PALMDALE WATER DISTRICT

2029 East Avenue Q • Palmdale, California 93550 • Telephone (661) 947-4111 • Fax (661) 947-8604

Board of Directors

ROBERT E. ALVARADO Division 1 | JOE ESTES Division 2 | GLORIA DIZMANG Division 3 | KATHY MAC LAREN Division 4 | VINCENT DINO Division 5

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Palmdale Water District Rate Assistance Program (PWDRAP) Application
Calendar Year 2015

Applicant's Name: _____ Tenant ☐ Yes ☐ No

Account Holders Name: _____ Social Security # (last 4): _____

Service Address: _____ Date of Birth: _____

Account Number: _____ Phone: _____

E-mail Address: _____

- Number of person(s) in your household: _____
- 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? (Please attach a copy of your most recent bill)
  Southern California Edison ☐
  Southern California Gas ☐
- Attach a copy of a government issued picture I.D.
- Attach copy of prior year tax return or social security statement.
- **If you are a tenant, please attach copy of rental agreement and have property owner complete the affidavit of lessee responsibility which can be obtained at District 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 the District. I agree to inform the District 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.

Account Holder Signature: _____ Date: _____

For District 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 is pleased to offer a Rate Assistance Program to our customers, 62 years of age or older, and low income families who meet 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%) on the monthly service charge on your water bill. Low income senior applications take priority; however, if funds are available we will process low income family applications.

To apply for PWDRAP at your residence, please fill out this application and submit the required documentation to the District. If approved, the rate assistance will become effective within sixty (60) days after the date of approval. If your application is not approved, you will receive a letter from the District explaining the reason for that decision. Applicants may apply any time throughout the year; however, 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 the District at 661-947-4111, option 2, and speak to a Customer Service Representative, or visit our office at 2029 East Avenue Q, Palmdale, CA 93550, or on the web at www.palmdalewater.org

INCOME REQUIREMENTS (Effective June 1, 2014 through May 31, 2015) Source: California PUC Alternative Rates for Energy (CARE)	
Number of person(s) living in residence	Maximum total "gross household income" from all sources
1	$31,460
2	$31,460
3	$39,580
4	$47,700
5	$55,820
6	$63,940
7	$72,060
8	$80,180
Each Additional Person	$8,120

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 self-employment, 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.
- Must qualify for 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 District residential customer and receive water through a 5/8" or 3/4" 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.
- May be required to provide proof of ownership by means requested by the District.
- Must reapply annually and/or each time you move.
- Must notify the District within thirty (30) days if you become ineligible.
- Assistance is nontransferable with property or applicant.

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AFFIDAVIT OF LESSEE RESPONSIBILITY FOR WATER BILLS

I, _____, do hereby affirm and say:

1. That I am the Landlord/Owner of the property located at _____ _____ Palmdale, CA.

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: _____

   E-mail address: _____

5. That on _____ a lease 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.

6. That the expiration of said lease 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: _____ E-mail address: _____

   Last four of social security number: _____

   Mailing address: _____

   Telephones: Cell: _____ Home/Office: _____

   Signature: _____