



Tahoe City Public Utility District

Application for Low-Income Residential Water Customer Assistance Program

The Tahoe City Public Utility District offers a low-income rate assistance program for residential water customers. Qualified applicants will receive a rate reduction equal to either 25% or 50% of the current ¾ inch monthly residential water metered base rate. Rate assistance is available on a first-come, first-served basis. **Participants must reapply every year by December 1.**

1. Qualifications for all applications:

- Reside as a primary resident at a TCPUD water service address.
- Responsible for paying the TCPUD water utility bill.
- Water consumption has not exceeded the Tier 1 water limit (8,000 gallons/month) for the prior 12 months.

2. Tier 1 Rate Assistance – 50% Rate Reduction

Are you able to show proof of active enrollment in the Liberty Utilities CARE program at the same address as your TCPUD water service address? **Yes – Skip to Step 4.** **No – Continue to Step 3.**

3. Tier 2 Rate Assistance – 25% Rate Reduction

Your combined household income before taxes cannot be more than the limits shown to the right. >>>>

Household Size _____ Income: _____

Is your combined household annual income less than the limits shown here?

- Yes. Continue to Step 4.**
- No – You are not eligible for rate assistance.**

Household Size	Total Combined Annual Income
1	\$66,050
2	\$75,450
3	\$84,900
4	\$94,300
5	\$101,850
6+	\$109,400

4. Customer Information

Requested By: Property Owner Tenant

Name on account: _____ Account Number: _____

Service Address: _____

Mailing Address: _____

Phone Number: _____ Email address: _____

5. Certification - I certify, under penalty of perjury, that the information included in this application is true and correct. I attest that my total household income meets program income requirements and that I meet all other program requirements. I understand that TCPUD reserves the right to request proof of eligibility documentation.

If applying for Tier 1 Rate Assistance - I have attached a copy of the detail page(s) of my most recent Liberty bill showing my name, service address, and CARE discount.

Signature of Applicant: _____ Date: _____

Please submit a completed application to the Tahoe City Public Utility District.

In Person: 221 Fairway Dr, Tahoe City
Mail: PO Box 5249, Tahoe City, CA 96145
Email: accounting@tcpud.org

Please allow at least 30 days for the discount to appear on your statement.

<p>For Internal Use Only Date Received: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Denial Reason: _____ Processed by: _____ Date: _____</p>
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