



CVWD BILL ASSISTANCE PROGRAM For Fiscal Year 2025-26

First Time Applicant Reapply (required every 2 years)

1. CUSTOMER INFORMATION

Account Name: _____

Address: _____ Email Address: _____

CVWD Account Number: _____

Daytime Contact Name: _____ Phone: () _____

2. OTHER RESIDENTS LIVING IN THE HOME

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

3. PUBLIC ASSISTANCE PROGRAMS BENEFITS RECEIVED

If you or one of your dependents receives benefits from any of the programs listed below, please check the box and **provide a current** copy of your **Verification of Benefits Letter or other proof** of enrollment for programs checked. If you checked one of the boxes below, Skip section 4 & 5 and go to Section 6.

- | | | | |
|--|--|---|---------------------------------|
| <input type="checkbox"/> Medi-Cal/Medicaid | <input type="checkbox"/> Medi-Cal for Families | <input type="checkbox"/> CalFresh (Food Stamps) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> CalWORKs (TANF) | <input type="checkbox"/> CARE Program (SoCalGas) | <input type="checkbox"/> Bureau of Indian Affairs G.A. | <input type="checkbox"/> LIHEAP |
| <input type="checkbox"/> SSI | <input type="checkbox"/> California Lifeline (phone) | <input type="checkbox"/> National School Lunch Program (NSLP) | |

If NONE of the above apply to you, please complete section 4 below.

4. SOURCE OF INCOME (Skip if you completed Section 3)

Please check the appropriate box for all sources of income for all persons in your household and **provide copies of current documents** for all sources checked below. Read page 2 for more information.

- | | | |
|---|--|---|
| <input type="checkbox"/> SSA, SSP, SSDI | <input type="checkbox"/> Wages or Salaries | <input type="checkbox"/> Interest, Dividends, Annuities |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Rental or Royalty Income |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Profit and Loss Statement |
| <input type="checkbox"/> Spousal or Child Support | <input type="checkbox"/> Scholarships, Grants | <input type="checkbox"/> Cash or other income |

5. HOUSEHOLD INCOME (Please fill in the total household income)

The total number of persons in my family/household, including myself is: _____

The total gross annual household income is: \$ _____

INCOME ELIGIBILITY GUIDELINES

Number of Household Members	Maximum Gross Annual Income
1-2	\$52,875
3	\$66,625
4	\$80,375

6. DECLARATION (Please read and sign below)

I certify under penalty of perjury that the information I have provided is true and correct. I agree to inform CVWD within 30 days if I no longer qualify to receive the discount. I understand that if I received this discount without qualifying for it, I may be required to pay back the discount I received.

CVWD CUSTOMER SIGNATURE

Date

CVWD BILL ASSISTANCE INFORMATION SHEET

CVWD 's Bill Assistance Program provides low-income households a 25 percent discount on the combined bill for water (up to 26 billing units of water), wastewater and/or wastewater standby charges. There are two ways to qualify for the discount: If you receive any of the Public Assistance Programs listed in the application or if your total income for all persons in your household meets the income eligibility guidelines chart. The discount will be applied once your completed and signed application is approved by CVWD. Please allow at least 30 days for processing your application.

CONDITIONS FOR PARTICIPATING

- Name on CVWD account must match the name on this application and must be a full time household resident.
- You must not be claimed as a dependent on another person's income tax return.
- You must re-certify when requested.
- You must reapply and provide Verification of Benefits Letter each time you move.
- You must provide current documentation or your application will not be processed.

CURRENT SOURCE OF INCOME & PUBLIC ASSISTANCE INFORMATION

Provide copy of your **current Verification of Benefits Letter** for Medi-cal, CalFresh, CalWORKs (TANF). These forms are available from the Department of Public Social Services (DPSS) at (818)701-8200.

WIC- Provide current verification of WIC Participation letter.

CARE Program (SoCalGas) - Provide copy of current first page of gas bill that shows Care Program discount.

California Lifeline (Telephone) - Provide current first page of California Lifeline bill that shows the discount.

Medi-Cal for Families - Provide a current Medi-Cal statement.

LIHEAP - Provide current approval letter for the program.

National School Lunch Program (NSLP) - Provide current document showing your enrollment in the program.

SSI and/or SSA - Provide a document showing your current monthly benefit amount with current address from the Social Security Administration. You can request the letter by contacting Social Security Office at (800) 772-1213.

Pension, Annuity, Scholarship, Grant, Rental or Royalty Income- Provide current copy of your statement.

Wages or Salaries - Provide most recent four consecutive pay stubs. You may provide a letter from your employer stating your monthly gross income. We can also accept tax returns/forms and bank statements.

Unemployment Benefits - Provide a copy of the first page of the unemployment letter from the Employment Development Department (EDD).

Zero Income - Provide Verification of Benefits Letter indicating zero income from the Department of Public Social Services(DPSS). If you are over the age of fifty, please contact the Social Security Office to obtain a Zero Income letter.

Cash and other income - Provide a letter from your employer stating your current monthly gross income if you receive cash.

This program may be modified without prior notice. When the program is modified, current program recipients will remain eligible until the time of their recertification. During the recertification process, the customer's eligibility will be based on current requirements at the time of recertification.

This program is on a first-come-first-serve basis limited to annual budgeted funding. When funding limits have been reached, applicants will be placed on a waiting list based on the order in which applications were received.

Please email application and copies of supporting documents to customerservice@CVWD.com or mail to:

Crescenta Valley Water District
2700 Foothill Blvd.
La Crescenta, CA 91214
(818) 248-3925
www.cvwd.com