

Customer Assistance Program

PROGRAM DESCRIPTION

The California Public Utilities Commission has authorized San Jose Water (SJW) to implement a Customer Assistance Program (CAP), formerly known as Water Rate Assistance Program (WRAP). CAP is intended to lessen the effects of water rates on qualified participants. SJW's CAP provides a 15% discount on the total water bill for customers eligible for the program based upon the same income qualification guidelines that are used by PG&E's rate assistance CARE program.

SJW's program automatically qualifies customers enrolled in PG&E's rate assistance CARE program. All other customers can qualify by submitting the application stating that your household meets the income guidelines provided in this application, or that you or someone in your household is currently enrolled in one of the public assistance programs outlined in Section 2A of this application. Following enrollment, you may be required to provide proof of eligibility. The program also extends eligibility to customers in mobile homes behind master-meters.

In order to fund this program, SJW has implemented a monthly surcharge of \$1.45 per bill. The surcharge will be identified separately on the customer bill and be applied to all SJW customers who are not participants of the CAP program.



PROGRAM QUALIFICATIONS

To qualify for the CAP discount you must meet the following requirements:

- The San Jose Water bill must be in your name or you must be a sub-metered tenant in a mobile home park.
- You may not be claimed as a dependent on another person's tax return.
- You must reapply each time you move.
- You must notify San Jose Water within 30 days if you become ineligible for CAP.
- Your total gross annual income of all persons living in your household cannot exceed the limits below. Or, someone in your household must be enrolled in one of the public assistance programs in Section 2A.

CAP INCOME QUALIFICATION GUIDELINES (2024-2025)

| HOUSEHOLD SIZE | TOTAL GROSS ANNUAL INCOME |
|-----------------|---------------------------|
| 1-2 Persons | \$40,880 |
| 3 Persons | \$51,640 |
| 4 Persons | \$62,400 |
| 5 Persons | \$73,160 |
| 6 Persons | \$83,920 |
| 7 Persons | \$94,680 |
| 8 Persons | \$105,440 |
| Each Additional | \$10,760 |

CAP APPLICATION

If you are eligible and would like to participate in SJW's Customer Assistance Program, please complete the attached application and send it to:

**Customer Service
Customer Assistance Program**
San Jose Water
110 W. Taylor Street
San Jose, CA 95110-9903

Or email this form to:
customer.service@sjwater.com

FORM NO. 23
**Notice and Application for the
Customer Assistance Program (CAP)**

APPLICATION FOR SAN JOSE WATER'S CUSTOMER
ASSISTANCE PROGRAM PRIMARY RESIDENTIAL CUSTOMER
(Please type or print)

1

I am a primary residential customer of
San Jose Water.
(Application must be in the name of the account holder)

Your name as shown on your San Jose Water account

Address where you receive water service

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

San Jose Water Account Number (10 digits)

Telephone no. (home): _____ (work): _____

Email address: _____

Number of persons living
in your household:

| | | | | |
|--------|---|----------------------|---|-------|
| | + | | = | |
| Adults | | Children under 18 | | TOTAL |

2A
Public Assistance Program Eligibility

CHECK all programs you participate in, then
GO TO section 3

- Medicaid/Medi-Cal (under age 65)
- Medicaid/Medi-Cal (age 65 and older)
- SSI
- Food Stamps/SNAP
- LIHEAP/LIHWAP
- WIC
- Healthy Families A & B
- TANF or Tribal TANF
- NSL FREE Lunch Program
- Bureau of Indian Affairs General Assistance
- Head Start Income Eligible (Tribal Only)

**If you do not participate in any of the above programs,
GO TO section 2B**

2B
Household Income Eligibility

CHECK all sources of household income. You will
be enrolled in CAP depending on your household
size and income.

- Pensions
- Social Security
- SSP, SSDI
- Interests/Dividends from: Savings Accounts, Stocks,
Bonds or Retirement Accounts
- Wages and/or Profits from Self-Employment
- Rental or Royalty Income
- Unemployment Benefits
- Disability or Workers Compensation Payments
- Scholarships, Grants or Other Aid for Living Expenses
- Insurance or Legal Settlements
- Spousal or Child support
- Cash and/or Other Income

Total Annual Household Income

| | | | | | | |
|----|--|--|---|--|--|--|
| \$ | | | , | | | |
|----|--|--|---|--|--|--|

3
Declaration (Please read and sign)

I state that the information I have provided in
this application is true and correct. I agree to
provide proof of income if asked. I agree to
inform San Jose Water if I no longer qualify to
receive the discount. I understand that if I receive
the discount without qualifying for it, I may be
required to pay back the discount I received.

I understand that San Jose Water can share my
information with other utilities or their agents
to enroll me in their assistance programs.

X _____
Customer Signature Date