

Valencia Water Company
 24631 Avenue Rockefeller
 Valencia, CA 91355
 Los Angeles County

Canceling Revised Cal. P.U.C. Sheet No. 579-W
Original Cal. P.U.C. Sheet No. 566-W

Form No. 9
 Valencia Water Company
 Notice and Application for
Low-Income Ratepayer Assistance Program (LIRA)

Valencia Water Company is pleased to offer a Low-Income Ratepayer Assistance Program (LIRA). If you currently qualify for a discount on your electric or gas bill under the CARE program, you would also qualify for a discount on your water bill.

To apply for the LIRA Program, please fill out the application on the reverse side and submit it to Valencia Water Company. You will receive the discount on your next bill after your application is received and verified by the Company. If you need help filling out 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:

- I must be an individually metered residential customer and must receive water service through a 1" or smaller meter.
- The water utility bill for service to my residence must be in my name.
- I must not be claimed as a dependent on another person's tax return.
- My gross annual household income must not exceed the maximum qualifying household income levels specified in Southern California Edison Company's CARE program. *Gross annual household income means the gross income of all persons residing in my home, as further defined below.*
- I must re-apply each time I change my principal residence.
- I must renew my application every 2 years, or sooner, if requested.
- I must notify the utility within 30 days if I become ineligible for LIRA but continue to be a customer of the utility.
- I must provide verification of my household income by providing a utility bill showing participation in the CARE program for electric or gas utility service, or other documentation of income deemed acceptable by Valencia Water Company.
- The listed address must be my current and primary place of residence.

I understand that for the LIRA program, "gross annual household income" means all money and non-cash benefits available for living expenses, received from all sources, both taxable and non-taxable, before any tax deductions, by or for all persons residing in my home during the most recently ended calendar year. I will provide a copy of another utility bill in my name at the same service address showing participation in another low-income program (such as CARE), or other documentation of income deemed acceptable by Valencia Water Company.

<u>Number of Persons in Household</u>	<u>Income Guidelines</u>	<u>Total Combined Annual Income</u>
1-2		up to \$31,300
3		up to \$36,800
4		up to \$44,400
5		up to \$52,000
6		up to \$59,600
each additional person		\$7,600

These income limits are effective until May 31, 2011.

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(To be inserted by utility)

Issued by

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

Advice Letter No. 129

Robert J. DiPrimio
NAME

Date Filed JUN 24 2010

Decision No. _____

President
TITLE

Effective JUN 24 2010

Resolution No. _____

Valencia Water Company
24631 Avenue Rockefeller
Valencia, CA 91355
Los Angeles County

Original _____ Cal. P.U.C. Sheet No. 545-W
Canceling _____ Cal. P.U.C. Sheet No. _____

Form No. 9
Valencia Water Company
Notice and Application for
Low-Income Ratepayer Assistance Program (LIRA)
(continued)

(N)

APPLICATION INFORMATION (please type or print):

Applicant's Name _____

I am a residential customer of Valencia Water Company.
Valencia Water Company Account No. _____

Service Address _____
Mailing Address (if different) _____

Telephone No. (home) _____ (work) _____
Number of people living in household _____
Gross Annual Household Income _____

By signing below, I certify under penalty of perjury that the information provided above is true and correct under the laws of the State of California, that I will provide proof of income, and that I will notify my water utility of any subsequent changes that may affect my eligibility.

Applicant's Signature _____ Date Signed _____

Please fill out the application and mail it to Valencia Water Company, P.O. Box 5904, Valencia, CA 91385 or you can drop the application off at our office located at 24631 Avenue Rockefeller in Valencia. For questions, please call (661) 294-0828.

ATTACH A COPY OF AN ELECTRIC OR GAS BILL IN YOUR NAME FOR THE SERVICE ADDRESS LISTED ABOVE, SHOWING PARTICIPATION IN A "CARE" PROGRAM. Contact Valencia Water Company for other options if you do not have an electric or gas bill at the service address listed above.

For Valencia Water Company Use Only:

Date Received: _____ Documentation Provided: _____
Date Effective: _____ Date Verified: _____ Verified by: _____

(N)

(To be inserted by utility)

Issued by

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

vice Letter No. 112

Robert J. DiPrimio
NAME

Date Filed DEC 28 2006

Decision No. D.06-11-051

President
TITLE

Effective JAN 27 2007

Resolution No. _____