



**Low Income Wastewater Utility Reduction Program & Fire Suppression Assessment Fee Waiver Program Application**

For Period Ending June 30, 2019

Please Print or Type

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

Applying For:

*(Check One or Both)*

- Wastewater Rate Reduction
- Fire Suppression Assessment Fee Waiver (owners only, no tenants)

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 Driver 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 Driver License and PG&E bill\*\***

8.  CHECK if your 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 SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
Date

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

This request has been \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Authorizing signature \_\_\_\_\_

\_\_\_\_\_  
Date

## **THE FOLLOWING INFORMATION MAY HELP YOU COMPLETE THE APPLICATION.**

### **How do I qualify for CCSD's Low Income Wastewater Utility Reduction Program and/or Fire Suppression Assessment Fee Waiver?**

1. The Low Income Wastewater Utility 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](http://www.pge.com)).

To participate in the CCSD Programs, you may not own real property valued at \$30,000 or more, except the home receiving service.

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.

### **Can I 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 the District to audit project records to verify that the savings are being passed on to the eligible household.

### **Tips to help you fill out the application:**

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

### **Terms of Eligibility:**

Customers and multiple projects are 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 15th of each year.** Please make sure all of the questions have been answered. If the application is incorrect or incomplete, the reduced rate could be delayed or denied. If you have questions, please call (805) 927-6223.