena Park, CA 90621

City of Santa Fe Springs
Department of Public Works
11710 E. Telegraph Road
Santa Fe Springs, CA 90670

Bill Robinson
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West Covina, CA 91790-1346

City Attorney
City of La Habra
P.O. Box 337
La Habra, CA 90633

City Attorney
City of West Covina
1444 West Garvey Ave. South
West Covina, CA 91790

City Clerk
City of Baldwin Park
14406 E. Pacific Ave.
Baldwin Park, CA 91706

The Prinden Corporation
P.O. Box 712
Park Ridge, NJ 07656-0712

Orchard Dale County Water District
13819 East Telegraph Road
Whittier, CA 90604

SUBURBAN WATER SYSTEMS

Distribution List

Page 2 of 3

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County Counsel
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Santa Ana, CA 92701

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Glendora, CA 91741

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City of Walnut
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Walnut, CA 91788-0682

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Rowland Water District
gsanchez@rwd.org

California Domestic Water Company
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Glendora, CA 91741

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California Advocates Office Water Branch
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SUBURBAN WATER SYSTEMS

Distribution List

Page 3 of 3

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PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



March 26, 2025

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P.O. Box 770000
San Francisco, CA 94177

Michael Lamond
Alpine Natural Gas Operating
Company No. 1, LLC
15 St Andrews Rd # 7
Valley Springs, CA 95252

Valerie Ontiveroz
Southwest Gas Corporation
10682 Pioneer Trail
Truckee, CA 96161

Joni Key
Southern California Edison
Company
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Rosemead, CA 91770

Ronald Moore
Bear Valley Electric Service, Inc.
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Cynthia Morris
West Coast Gas Company
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Sacramento, CA 95826

Alan Salazar
San Diego Gas & Electric Company
8330 Century Park Court, CP32F
San Diego, CA 92123

Dan Marsh
Liberty Utilities LLC
9750 Washburn Road
Downey, CA 90241

Kristine Huliganga
Southern California Gas Company
P.O. Box 1626
Monterey Park, CA 91754-8626

Charity Spires
PacifiCorp d.b.a Pacific Power
P.O. Box 26000
Portland, OR 97256-0001

RE: 2025-2026 Annual Income Limits for the California Alternative Rates for Energy (CARE), Family Electric Rate Assistance (FERA), and Energy Savings Assistance (ESA) Programs and the Implementation of Assembly Bill (AB) 2672 and Senate Bill (SB) 1130

Dear Representatives:

Pursuant to Decision (D.) 12-08-044,¹ this letter ("Letter") provides information on updating the income limits for the CARE, FERA, and ESA Programs to Pacific Gas and Electric Company (PG&E), Southern California Edison Company (SCE), San Diego Gas & Electric Company (SDG&E), and Southern California Gas Company (SoCalGas) (collectively, the investor-owned utilities or IOUs); and Alpine Natural Gas Operating Company No. 1, LLC, Bear Valley Electric Service, Inc., Liberty Utilities LLC, PacifiCorp d.b.a Pacific Power, Southwest Gas Corporation, and West Coast Gas Company (collectively, the Small and Multi-Jurisdictional Utilities or SMJUs) (collectively, the Utilities). The Utilities should file revised tariffs with the California Public Utilities Commission (CPUC or Commission) reflecting the income levels specified below by May 1, 2025.

This Letter also provides information on implementing AB 2672 for CARE to the Utilities and SB 1130 for FERA to PG&E, SCE, and SDG&E (collectively, FERA IOUs).

¹D.12-08-044, Ordering Paragraph 119.

CARE and ESA Program Income Guideline Updates:

The 2025–2026 CARE and ESA Programs’ income limits have been updated in accordance with Public Utilities (P.U.) Code Section 739.1 (a) and 2790 (f)-(g).² Federal Poverty Guidelines values and household size are used to determine the revised annual CARE, ESA, and FERA Programs’ income limits. The Federal Poverty Guidelines are updated annually in January in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2). In 2021, SB 756 updated P.U. Code Section 2790 by changing the income limits of ESA program eligibility from referencing P.U. Code 739.1 (which defined low-income as households with income no greater than 200 percent of the Federal Poverty Guidelines) to establishing the ESA Programs’ income limits at or below 250 percent of the Federal Poverty Guidelines beginning July 1, 2022.

The 2025-2026 income limits for CARE and ESA are provided below for household sizes of 1-8 persons.

Effective June 1, 2025 to May 31, 2026, CARE Programs’ income limits are as follows:

Table 1: CARE Income Guidelines

Household Size	Income Eligibility Upper Limit *
1-2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300
Each Additional Person	\$11,000
*Upper Limit Calculation = 200% of Federal Poverty Guidelines	

Effective June 1, 2025 to May 31, 2026, ESA Programs’ income limits are as follows:

Table 2: ESA Income Guidelines

Household Size	Income Eligibility Upper Limit *
1	\$39,125
2	\$52,875
3	\$66,625
4	\$80,375
5	\$94,125
6	\$107,875
7	\$121,625

²PU Code Section 739.1(a)states: *The commission shall continue a program of assistance to low-income electric and gas customers with annual household incomes that are no greater than 200 percent of the federal poverty guideline levels, the cost of which shall not be borne solely by any single class of customer.*

PU Code Section 2790 states: (f)(1) *For purposes of this section, “low-income customers” means persons and families whose household income is at or below 250 percent of the federal poverty level...* (g) *This section shall become operative on July 1, 2022.*

8	\$135,375
Each Additional Person	\$13,750
*Upper Limit Calculation = 250% of Federal Poverty Guidelines	

Family Electric Rate Assistance (FERA) Program Income Guideline Updates:

The CPUC authorized FERA, also known as the Lower Middle Income Large Household Program, in D.04-02-057 on February 26, 2004. In that decision, the CPUC stated that the use of CARE procedures for annual income eligibility is also reasonable for the FERA program.³ D.05-10-044, dated October 27, 2005, raised the lower income limits of the FERA program to 200%+\$1 of the Federal Poverty Guideline levels, which corresponds to the upper limits of the CARE program. In 2024, SB 1130 updated P.U. Code Section 739.12 by eliminating the household size requirement of three or more people for the FERA program, expanding eligibility to one and two person households (see SB 1130 section below for a full summary).

Effective June 1, 2025 to May 31, 2026, FERA income limits are as follows:

Table 3: FERA Income Guidelines

Household Size	Income Eligibility Lower Limit *	Income Eligibility Upper Limit **
1-2	\$42,301	\$52,875
3	\$53,301	\$66,625
4	\$64,301	\$80,375
5	\$75,301	\$94,125
6	\$86,301	\$107,875
7	\$97,301	\$121,625
8	\$108,301	\$135,375
Each Additional Person	\$11,000	\$13,750
*Lower Limit Calculation = 200% of Federal Poverty Guidelines (CARE) + \$1		
** Upper Limit Calculation = 250% of Federal Poverty Guidelines ⁴		

Note: The income limits set forth herein are effective for all new FERA, CARE, and ESA Program enrollments as well as CARE and FERA post-enrollment verifications and re-certifications. The existing list of programs that render ratepayers categorically eligible for the programs is retained unless updated per the direction of D.21-06-015. The Director of the Energy Division will continue to communicate new income levels annually and require energy utilities to file revised tariffs effective June 1st of each year.

The Utilities should file revised tariffs with the CPUC reflecting the income levels specified above by May 1, 2025. They need only file the revised tariff sheets but should ensure that all tariffs, internet sites and printed materials about the CARE, FERA, and ESA programs display the current income eligibility guidelines and their effective dates, up through a household of eight, as shown in the above tables. All

³D.04-02-057. Finding of Fact 22.

⁴*Ibid.*, at 2.

tariffs, internet sites, and printed materials about the CARE program should also indicate that unacceptable energy usage levels could result in removal from the program.⁵

Implementation of AB 2672 (CARE)

On September 27, 2024, Governor Newsom signed into law AB 2672,⁶ which amended Section 739.1 of the P.U. Code. AB 2672 expands CARE eligibility to people living in Homekey housing facilities who are experiencing homelessness. P.U. Code Section 739.1(i) states:

The CARE program shall, as soon as practicable, include public housing authority owned or administered Homekey housing facilities, as described in Section 50675.1.1 of the Health and Safety Code, where the residents of the facility substantially meet the CARE program's income eligibility requirements, as determined by the commission, and the account is in the name of Homekey, a nonprofit funded by Homekey, or the public housing authority that owns or administers the facility. The commission shall authorize electrical corporations and gas corporations to offer discounts to those identified facilities and to establish feasible processes for certifying that the assistance is used for the direct benefit of the residents of those facilities.

Homekey, administered by the California Department of Housing and Community Development (HCD), is a statewide initiative aimed at sustaining and rapidly increasing housing for people experiencing homelessness or at risk of homelessness.⁷ HCD provides grant funding to local public entities, including cities, counties, Tribal entities, or other local public entities, such as housing authorities within California to develop and convert housing for the targeted population.⁸

Based on the 2021–2026 authorized CARE budgets and expenditures through the end of 2024,⁹ the Utilities should use their existing CARE authorized budgets for 2025 and 2026 to implement AB 2672 by June 1, 2025. The Utilities have confirmed that their CARE-authorized budgets for 2025 and 2026 are sufficient to implement AB 2672.

For Homekey customers, the Utilities should use the existing enrollment processes for the CARE Expansion Program adopted in D.21-06-015 and D.21-10-023, which target nonprofit group living facilities, and modify specific requirements for AB 2672 to ensure consistent implementation across the state. Those Homekey eligibility processes should include the following documentation:

1. Copy of a valid Federal 501(c)(3) tax exemption form or Government Agency Taxpayer ID Form with the same name as the utility account(s); and
2. Copy of a valid California state tax exemption form; and

⁵ D.12-08-044 at 124 and PU code 739.1 (i)(1).

⁶ AB 2672, https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2672.

⁷ Homekey, <https://www.hcd.ca.gov/grants-and-funding/homekey>.

⁸ *Id.*

⁹ IOUs, *see* D.21-06-015, Attachment 1, and SCE Advice Letter 4358-E, July 21, 2021. SMJUs, *see* D.21-10-023.

3. Proof of the Homekey award (i.e., Standard Agreement and published list of the award from HCD's website).
4. Attestation from the applicant or owner of the facility on behalf of all residents stating that at least 70% of the energy supplied to each account, including common areas, is used for residential purposes and that the total gross annual income of residents/households meets the current CARE income eligibility requirements.
5. Once enrolled, the Utilities may ask the applicant or owner of the facility to recertify the CARE eligibility of the resident/household to continue benefits.

The Utilities should regularly monitor HCD's website for updates on new grants awarded for Homekey facilities. Homekey facilities may not currently exist in each service territory, but the Utilities should plan to implement AB 2672, as noted above, once awards are announced in their service territory. Additionally, the Utilities should use their marketing, education, and outreach campaigns to increase CARE awareness to qualified Homekey facilities and track and report implementation of AB 2672 in their existing monthly and annual reports. The enrollment goals for CARE, as outlined in D.21-06-015 for the IOUs and D.21-10-023 for the SMJUs, remain unchanged.¹⁰

Implementation of SB 1130 (FERA)

On September 27, 2024, Governor Newsom also signed into law SB 1130,¹¹ which amended P.U. Code Section 739.12. SB 1130 removes the household income eligibility requirement of three or more persons and requires the FERA IOUs to expand and report enrollment efforts. Section 739.12 states:

(a) The commission shall continue a program of assistance to residential customers of the state's three largest electrical corporations consisting of households with total household annual gross income levels between 200 percent and 250 percent of the federal poverty guideline level. The program shall continue to be referred to as the Family Electric Rate Assistance or FERA program.

(b) The FERA program discount shall be an 18-percent line-item discount applied to an eligible customer's bill calculated at the applicable rate for the billing period.

(c) The commission shall authorize the state's three largest electrical corporations to increase or expand marketing and outreach efforts beyond those in effect as of December 31, 2018, to increase eligible customer participation in the FERA program.

(d) (1) The commission, by March 1, 2025, and each year thereafter, shall require the state's three largest electrical corporations to report on their efforts to enroll customers in the FERA program.

¹⁰ IOUs, *see* D.21-06-015, Attachment 1. SMJUs, *see* D.21-10-023 at 18.

¹¹ SB 1130, https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1130.

(2) The commission, by June 1, 2025, and each year thereafter, shall review each electrical corporation's report to ensure it has made reasonable efforts to enroll eligible households in the FERA program commensurate with the proportion of households the commission determines to be eligible within the electrical corporation's service territory.

(3) If the commission, in its review of an electrical corporation's report, determines the electrical corporation has not made reasonable efforts to enroll eligible households in the FERA program commensurate with the proportion of households the commission determines to be eligible within the electrical corporation's service territory, the commission shall require the electrical corporation to develop a strategy and plan to sufficiently enroll eligible households within three years of the adoption of the strategy and plan.

(4) An electrical corporation may market enrollment for the FERA program separately from the CARE program and provide a separate FERA program-only application form.

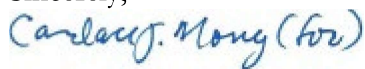
SB 1130 removed the FERA household size requirement, allowing income-eligible households of any household size to enroll in FERA. Although P.U. Section 739.1(f)(2) mandates that the Utilities provide a single application form for both the CARE and FERA programs, P.U. Code Section 739.12(d)(1)(4) now allows the FERA IOUs the option to offer a separate application form specifically for FERA-only applicants.

The FERA IOUs should use their existing authorized FERA administrative budgets for 2025 and 2026 to implement SB 1130 by June 1, 2025. PG&E and SCE have confirmed that their FERA administrative budgets for 2025 and 2026 are sufficient to implement SB 1130.¹²

SDG&E has indicated that it anticipates it may require an additional \$135,391 to implement SB 1130 by June 1, 2025. According to SDG&E, additional funding is needed specifically for IT development and testing due to the changes in the FERA income limits and the optional development of a separate FERA application, including translation costs.¹³ To seek this funding, SDG&E may submit a Tier 3 advice letter requesting additional FERA administrative funding for Program Year 2025 to implement SB 1130. SDG&E should submit the Tier 3 advice letter within 30 days of the issuance of this Letter.

If you have any questions regarding the income limits, please contact Jennifer Gordon at jennifer.gordon@cpuc.ca.gov. For questions regarding the implementation of AB 2672 or SB 1130, please contact Cheryl Wynn at cheryl.wynn@cpuc.ca.gov.

Sincerely,



Leuwam Tesfai
Deputy Executive Director, Energy and Climate Policy /
Director of Energy Division

¹² Responses to Energy Division Staff data requests submitted on January 24, 25, and 27, 2025, by PG&E, SCE, SDG&E, and SoCalGas.

¹³ Responses to Energy Division Staff data requests submitted on January 27, 2025, February 7, and 24, 2025.

Leuwam.Tesfai@cpuc.ca.gov

Suburban Water Systems
1325 N. Grand Ave. Ste. 100
Covina, CA 91724-4044

Revised
Canceling Revised

Cal. P.U.C. Sheet No. 2037-W
Cal. P.U.C. Sheet No. 2007-W

Schedule No. CAP-1

SAN JOSE HILLS AND WHITTIER/LA MIRADA SERVICE AREAS
CUSTOMER ASSISTANCE PROGRAM (CAP)
(Continued)

Income Qualification guidelines (Effective June 1, 2025 through May 31, 2026) (T)

Total persons In household	Maximum total combined Annual income	
1 - 2	\$ 42,300	(T)
3	\$ 53,300	
4	\$ 64,300	
5	\$ 75,300	
6	\$ 86,300	
7	\$ 97,300	
8	\$108,300	

For each additional person, add \$11,000 to the total combined annual income. (T)

SPECIAL CONDITIONS

1. As authorized by the California Public Utilities Commission (C.P.U.C.), all qualified Customer Assistance Program (CAP) participants will receive a monthly surcredit of \$1.61. This surcredit will provide an additional CAP credit for the difference between the interim rate implemented on January 1, 2024 and pursuant to Decision 24-12-030 the rates approved in Advice Letter 406-W. This surcredit shall commence on the effective date of Advice Letter 407-W, and remain in effect for an estimated 12-month period.

(To be inserted by utility)

Issued by

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

Advice Letter No. 413-W

Craig D. Gott

Date Filed

Name

Decision No.

President

Effective

Title

Resolution No.

Suburban Water Systems
1325 N. Grand Ave. Ste. 100
Covina, CA 91724-4044

Revised Cal. P.U.C. Sheet No. 2038-W
Canceling Revised Cal. P.U.C. Sheet No. 1995-W

Form No. 18
CUSTOMER ASSISTANCE PROGRAM (CAP)

(To be inserted by utility)

Issued by

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

Advice Letter No.	<u>413-W</u>	<u>Craig D. Gott</u>	Date Filed	<u></u>
		Name		
Decision No.	<u></u>	<u>President</u>	Effective	<u></u>
		Title		
			Resolution No.	<u></u>

CAP* DISCOUNT

Sign Up Today!

Scan the QR code to complete
the online application form



Need a Helping Hand?



Suburban is pleased to provide the
CAP* Program — a **Low-Income Rate Assistance**
program for qualifying residential customers*

CAP* provides an adjustment of \$9.04 on your water bill each
month, for Suburban customers on a low-income budget.

The easiest way to qualify for **CAP*** is to demonstrate
that you participate in your gas or electric utility's
low-income assistance program. There are two ways to
qualify:

OPTION 1: If you participate in your electric or gas utility
CARE program, simply **complete the online application**
(scan QR code at the top of the page), mark Option 1,
and attach a copy of a recent Southern California Edison
or Southern California Gas Company bill. Or fill out the
application (on the reverse side), mark Option 1, attach a
copy of a recent Southern California Edison or Southern
California Gas Company bill, and mail it to: Suburban
Water Systems, 1325 N. Grand Ave, Suite 100, Covina, CA
91724-4044.

OPTION 2: If you have a low-income budget, but do not
participate in CARE, you may qualify by certifying that
your household income meets the requirements shown
in Option 2 online and on the reverse side. If you meet
those requirements, **fill out the application online** (scan
QR code at the top of the page), and mark Option 2.
Or fill out the application (on the reverse side), mark
Option 2, and mail it to: Suburban Water Systems,
1325 N. Grand Ave., Suite 100, Covina, CA 91724-4044.

CAP* is not a retroactive program. Suburban Water
Systems uses a biannual renewal process for this
program and will send out renewal notices in
advance of the renewal date. Qualified customers
will begin receiving an adjustment in the month
that follows their acceptance into the program. If
you have additional questions about the **CAP***
program or to obtain additional applications in
English or Spanish, visit our website at
www.swwc.com/suburban/lira or call customer
service at 800.203.5430 (TTY 877.405.1710).

*The California Public Utilities Commission (CPUC)
has also approved **CAP*** for qualified non-profit
group living facilities, agricultural employee housing
facilities, and migrant farm worker housing centers.
Contact our customer service department at
800.203.5340 if you would like to receive an
application for one of these types of residences.



**Suburban
Water Systems**

*Formerly LIRA/WISH

Suburban Water Systems

CAP* Application

Scan the QR code to
complete the online
application form



Name

(As is appears on your water bill)

Customer Account Number

Service Address

Street

City

State

Zip

Mailing Address

If different from service address

Street

City

State

Zip

Daytime Phone Number

Total Persons Living in Household

Adults + Children = Total

Choose your option:

OPTION 1

☐

I do participate in CARE, the low-income assistance programs of either Southern California Edison or Southern California Gas Company. I am attaching a copy of a recent Southern California Edison or Southern California Gas Company bill to demonstrate my participation in CARE.

OPTION 2

☐

I do not participate in CARE, the low-income assistance programs of either Southern California Edison or Southern California Gas Company. However, I certify that I do qualify for CAP* because my annual household income is below CAP* income guidelines, or I participate in a public assistance program.

HOUSEHOLD INCOME STATEMENT

Maximum Household Income

Your household's gross annual income must be below CAP* income guidelines:

Total persons in household	Total combined annual income
1-2	\$ 42,300
3	\$ 53,300
4	\$ 64,300
5	\$ 75,300
6	\$ 86,300
7	\$ 97,300
8	\$ 108,300

For each additional person, add \$11,000 to the total combined annual income.

My annual household income is \$ _____

Please fill in circle next to all sources of your household's annual income.

- | | |
|---|---|
| <input type="radio"/> Wages or salaries | <input type="radio"/> Disability payments |
| <input type="radio"/> Interest and/or dividends from: | <input type="radio"/> Workers compensation |
| <input type="radio"/> Savings accounts | <input type="radio"/> Social Security, SSI, SSP |
| <input type="radio"/> Stocks or bonds, or | <input type="radio"/> Pensions |
| <input type="radio"/> Retirement accounts | <input type="radio"/> Insurance settlements |
| <input type="radio"/> Unemployment benefits | <input type="radio"/> Legal settlements |
| <input type="radio"/> Rental or royalty income | <input type="radio"/> TANF (AFDC) |
| <input type="radio"/> School grants, scholarships or other aid used for living expenses | <input type="radio"/> Food stamps |
| <input type="radio"/> Profit from self-employment (IRS form Schedule C, Line 29) | <input type="radio"/> Child support |
| | <input type="radio"/> Spousal support |
| | <input type="radio"/> Cash and/or other income |

The income guidelines listed above are effective June 1, 2025 through May 31, 2026.

PUBLIC ASSISTANCE PROGRAM ELIGIBILITY

Do you participate in any of the following programs? If so, please check (✓) the program(s) below.

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

DECLARATION

Please read carefully and sign:

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 Suburban Water Systems if I no longer qualify for CAP*. I realize that if I receive the adjustment to my bill without qualifying for it, I may be required to return the adjustment I received. I understand that Suburban Water Systems can share my information with other utilities or their agents to enroll me in their assistance programs.

Sign Here

Customer Signature

Date

*Formerly LIRA/WISH



Suburban
Water Systems

1325 N. Grand Ave., Suite 100
Covina, CA 91724-4044

CAP* DESCUENTO ¡Inscríbese Hoy!

Escanee el código QR
para llenar el formulario
de la solicitud en línea



Need a Helping Hand?



Suburban se complace en proporcionar el Programa **CAP***
Program — an **Programa de Asistencia con Tarifas para
Bajos Ingresos** para clientes residenciales calificados*

CAP* proporciona un ajuste de \$9.04 en su factura de agua
cada mes, para clientes de Suburban con bajos ingresos.

La forma más fácil de calificar para **CAP*** es demostrar que participa en el programa de asistencia para personas con bajos ingresos de su servicio de gas o electricidad. Existen dos formas para calificar:

OPCIÓN 1: Si participa en el programa CARE de sus servicios públicos de electricidad o gas, simplemente **complete la solicitud en línea** (escanee el código QR en la parte superior de la página), marque la opción 1 y adjunte una copia de una factura reciente de Southern California Edison o de Southern California Gas Company. O llene la solicitud (en el reverso), marque la opción 1, adjunte una copia de una factura reciente de Southern California Edison o Southern California Gas Company y envíela por correo a: Suburban Water Systems, 1325 N. Grand Ave, Suite 100, Covina, CA 91724-4044.

OPCIÓN 2: Si tiene bajos ingresos, pero no participa en CARE, puede calificar certificando que los ingresos de su hogar cumplen con los requisitos que se muestran en la Opción 2 en línea y en el reverso. Si cumple con esos requisitos, **complete la solicitud en línea** (escanee el código QR en la parte superior de la página) y marque la opción 2 o llene la solicitud (en el reverso), marque la opción 2 y envíela por correo a: Suburban Water Systems, 1325 N. Grand Ave., Suite 100, Covina, CA 91724-4044.

CAP* no es un programa retroactivo. Suburban Water Systems utiliza un proceso de renovación semestral para este programa y enviará avisos de renovación antes de la fecha de renovación. Los clientes calificados comenzarán a recibir un ajuste en el mes siguiente a su aceptación en el programa. Si tiene preguntas adicionales sobre el programa **CAP*** o para obtener solicitudes adicionales en inglés o español, visite nuestro sitio web en www.swwc.com/suburban/lira o llame al servicio de atención al cliente al 800.203.5430 (TTY 877.405.1710).

*La Comisión de Servicios Públicos de California (CPUC, por sus siglas en inglés) también ha aprobado **CAP*** para instalaciones calificadas de vivienda grupal sin fines de lucro, instalaciones de vivienda para empleados agrícolas y centros de vivienda para trabajadores agrícolas migrantes. Comuníquese con nuestro departamento de servicio al cliente al 800.203.5340 si desea recibir una solicitud para uno de estos tipos de residencias.

*Formalmente LIRA/WISH



**Suburban
Water Systems**

Solicitud para CAP* de Suburban Water Systems

Escanee el código QR para completar el formulario de la solicitud en línea



Nombre

(Tal y como aparece en su factura de agua)

Número de Cuenta de Cliente

Dirección de Servicio

Calle

Ciudad

Estado

Zip

Dirección Postal

Si es diferente de la dirección de servicio Calle

Ciudad

Estado

Zip

Número de Teléfono de Día

Total de Personas que Viven en el Hogar

Adultos + Niños = Total

Elija su opción:

OPCIÓN 1

☐

Yo participo en el programa CARE, los programas de asistencia para personas con bajos ingresos de Southern California Edison o Southern California Gas Company. Adjunto una copia de una factura reciente de Southern California Edison o Southern California Gas Company para demostrar mi participación en CARE.

OPCIÓN 2

☐

Yo No participo en el programa CARE, los programas de asistencia para personas de bajos ingresos de Southern California Edison o Southern California Gas Company. Sin embargo, certifico que califico para CAP* porque el ingreso anual de mi hogar está por debajo de las pautas de ingresos de CAP*, o participo en un programa de asistencia pública.

DECLARACIÓN DE INGRESOS DEL HOGAR

Ingreso Máximo del Hogar

El ingreso bruto anual de su hogar debe estar por debajo de las pautas de ingresos de CAP*:

Total de personas en el hogar	Ingreso anual total combinado
1-2	\$ 42,300
3	\$ 53,300
4	\$ 64,300
5	\$ 75,300
6	\$ 86,300
7	\$ 97,300
8	\$ 108,300

Por cada persona adicional, agregue \$11,000 al ingreso anual total combinado.

El ingreso anual de mi hogar es \$ _____

Llene el círculo junto a todas las fuentes de ingresos anuales de su hogar.

- | | |
|---|---|
| <input type="radio"/> Sueldos o salarios | <input type="radio"/> Pagos por discapacidad |
| <input type="radio"/> Intereses y/o dividendos de: | <input type="radio"/> Compensación de |
| <input type="radio"/> Cuentas de ahorro | <input type="radio"/> trabajadores |
| <input type="radio"/> Acciones o bonos, o | <input type="radio"/> Seguro Social, SSI, SSP |
| <input type="radio"/> Cuentas de jubilación | <input type="radio"/> Pensiones |
| <input type="radio"/> Prestaciones por desempleo | <input type="radio"/> Liquidación de seguros |
| <input type="radio"/> Ingresos por alquiler o regalías | <input type="radio"/> Acuerdos legales |
| <input type="radio"/> Subsidios escolares, becas u otras ayudas utilizadas para gastos de manutención | <input type="radio"/> TANF (AFDC) |
| <input type="radio"/> Ganancias por autoempleo (Formulario del IRS, Schedule C, Línea 29) | <input type="radio"/> Estampillas de alimentos |
| | <input type="radio"/> Manutención infantil |
| | <input type="radio"/> Manutención de cónyuge |
| | <input type="radio"/> Efectivo y/u otros ingresos |

Las pautas de ingresos enumeradas anteriormente están vigentes desde el 1 de Junio de 2025 hasta el 31 de Mayo de 2026.

PUBLIC ASSISTANCE PROGRAM ELIGIBILITY

¿Usted participa en alguno de los siguientes programas? Si es así, marque (✓) a los programas a continuación.

- | | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> Medi-Cal/Medicaid | <input type="checkbox"/> WIC | <input type="checkbox"/> SSI | <input type="checkbox"/> Asistencia General de la Agencia de Asuntos Indígenas | <input type="checkbox"/> Ingreso Head Start (solo para tribus) |
| <input type="checkbox"/> Estampillas de alimentos/SNAP | <input type="checkbox"/> Healthy Families A&B | <input type="checkbox"/> National School Lunch (NSL) | | |
| <input type="checkbox"/> TANF/Tribal TANF | <input type="checkbox"/> LIHEAP | | | |

DECLARACIÓN

Por favor, lea atentamente y firme:

La información que he proporcionado en esta solicitud es verdadera y correcta. Acepto proporcionar un comprobante de ingresos si me lo piden. Estoy de acuerdo en informar a Suburban Water Systems si ya no califico para CAP*. Entiendo que si recibo el ajuste de mi factura sin calificar para él, es posible que deba devolver el ajuste que recibí. Entiendo que Suburban Water Systems puede compartir mi información con otras empresas de servicios públicos o sus agentes para inscribirme en sus programas de asistencia.

*Formalmente LIRA/WISH



Suburban Water Systems

1325 N. Grand Ave., Suite 100
Covina, CA 91724-4044

Firma Aquí

Firma del Cliente

Fecha

Suburban Water Systems
1325 N. Grand Ave., Ste. 100
Covina, CA 91724-4044

Revised
Canceling Revised

Cal. P.U.C. Sheet No. 2039-W
Cal. P.U.C. Sheet No. 2036-W

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(Continued)

(To be inserted by utility)

Issued by

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

Advice Letter No. 413-W

Craig D. Gott

Date Filed

Name

Decision No.

President

Effective

Title

Resolution No.

Suburban Water Systems
1325 N. Grand Ave., Ste. 100
Covina, CA 91724-4044

Revised Cal. P.U.C. Sheet No. 2040-W
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(To be inserted by utility)

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Advise Letter No. 413-W	Craig D. Gott	Date Filed
	Name	
Decision No.	President	Effective
	Title	
		Resolution No.