

LOW-INCOME RATEPAYER ASSISTANCE PROGRAM

Valencia Water Company is pleased to offer a Low-Income Ratepayer Assistance Program (LIRA).

To apply for the LIRA Program, please complete the application on the reverse side and submit to Valencia Water Company. You will receive the discount on the next bill after your application is verified and processed by Valencia Water Company. If you need help completing the application or would like more information about the program, call (661) 294-0828 or visit our office.

What are the qualifications?

To qualify for the Low-Income Ratepayer Assistance Program, I understand:

- The water utility bill for service to my residence must be in my name.
- I must be an individually metered residential customer.
- I must not be claimed as a dependent on another person's tax return.
- My total combined annual income must not exceed the maximum qualifying household income levels specified below. Gross annual household income is the gross income of all persons residing in my home, as further defined below.
- I must re-apply any time I change my principal residence.
- I must renew my application every 2 years, or sooner, if requested.
- I must notify the Company within 30 days if I no longer qualify for the LIRA program.

Public Assistance Program Eligibility:

If you participate in any of the following programs, you do not need to submit income documentation in order to qualify for enrollment:

- Medi-Cal / Medicaid
- Food Stamps / SNAP
- Head Start Income Eligible (Tribal Only)
- Healthy Families A&B
- Temporary Assistance for Needy Families (TANF / Tribal TANF)
- Women, Infants and Children (WIC)
- Bureau of Indian Affairs General Assistance
- National School Lunch
- Supplemental Security Income (SSI)
- Low Income Home Energy Assistance Program (LIHEAP)

Income Guidelines:

I understand that for the LIRA program "Total Combined Annual Income" means all money and non-cash benefits available for living expenses, from all sources, both taxable and non-taxable, before tax deductions, by or for all persons residing in my home for the most recently ended calendar year.

These income limits are effective until May 31, 2018.

<u>Number of Persons in Household</u>	<u>Total Combined Annual Income*</u>
1-2	up to \$32,480
3	up to \$40,840
4	up to \$49,200
5	up to \$57,560
6	up to \$65,920
7	up to \$74,280
8	up to \$82,640
Each additional person	an additional \$8,360

*Current gross (before taxes) household income from all sources

**VALENCIA WATER COMPANY
LOW-INCOME RATEPAYER ASSISTANCE PROGRAM (LIRA)
APPLICATION INFORMATION (please print clearly)**

Individually Metered Residential Customers Only

1. CUSTOMER INFORMATION:

Applicant's Name as shown on water bill:

Valencia Water Company Account No. _____

Service Address _____

Telephone No. (home) _____ (work) _____

Number of persons living in household _____

2. PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

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

- | | |
|---|---|
| <input type="checkbox"/> Medi-Cal / Medicaid | <input type="checkbox"/> Women, Infants and Children (WIC) |
| <input type="checkbox"/> Food Stamps / SNAP | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> Head Start Income Eligible (Tribal Only) | <input type="checkbox"/> National School Lunch |
| <input type="checkbox"/> Healthy Families A&B | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF / Tribal TANF) | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |

3. MAXIMUM HOUSEHOLD INCOME:

If you participate in any of the Public Assistance Programs in Section 2, then SKIP to Section 4.

Total Combined Annual Household Income \$ _____

4. DECLARATION:

By signing below, I certify under penalty of perjury that the information I have provided is true and correct and that I will notify my water utility of any changes that may affect my eligibility. I agree to provide proof of income, if asked. 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.

Applicant's Signature _____

Date Signed _____

Please complete the application and mail to Valencia Water Company, 24631 Avenue Rockefeller, Valencia, CA 91355 or you may bring the application to our office at the same address. For questions please call (661) 294-0828.

For Valencia Water Company Use Only:

Date Received: _____ Documentation Provided: _____

Date Effective: _____ Date Verified: _____ Verified by: _____