



**Low Income Wastewater Utility Reduction Program &
Fire Suppression Assessment Fee Waiver Program Application**
For Period Ending June 30, 2011
Please Print Or Type

*******See Reverse for Instructions and Information*******

Applying For:

(Check One or Both)

- Wastewater Rate Reduction
 Fire Suppression Assessment Fee Waiver

1. ACCOUNT NUMBER _____

2. APPLICANT'S NAME _____

3. SERVICE ADDRESS _____
(Do Not Use a P.O. Box)

4. MAILING ADDRESS (If Different From Above) _____

5. DAYTIME TELEPHONE NUMBER: _____ ALTERNATIVE NUMBER: _____

6. NAME ON BILL - If Different From Applicant _____

7. Applicant **MUST** supply the following and attach proof with application:

- a. Copy of current CA Drivers License or CA Identification
 - b. Copy of latest PG&E bill showing CARE program eligibility (see instructions on reverse for information on CARE)
- NOTE: Service Address must match CA Drivers License and PG&E bill

8. CHECK if you rent and your utility bill is included in your monthly rental.

9. If all the information is not provided, my rate reduction may be denied or delayed. The information on this application will be used to determine my eligibility for the Low Income Fire Assessment Waiver Program and/or the CCSD's Wastewater Reduction Program rate. I understand that submittal of false information may result in the District discontinuing service to my household until such time as the reductions received under this program are paid back.

Applicant's Signature

Date

Witness Signature (Sign here if the applicant signed with a mark)

-----THIS SECTION IS FOR THE OWNER OR MANAGER OF A MULTIPLE TENANT PROJECT-----
I understand that for an eligible household to receive this reduction in a multiple tenant project that is on a single water meter, the owner must agree to pass the savings on to the qualifying households. The owner must also agree to allow District to audit project records verifying that the savings are being passed on to those households. If a rate reduction is approved for eligible households in the project I agree to these conditions.

OWNER/MANAGER

Date

-----THIS SECTION IS FOR CCSD USE ONLY-----

This request has been _____ Approved _____ Denied

Authorizing signature

Date

INSTRUCTIONS

PLEASE READ. THIS INFORMATION IT WILL HELP YOU COMPLETE THE APPLICATION CORRECTLY.

HOW DO I QUALIFY FOR CCSD's FIRE SUPPRESSION FEE ASSESSMENT WAIVER PROGRAM AND/OR THE WASTEWATER UTILITY RATE REDUCTION PROGRAM FOR LOW INCOME CCSD RESIDENTS

1. The Low Income Wastewater Rate Reduction Program provides for a 40% discount on wastewater charges up to a maximum of 12 units per billing cycle.
2. The Fire Suppression Assessment Fee Waiver Program for Low Income Property Owners provides for a full waiver of the annual assessment levied by the District for fire suppression purposes (approximately \$50 per year).

You may qualify for the Low Income Reduction Program if you meet eligibility criteria established by the California Public Utilities Commission for the Pacific Gas and Electric (PG&E) California Alternative Rates for Energy (CARE) discount program for low income households and housing facilities. Further information on the CARE program is available by calling 1-866-PGE-CARE or from the PG&E web site (www.pge.com).

IMPORTANT NOTES:

1. To participate in the CCSD Programs you may not own real property, except the home receiving service that has a value of \$30,000, or more.
2. Customers participating in the program(s) must also agree to implement water conservation programs as recommended by the District and to follow proper weed abatement procedures, as determined by the Fire Chief, for fire protection.

DO I STILL QUALIFY FOR A REDUCTION IF I LIVE IN A MULTIPLE TENANT PROJECT (TRAILER OR MOBILE HOME PARK, APARTMENT BUILDING ETC.)?

Yes, if the multiple tenant property / project owner agrees, in writing, to pass on the savings to the eligible households in the project. The owner must also agree to permit District to audit project records to verify that the savings are being passed onto the eligible household.

TIPS TO HELP YOU FILL OUT THE APPLICATION.

1. CCSD Account Number assigned to the service address.
6. If the applicant is different from the account name the reduced rate is still available. To qualify, the name of the person on the account for the service address must be provided in Box 6.
7. Your PG&E utility bill will show participation in the CARE program. The District accepts the PG&E income determinations as proof of eligibility.
10. Signature: If the applicant signs with an X, the X must be witnessed and the witness must sign in the space provided.

TERM OF ELIGIBILITY

Customers and multiple projects eligible for the reduction until such time as they no longer meet the established standards. **Eligibility for this program must be renewed annually before July 1 of each year.**

ANYTHING ELSE?

After you have filled in the application please look again to be sure all of the questions have been answered. If the application is incomplete, the reduced rate could be denied or delayed. If you have questions, please call 927-6223.