

**CALIFORNIA PUBLIC UTILITIES COMMISSION  
DIVISION OF WATER AND AUDITS**

**Advice Letter Cover Sheet**

**Utility Name:** San Gabriel Valley Water Co.

**Date Mailed to Service List:** 04/21/25

**District:** Los Angeles County and Fontana  
Water Company Divisions

**CPUC Utility #:** U337W

**Protest Deadline (20<sup>th</sup> Day):** 05/11/25

**Advice Letter #:** 619

**Review Deadline (30<sup>th</sup> Day):** 05/21/25

**Tier**    ☒ 1    ☐ 2    ☐ 3    ☒ Compliance

**Requested Effective Date:** 06/01/24

**Authorization**    General Order 96-B, Water Industry  
Rule 7.3.1, D.12-08-044

**Rate Impact:** \$0

**Description:** Update CAP Income Requirement  
Levels for 2025-2026

The protest or response deadline for this advice letter is 20 days from the date that this advice letter was mailed to the service list. Please see the "Response or Protest" section in the advice letter for more information.

**Utility Contact:** Christine Sluss

**Utility Contact:** Joel M. Reiker

**Phone:** (626) 448-6183

**Phone:** (626) 448-6183

**Email:** [csluss@sgvwater.com](mailto:csluss@sgvwater.com)

**Email:** [jmreiker@sgvwater.com](mailto:jmreiker@sgvwater.com)

**DWA Contact:** Tariff Unit

**Phone:** (415) 703-1133

**Email:** [Water.Division@cpuc.ca.gov](mailto:Water.Division@cpuc.ca.gov)

**DWA USE ONLY**

**DATE**

**STAFF**

**COMMENTS**

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

**[ ] APPROVED**

**[ ] WITHDRAWN**

**[ ] REJECTED**

**Signature:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

# SAN GABRIEL VALLEY WATER COMPANY

April 21, 2025

Advice Letter No. 619

U337W

## TO THE PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

San Gabriel Valley Water Company (“San Gabriel” or “Company”) hereby submits the following changes in tariff sheets applicable to its Los Angeles County and Fontana Water Company divisions:

| CPUC<br>Sheet<br>No. | Title                                                            | Schedule<br>No. | Cancelling<br>CPUC Sheet<br>No. |
|----------------------|------------------------------------------------------------------|-----------------|---------------------------------|
| 3450-W               | Customer Assistance Program                                      | LA-CAP          | 3382-W                          |
| 3451-W               | Customer Assistance Program                                      | FO-CAP          | 3383-W                          |
| 3452-W               | Notice & Application for Customer Assistance Program             | Form 16-A       | 3384-W                          |
| 3453-W               | Notice & Application for Customer Assistance Program (continued) | Form 16-A       | 3385-W                          |
| 3454-W               | Notice & Application for Customer Assistance Program             | Form 16-B       | 3386-W                          |
| 3455-W               | Notice & Application for Customer Assistance Program (continued) | Form 16-B       | 3387-W                          |
| 3456-W               | Table of Contents (continued)                                    | N/A             | 3388-W                          |
| 3457-W               | Table of Contents (continued)                                    | N/A             | 3445-W                          |
| 3458-W               | Table of Contents                                                | N/A             | 3449-W                          |

### **Purpose and Background**

The purpose of this advice letter is to update the income eligibility guidelines for San Gabriel’s low-income ratepayer assistance program, Customer Assistance Program (“CAP”) pursuant to D.12-08-044. The eligibility guidelines are modified as follows, in accordance with Leuwam Tesfai’s letter dated March 26, 2025.

| Household Size         | From June 1, 2025 to May 31, 2026 |
|------------------------|-----------------------------------|
| 1-2                    | \$42,300                          |
| 3                      | \$53,300                          |
| 4                      | \$64,300                          |
| 5                      | \$75,300                          |
| 6                      | \$86,300                          |
| 7                      | \$97,300                          |
| 8                      | \$108,300                         |
| Each Additional Person | \$11,000                          |

Because this advice letter only updates the income eligibility guidelines, but does not request a change in rates, a Commission resolution is not required for approval. In accordance with Water Industry Rule 7.3.1, **this advice letter is designated as a Tier 1 advice letter and becomes effective on June 1, 2025.**

### **Service and Notice**

Distribution of this advice letter is being made to the attached service lists in accordance with Water Industry Rule 4.1 of General Order 96-B. No other parties have requested notification of tariff filings related to the Los Angeles County or Fontana Water Company divisions. In accordance with Water Industry Rule 3.3 of General Order 96-B, San Gabriel will also post this advice letter to its websites [www.sgvwater.com](http://www.sgvwater.com) and [www.fontanawater.com](http://www.fontanawater.com).

### **Protest and Responses**

Anyone may respond to or protest this advice letter. A response supports the filing and may contain information that proves useful to the Commission in evaluating the advice letter. A protest objects to the advice letter in whole or in part and must set forth the specific grounds on which it is based. These grounds are:

- (1) San Gabriel did not properly serve or give notice of the advice letter;
- (2) The relief requested in the advice letter would violate statute or Commission order, or is not authorized by statute or Commission order on which San Gabriel relies;
- (3) The analysis, calculations, or data in the advice letter contain material error or omissions;
- (4) The relief requested in the advice letter is pending before the Commission in a formal proceeding;
- (5) The relief requested in the advice letter requires consideration in a formal hearing, or is otherwise inappropriate for the advice letter process; or
- (6) The relief requested in the advice letter is unjust, unreasonable, or discriminatory, provided that such a protest may not be made where it would require relitigating a prior order of the Commission.

A protest may not rely on a policy objection to an advice letter where the relief requested in the advice letter follows rules or directions established by statute or Commission order applicable to the utility. A protest shall provide citations or proofs where available to allow staff to properly consider the protest. A response or protest must be made in writing or by electronic mail and must be received by the Water Division within 20 days of the date this advice letter is filed. The address for mailing or delivering a response or protest is:

Email Address:  
[water.division@cpuc.ca.gov](mailto:water.division@cpuc.ca.gov)

Mailing Address:  
California Public Utilities Commission  
Water Division, 3<sup>rd</sup> Floor  
505 Van Ness Avenue  
San Francisco, CA 94102

On the same date the response or protest is submitted to the Water Division, the respondent or protestant shall send a copy of the protest by mail to San Gabriel addressed as follows:

Email Address:  
[jmreiker@sgvwater.com](mailto:jmreiker@sgvwater.com)

Mailing Address:  
San Gabriel Valley Water Company  
Vice President of Regulatory Affairs  
11142 Garvey Avenue  
El Monte, CA 91733

Cities and counties that need Board of Supervisors or Board of Commissioners approval to protest should inform the Water Division, within the 20 day protest period, so that a late filed protest can be entertained. The informing document should include an estimate of the date the proposed protest might be voted on.

The advice letter process does not provide for any further responses, protests or comments, except for San Gabriel's reply, after the 20-day comment period. San Gabriel will reply to each protest and may reply to any response. Each reply must be received by the Water Division within five business days after the end of the protest period, and shall be served on the same day to the person who filed the protest or response.

If you have not received a reply to your protest within ten business days, contact San Gabriel at (626) 448-6183.

San Gabriel Valley Water Company

/s/ Christine Sluss  
Christine Sluss  
Rate Analyst

cc: Bruce DeBerry, CPUC – Water Division  
Victor Chan, CPUC – Water Branch, Cal Advocates  
Richard Rauschmeier, CPUC – Water Branch, Cal Advocates

11142 GARVEY AVENUE  
EL MONTE, CALIFORNIA 91733

Revised  
Cancelling Revised

Cal. P.U.C. Sheet No. 3450-W  
Cal. P.U.C. Sheet No. 3382-W

**SCHEDULE NO. LA-CAP**  
Los Angeles County Tariff Area  
**CUSTOMER ASSISTANCE PROGRAM**

**APPLICABILITY**

Applicable to residential domestic service to CAP households with a 1-inch or smaller meter, where the customer meets all the Special Conditions of this rate schedule.

**TERRITORY**

Portions of Arcadia, Baldwin Park, City of Commerce, El Monte, City of Industry, Irwindale, La Puente, Montebello, Monterey Park, Pico Rivera, Rosemead, San Gabriel, Santa Fe Springs, South El Monte, West Covina, Whittier and vicinity, Los Angeles County.

**RATES**

Same as provided under Schedule LA-1 or LA-1C, whichever is applicable to the CAP customer, but reduced by a \$10.35 monthly discount.

**SPECIAL CONDITIONS**

1. CAP Household: A CAP Household is a household where the total gross income from all sources is less than shown on the table below based on the number of persons in the household. Total gross income shall include income from all sources, both taxable and non-taxable. Persons who are claimed as dependent on another person's income tax return are not eligible for this program.

| <u>No. of Persons<br/>In Household</u> | <u>Total Gross<br/>Annual Income</u> |
|----------------------------------------|--------------------------------------|
| 1-2                                    | \$42,300                             |
| 3                                      | \$53,300                             |
| 4                                      | \$64,300                             |
| 5                                      | \$75,300                             |
| 6                                      | \$86,300                             |
| 7                                      | \$97,300                             |
| 8                                      | \$108,300                            |

(C)  
|  
(C)

For households with more than eight persons, add \$11,000 annually for each additional person residing in the household.

(C)

(continued)

(To be inserted by utility)

Issued by

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

Advice Letter No. 619

J. M. Reiker

Date Filed

Decision No.

NAME

Effective

Vice President of Regulatory Affairs

TITLE

Resolution No.

11142 GARVEY AVENUE  
EL MONTE, CALIFORNIA 91733

Revised  
Cancelling Revised

Cal. P.U.C. Sheet No. 3451-W  
Cal. P.U.C. Sheet No. 3383-W

**SCHEDULE NO. FO-CAP**  
Fontana Water Company  
**CUSTOMER ASSISTANCE PROGRAM**

**APPLICABILITY**

Applicable to residential domestic service to CAP households with a 1-inch or smaller meter, where the customer meets all the Special Conditions of this rate schedule.

**TERRITORY**

Portions of Fontana, Rancho Cucamonga, Rialto, and vicinity, San Bernardino County.

**RATES**

Same as provided under Schedule FO-1 or FO-1C, whichever is applicable to the CAP customer, but reduced by a \$10.35 monthly discount.

**SPECIAL CONDITIONS**

1. CAP Household: A CAP Household is a household where the total gross income from all sources is less than shown on the table below based on the number of persons in the household. Total gross income shall include income from all sources, both taxable and non-taxable. Persons who are claimed as dependent on another person's income tax return are not eligible for this program.

| <u>No. of Persons<br/>In Household</u> | <u>Total Gross<br/>Annual Income</u> |
|----------------------------------------|--------------------------------------|
| 1-2                                    | \$42,300                             |
| 3                                      | \$53,300                             |
| 4                                      | \$64,300                             |
| 5                                      | \$75,300                             |
| 6                                      | \$86,300                             |
| 7                                      | \$97,300                             |
| 8                                      | \$108,300                            |

(C)  
|  
(C)

For households with more than eight persons, add \$11,000 annually for each additional person residing in the household. (C)

(continued)

(To be inserted by utility)  
Advice Letter No. 619  
Decision No. \_\_\_\_\_

Issued by  
J. M. Reiker  
NAME  
Vice President of Regulatory Affairs  
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(To be inserted by Cal. P.U.C.)  
Date Filed \_\_\_\_\_  
Effective \_\_\_\_\_  
Resolution No. \_\_\_\_\_

11142 GARVEY AVENUE  
EL MONTE, CALIFORNIA 91733

Revised  
Cancelling Revised

Cal. P.U.C. Sheet No. 3452-W  
Cal. P.U.C. Sheet No. 3384-W

**Form No. 16A**  
**San Gabriel Valley Water Company**  
**Los Angeles County Division**  
**Notice and Application for**  
**Customer Assistance Program (CAP)**

**If your household qualifies for a discount on your energy bill under the electric or gas CARE you may also qualify for a discount on your water bill.**

To apply for the CAP program at your residence, please fill out this application and submit it to the water company. You may receive the discount on your next bill after the water company receives, verifies, and approves your completed and signed application. If your application is not approved, you will receive a letter from the water company explaining the reason for denial.

If you need help filling out the application, or would like more information about the program, call (626) 448-6183 or visit the local office.

**INCOME REQUIREMENTS**  
(effective June 1, 2025)

(C)

| Number of Persons<br><u>Living in my Home</u> | Total Combined Income<br><u>From ALL Sources</u> |
|-----------------------------------------------|--------------------------------------------------|
| 1-2                                           | \$42,300                                         |
| 3                                             | \$53,300                                         |
| 4                                             | \$64,300                                         |
| 5                                             | \$75,300                                         |
| 6                                             | \$86,300                                         |
| 7                                             | \$97,300                                         |
| 8                                             | \$108,300                                        |
| For each additional person, add \$11,000      |                                                  |

(C)

(C)

**WHAT ARE THE QUALIFICATIONS?**

To qualify for Schedule No. LA-CAP I understand:

- I am a residential customer and receive water service through a 1 inch or smaller water meter.
- The water utility bill is in my name.
- I must provide verification of my household income if requested. Presentation of a utility bill (electric or gas, showing participation in their rate discount program) is acceptable verification of household income requirement.
- I may not be claimed as a dependent on another person's tax return.
- I or someone in my household participates in a qualifying Public Assistance Program *or* my total annual income does not exceed the amount shown on the above chart. *Total income means the total combined gross household income of all persons living in my home.*
- I must re-apply each time I move.
- I must renew my application every two years, or sooner, if requested.
- I must notify the utility within 30 days if I become ineligible for CAP.

I understand that for CAP "gross household income" means all money and non-cash benefits, available for living expenses, from all sources, both taxable and non-taxable, before deductions, for all people who live in my home. This includes, but is not limited to: wages, salaries, and commissions; child/spousal support; interest, dividends, or withdrawals from savings accounts, stocks and bonds, or retirement accounts such as IRA and 401K accounts; stocks; bonds; business or rental income; support from family or friends; cash gifts; loans; lottery winnings; tax refunds and money from insurance policies or legal settlements; Social Security; retirement, veterans, disability, or unemployment benefits and workers' compensation; AFDC; SSP; school grants, loans, scholarships, or cash and/or other income. Proof of income acceptable to the utility may be required when applying for or renewing application.

(continued)

(To be inserted by utility)

Issued by

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

Advice Letter No. 619

J. M. Reiker

Date Filed

Decision No.

Vice President of Regulatory Affairs

Effective

Resolution No.

**Form No. 16A (continued)**  
**San Gabriel Valley Water Company**  
**División del Condado de Los Angeles**  
**Aviso, Solicitud y Recertificación del**  
**Programa de atención al cliente**  
**(Customer Assistant Program - CAP)**

**Si su hogar está habilitado para recibir un descuento en la factura de energía eléctrica de acuerdo con el programa CARE de energía eléctrica y gas, también podría estar habilitado para recibir un descuento en la factura de agua.**

Si desea solicitar el descuento del programa CAP para su residencia, llene esta solicitud y preséntesela a la empresa de agua. Usted podría recibir el descuento en su próxima factura, después de que la empresa de agua reciba, verifique y apruebe la solicitud que usted llenó y firmó. Si no se aprueba su solicitud, recibirá una carta de la empresa de agua explicando el motivo por el cual se denegó.

Si necesita ayuda para llenar la solicitud o desea obtener mas información acerca del programa, llame al (626) 448-6183 o acérquese a la oficina local.

**REQUISITOS DE INGRESOS**

(vigente a partir del 1 de junio de 2025)

|                                                            |                                                                   |
|------------------------------------------------------------|-------------------------------------------------------------------|
| <u>Cantidad de personas</u><br><u>que viven en mi casa</u> | <u>Ingresos totales combinados</u><br><u>de TODAS las fuentes</u> |
|------------------------------------------------------------|-------------------------------------------------------------------|

(C)

|     |           |
|-----|-----------|
| 1-2 | \$42,300  |
| 3   | \$53,300  |
| 4   | \$64,300  |
| 5   | \$75,300  |
| 6   | \$86,300  |
| 7   | \$97,300  |
| 8   | \$108,300 |

(C)

Por cada persona adicional, añada \$11,000

(C)

**¿CUÁLES SON LAS CONDICIONES?**

Para estar habilitado para el Plan No. LA-CAP entiendo que:

- Debo ser un cliente residencial y recibir el servicio de agua a través de un medidor de agua de 1 pulgada o mas pequeño.
- La factura del servicio de agua debe estar a mi nombre.
- Debo presentar un comprobante de los ingresos de mi hogar, si me lo solicitan. La presentación de la factura de otro servicio público (electricidad o gas que demuestre mi participación en su programa de descuento de tarifa) es comprobante válido del requisito de ingresos del hogar.
- No podrán incluirme como persona a cargo o dependiente en la declaración de impuestos de otra persona.
- Yo u otra persona de mi hogar debemos participar en un Programa de Asistencia Pública admisible o mis ingresos anuales totales no deben exceder el monto que figura en el cuadro anterior. *Ingresos totales significa los ingresos brutos totales combinados del hogar de todas las personas que viven en mi casa.*
- Debo volver a presentar la solicitud cada vez que me mudo.
- Debo renovar mi solicitud cada dos años o antes, si me lo solicitan.
- Debo avisar a la empresa de servicios públicos antes de que transcurran 30 días si dejo de reunir los requisitos para el programa CAP.

Entiendo que para CAP "ingresos brutos del hogar" significa todas las sumas de dinero y beneficios que no son en efectivo disponibles para los gastos de subsistencia de todas las personas que viven en mi hogar, provenientes de todas las fuentes, tanto gravables como no gravables, antes de deducciones. Esto incluye, entre otras cosas, sueldos, salarios y comisiones; manutención de hijos y cónyuge; intereses, dividendos o retiros de cuentas de ahorros, acciones y bonos, o cuentas de jubilación, tales como cuentas IRA y 401K; acciones; bonos; renta proveniente de negocios o alquileres; ayuda económica de familiares o amigos; regalos en efectivo; préstamos; premios de lotería; reembolsos de impuestos y dinero de pólizas de seguro y arreglos judiciales; Seguro Social; beneficios de jubilación, beneficios para veteranos, beneficios por incapacidad o desempleo y compensación a los trabajadores; Ayuda para Familias con Hijos Dependientes (AFDC); Pago Suplementario del Estado (SSP); y subvenciones escolares, préstamos escolares, becas u otras. La empresa de agua puede requerir comprobante de ingresos o comprobante de que participa en un Programa de Asistencia Pública al solicitar o renovar el descuento.

(continúa)

(To be inserted by utility)

Issued by

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

Advice Letter No. 619

J. M. Reiker

Date Filed

Decision No.

NAME

Effective

Vice President of Regulatory Affairs

TITLE

Resolution No.



11142 GARVEY AVENUE  
EL MONTE, CALIFORNIA 91733

Revised \_\_\_\_\_  
Cancelling Revised \_\_\_\_\_

Cal. P.U.C. Sheet No. 3454-W  
Cal. P.U.C. Sheet No. 3386-W

**Form No. 16B**  
**Fontana Water Company Division**  
**Notice and Application for**  
**Customer Assistance Program (CAP)**

**If your household qualifies for a discount on your energy bill under the electric or gas CARE programs, you may also qualify for a discount on your water bill.**

To apply for the CAP Program at your residence, please fill out this application and submit it to the water company. You may receive the discount on your next bill after the water company receives, verifies, and approves your completed and signed application. If your application is not approved, you will receive a letter from the water company explaining the reason for denial.

If you need help filling out the application, or would like more information about the program, call (909) 822-2201 or visit the local office.

**INCOME REQUIREMENTS**  
(effective June 1, 2025)

(C)

| <u>Number of Persons</u><br><u>Living in my Home</u> | <u>Total Combined Income</u><br><u>From ALL Sources</u> |
|------------------------------------------------------|---------------------------------------------------------|
| 1-2                                                  | \$42,300                                                |
| 3                                                    | \$53,300                                                |
| 4                                                    | \$64,300                                                |
| 5                                                    | \$75,300                                                |
| 6                                                    | \$86,300                                                |
| 7                                                    | \$97,300                                                |
| 8                                                    | \$108,300                                               |
| For each additional person, add \$11,000             |                                                         |

(C)

(C)

**WHAT ARE THE QUALIFICATIONS?**

To qualify for Schedule No. FO-CAP I understand:

- I am a residential customer and receive water service through a 1 inch or smaller water meter.
- The water utility bill is in my name.
- I must provide verification of my household income if requested. Presentation of a utility bill (electric or gas, showing participation in their rate discount program) is acceptable verification of household income requirement.
- I may not be claimed as a dependent on another person's tax return.
- I or someone in my household participates in a qualifying Public Assistance Program or my total annual income does not exceed the amount shown on the above chart. *Total income means the total combined gross household income of all persons living in my home.*
- I must re-apply each time I move.
- I must renew my application every two years, or sooner, if requested.
- I must notify the utility within 30 days if I become ineligible for CAP.

I understand that for CAP "gross household income" means all money and non-cash benefits, available for living expenses, from all sources, both taxable and non-taxable, before deductions, for all people who live in my home. This includes, but is not limited to: wages, salaries, and commissions; child/spousal support; interest, dividends, or withdrawals from savings accounts, stocks and bonds, or retirement accounts such as IRA and 401K accounts; stocks; bonds; business or rental income; support from family or friends; cash gifts; loans; lottery winnings; tax refunds and money from insurance policies or legal settlements; Social Security; retirement, veterans, disability, or unemployment benefits and workers' compensation; AFDC; SSP; school grants, loans, scholarships, and cash and/or other income. Proof of income acceptable to the utility may be required when applying for or renewing application.

(continued)

(To be inserted by utility)

Issued by

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

Advice Letter No. 619

J. M. Reiker

Date Filed

Decision No.

NAME

Effective

Vice President of Regulatory Affairs

TITLE

Resolution No.

**Form No. 16B (continued)**  
**División de Fontana Water Company**  
**Aviso, Solicitud y Recertificación del**  
**Programa de atención al cliente**  
**(Customer Assistant Program - CAP)**

**Si su hogar está habilitado para recibir un descuento en la factura de energía eléctrica de acuerdo con el programa CARE de energía eléctrica y gas, también podría estar habilitado para recibir un descuento en la factura de agua.**

Si desea solicitar el descuento del programa CAP para su residencia, llene esta solicitud y preséntesela a la empresa de agua. Usted podría recibir el descuento en su próxima factura, después de que la empresa de agua reciba, verifique y apruebe la solicitud que usted llenó y firmó. Si no se aprueba su solicitud, recibirá una carta de la empresa de agua explicando el motivo por el cual se denegó.

Si necesita ayuda para llenar la solicitud o desea obtener mas información acerca del programa, llame al (909) 822-2201 o acérquese a la oficina local.

**REQUISITOS DE INGRESOS**  
(vigente a partir del 1 de junio de 2025)

(C)

| <u>Cantidad de personas<br/>que viven en mi casa</u> | <u>Ingresos totales combinados<br/>de TODAS las fuentes</u> |
|------------------------------------------------------|-------------------------------------------------------------|
| 1-2                                                  | \$42,300                                                    |
| 3                                                    | \$53,300                                                    |
| 4                                                    | \$64,300                                                    |
| 5                                                    | \$75,300                                                    |
| 6                                                    | \$86,300                                                    |
| 7                                                    | \$97,300                                                    |
| 8                                                    | \$108,000                                                   |
| Por cada persona adicional, añada \$11,000           |                                                             |

(C)

(C)

**¿CUÁLES SON LAS CONDICIONES?**

Para estar habilitado para el Plan No. FO-CAP entiendo que:

- Debo ser un cliente residencial y recibir el servicio de agua a través de un medidor de agua de 1 pulgada o mas pequeño.
- La factura del servicio de agua debe estar a mi nombre.
- Debo presentar un comprobante de los ingresos de mi hogar, si me lo solicitan. La presentación de la factura de otro servicio público (electricidad o gas que demuestre mi participación en su programa de descuento de tarifa) es comprobante válido del requisito de ingresos del hogar.
- No podrán incluirme como persona a cargo o dependiente en la declaración de impuestos de otra persona.
- Yo u otra persona de mi hogar debemos participar en un Programa de Asistencia Pública admisible o mis ingresos anuales totales no deben exceder el monto que figura en el cuadro anterior. *Ingresos totales significa los ingresos brutos totales combinados del hogar de todas las personas que viven en mi casa.*
- Debo volver a presentar la solicitud cada vez que me mudo.
- Debo renovar mi solicitud cada dos años o antes, si me lo solicitan.
- Debo avisar a la empresa de servicios públicos antes de que transcurran 30 días si dejo de reunir los requisitos para el programa CAP.

Entiendo que para CAP "ingresos brutos del hogar" significa todas las sumas de dinero y beneficios que no son en efectivo disponibles para los gastos de subsistencia de todas las personas que viven en mi hogar, provenientes de todas las fuentes, tanto gravables como no gravables, antes de deducciones. Esto incluye, entre otras cosas, sueldos, salarios y comisiones; manutención de hijos y cónyuge; intereses, dividendos o retiros de cuentas de ahorros, acciones y bonos, o cuentas de jubilación, tales como cuentas IRA y 401K; acciones; bonos; renta proveniente de negocios o alquileres; ayuda económica de familiares o amigos; regalos en efectivo; préstamos; premios de lotería; reembolsos de impuestos y dinero de pólizas de seguro y arreglos judiciales; Seguro Social; beneficios de jubilación, beneficios para veteranos, beneficios por incapacidad o desempleo y compensación a los trabajadores; Ayuda para Familias con Hijos Dependientes (AFDC); Pago Suplementario del Estado (SSP); y subvenciones escolares, préstamos escolares, becas u otras. La empresa de agua puede requerir comprobante de ingresos o comprobante de que participa en un Programa de Asistencia Pública al solicitar o renovar el descuento.

(continúa)

(To be inserted by utility)

Advice Letter No. 619

Decision No.

Issued by

J. M. Reiker

NAME

Vice President of Regulatory Affairs

TITLE

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

Date Filed

Effective

Resolution No.

11142 GARVEY AVENUE  
EL MONTE, CALIFORNIA 91733

Revised  
Cancelling Revised

Cal. P.U.C. Sheet No. 3456-W

Cal. P.U.C. Sheet No. 3388-W

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(To be inserted by utility)

Advice Letter No. 619

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**SAN GABRIEL VALLEY WATER COMPANY**11142 GARVEY AVENUE  
EL MONTE, CALIFORNIA 91733Revised \_\_\_\_\_  
Cancelling Revised \_\_\_\_\_Cal. P.U.C. Sheet No. 3457-WCal. P.U.C. Sheet No. 3445-W**TABLE OF CONTENTS**  
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