

South Tahoe Public Utility District

1275 Meadow Crest Drive
South Lake Tahoe, CA 96150
(530) 544-6474

Application for Low-Income Customer Assistance Program

Program Description

The South Tahoe Public Utility District offers a low-income customer assistance program (CAP) for qualifying residential customers. The District's customer is the record owner of a parcel served by a water or sewer connection. The amount of the rebate is 20% of the standard residential sewer and water rate. Eligible customers will receive their rebate as a credit to their quarterly utility bill.

Program Requirements

1. Current participation in the California Pacific Electric Company CARE Program is required. **Please attach a copy of your most recent billing showing participation in the CARE Program. The CARE Program address must agree with the address applied for below.**
2. The address applied for must be your primary residence.
3. Each application shall be for one residence only.
4. The rebate is not transferable to a new address or another person. If you move, you may reapply for the Program for the new address.
5. You must apply for the Program annually to continue to receive the rebate.
6. The District may, at its discretion, require additional proof of eligibility and may remove you from the Program if it has reason to believe that you are no longer eligible or meet Program requirements.
7. The Program does not apply to rental properties or second homes.

Customer Information

Application Date _____

Customer Name (Please Print) _____

Address to Receive Assistance _____

Account Number Shown on Bill _____

Daytime Telephone Number _____

Customer Signature and Attest

I have read and understand and agree to abide by the above Customer Assistance Program requirements, and attest that all information provided is true and correct.

Signature _____

Return your completed application together with attachment to:
STPUD – RRP, 1275 Meadow Crest Drive, South Lake Tahoe, CA 96150

<u>Maximum Household Income</u>	
# of Persons in Household	Total Combined Annual Income
1 or 2.....	\$30,500
3.....	\$35,800
4.....	\$43,200
5.....	\$50,600
6.....	\$58,000
Add \$7,400 for each additional family member	

For District Use Only
Acct. No _____
Approved: _____
Disapproved: _____
Date: _____