

**San Gabriel Valley Water Company  
Los Angeles County Division  
Notice and Application for  
California Alternative Rates for Water (CARW) Program**

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

To apply for the CARW 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, 2022)

Number of Persons Living in my Home	Total Combined Income From ALL Sources
1-2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260
For each additional person, add \$9,440	

**WHAT ARE THE QUALIFICATIONS?**

To qualify for Schedule No. LA-CARW 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 CARW.

I understand that for CARW "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)*

**San Gabriel Valley Water Company  
Los Angeles County Division  
Notice, Application and Re-certification for  
California Alternative Rates for Water (CARW) Program**  
(continued)

**1. APPLICATION INFORMATION (please type or print):**

Applicant's Name \_\_\_\_\_

I am a residential customer of San Gabriel Valley Water Company.

San Gabriel Valley Water Company Account No. \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address (if different from service address) \_\_\_\_\_

Telephone No. (home) \_\_\_\_\_ (work) \_\_\_\_\_

Number of People Living in Household \_\_\_\_\_

**2a. DO YOU OR ANYONE IN YOUR HOUSEHOLD PARTICIPATE IN ANY OF THE FOLLOWING PUBLIC ASSISTANCE PROGRAMS? IF SO, PLEASE CHECK (✓) THE PROGRAM(S) BELOW:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Medi-Cal/Medicaid | <input type="checkbox"/> Healthy Families A & B | <input type="checkbox"/> National School Lunch (NSL)                 |
| <input type="checkbox"/> Food Stamps/SNAP  | <input type="checkbox"/> LIHEAP                 | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> TANF/Tribal TANF  | <input type="checkbox"/> SSI                    | <input type="checkbox"/> Head Start Income Eligible (Tribal Only)    |
| <input type="checkbox"/> WIC               |   |  |

**If you participate in any of the Public Assistance Programs in this section, then SKIP Section 2b and go to Section 3.**

**2b. GROSS ANNUAL INCOME OF HOUSEHOLD:** \_\_\_\_\_

**3. DECLARATION AND SELF-CERTIFICATION STATEMENT:**

By signing below, I certify under penalty of perjury that this information is true and correct under the laws of the State of California. I agree to provide proof of CARW eligibility if asked. I agree to inform San Gabriel Valley Water Company if I no longer qualify to receive the discount. I know that if I receive a discount without qualifying for it, I may be required to pay back the discount I received. I understand that San Gabriel Valley Water Company can share my information with other utilities or their agents to enroll me in their assistance program.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Please do not mail your payment with this application, as it will significantly delay payment processing.**

Please hand-deliver, mail, or email a scanned copy of your completed application to:

San Gabriel Valley Water Company  
11142 Garvey Avenue  
P.O. Box 6010  
El Monte, CA 91734  
customerservice\_elmonte@sgvwater.com

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**FOR SAN GABRIEL VALLEY WATER COMPANY USE ONLY**

Date Received: \_\_\_\_\_ Documentation Provided: \_\_\_\_\_

Date Verified: \_\_\_\_\_ Verified by: \_\_\_\_\_

Date Entered In System: \_\_\_\_\_