PALMDALE WATER DISTRICT
A CENTURY OF SERVICE

RATE ASSISTANCE PROGRAM (PWDRAP)
APPLICATION CALENDAR YEAR 2020

Applicant's Name: _____ Tenant Yes ☐ No ☐

Account Holder's Name: _____ Social Security # (last 4):_____

Service Address: _____ Date of Birth:_____

Account Number: _____ Phone: _____

Email Address: _____

- Number of person(s) in your household: _____ (Proof of residency required.)
  Acceptable documents displaying the occupancy address are as follows:
  - Copy of last year's Federal or State income tax return (listing dependents)
  - Valid California Driver's license
  - Formal change of address form from USPS
  - Lease agreement
  - Voided blank checks with preprinted name and address
  - (For Minors) -A child's birth certificate, current year student I.D. card, or current year report card.

- Total Gross Annual Household Income for all person(s) in your household: $_____ **(This is income before deductions.)**
- Can anyone else claim you as a dependent on his/her income tax return? Yes ☐ No ☐
- Which utility CARE program are you currently enrolled in? Southern California Edison ☐
  (Please attach a copy of your most recent bill.) Southern California Gas ☐
- Attach a copy of a government issued picture I.D., veterans, or military I.D.
- Attach copy of most recent tax return, Social Security statement, wage statement, or other proof of income.
- Application acceptance period is November through June. New service may apply at the time new service is established.
- If you are a tenant, please attach copy of rental agreement and have property owner complete the Affidavit of Lessee Responsibility form, which can be obtained at the PWD office or on the web at www.palmdalewater.org.

Declaration and Self-Certification Statement

I declare that the information I have provided in this application and supporting documents is true and correct. I agree to provide proof of income in a form requested by PWD. I agree to inform PWD if I no longer qualify to receive rate assistance. I know that if I receive any rate assistance without qualifying for it, I may be required to pay back the amount of assistance received.

Applicant's Signature: _____ Date: _____

FOR PWD USE ONLY:

Date Received and Initials: _____

Processed By: _____

Date Approved: _____

Date Denied: _____

Please return application and supporting documents to:

Palmdale Water District
2029 E. Avenue Q Palmdale,
CA 93550

About PWDRAP

The Palmdale Water District (PWD) is pleased to offer a Rate Assistance Program (RAP) to our customers who are 62 years of age or older, veterans or low-income families meeting the eligibility requirements identified below. If your household qualifies for a discount on your energy bill under the electric or gas CARE program(s), you may also qualify for rate assistance of up to fifty percent (50%) of the monthly service charge on your water bill.

To apply for PWDRAP for your residence, please fill out this application and submit the required documentation to PWD. If approved, the rate assistance will become effective within sixty (60) days after the date of approval and is good for that calendar year only. If your application is not approved, you will receive a letter explaining the reason(s) for the decision. Applications will be accepted and processed in the order they are received, contingent upon the availability of funds.

If you need assistance in completing the application or would like more information about the program, call PWD at 661-947-4111, option 2, and speak to a Customer Care Representative, or visit our office at 2029 East Avenue Q, Palmdale, or go to our web site at www.palmdalewater.org

INCOME REQUIREMENTS
(Effective June 1, 2019 through May 31, 2020)
Source: California PUC Alternative Rates for Energy (CARE)

Number of person(s) living in residence	Maximum total "gross household income" from all sources
1-2	$33,820
3	$42,660
4	$51,500
5	$60,340
6	$69,180
7	$78,020
8	$86,860
Each Additional Person	$8,840

What Counts as Income?

Total gross household income is all revenues from all household members, from whatever sources derived, including but not limited to: wages; salaries and other employment-related compensation; interest; dividends; spousal and child support payments; public assistance payments; Social Security and pensions; rental income; income for selfemployment; and all employment-related non-cash income.

What are the Qualifications?

- Must complete and submit application. Applications will be accepted on a first-come, first-served basis, contingent upon availability of funds. Low-income senior applications take priority; however, if funds are available, we will process veterans and low-income family applications in that order.
- Must participate in the Southern California Edison or Southern California Gas CARE program.
- Total gross household income cannot exceed the amounts shown on the "Income Requirements" table.
- Must be a PWD residential customer and receive water through a 1" (1 inch) or smaller meter.
- Must provide verification of age and household income as required by the District.
- May not be claimed as a dependent on another person's federal or state income tax return.
- If the applicant is a tenant, copy of the rental agreement must be attached to this application along with affidavit.
- May be required to provide proof of ownership by means requested by PWD.
- Must reapply annually and/or each time you move.
- Must notify PWD within thirty (30) days if you become ineligible.
- Assistance is nontransferable with property or applicant
- Applicant may not own more than one property.

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AFFIDAVIT OF LESSEE/TENANT RESPONSIBILITY FOR WATER BILLS

I, _____, do hereby affirm and say:

1. That I am the Landlord/Owner of the property located at _____ _____ Palmdale, CA. (Zip Code) _____
2. That this property is a single residence.
3. That the water account number is: _____.
4. That the following information, as provided, is true and correct to the best of my knowledge:

   Lessee/Tenant responsible for paying the water bill:

   Name: _____ _____

   Telephone: _____
5. That on _____ a lease/agreement was executed for the above described premises with said lease, requiring said lessee/tenant to be responsible for all water bills incurred during the term of the lease. This lease includes _____ (number of residents).
6. That the expiration of said lease/agreement is _____.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct. Executed this ____ day of _____, 20 ___.

By Landlord/Owner:

Name: _____

Social Security # (last 4): _____

Mailing address: _____

Telephones: Cell: _____ Home/Office: _____

Signature: _____