

South Tahoe Public Utility District

1275 Meadow Crest Dr
South Lake Tahoe, CA 96150
(530) 544-6474 | cs@stpud.us

For District Use Only

Approved _____
Water usage _____
Rate Update _____
Adjustment _____
Letter _____
CAP Spreadsheet _____
Date _____ CSR _____

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 amount of the rebate is either 15% or 25% of the standard residential sewer and/or water rate, based on customer eligibility. The District will accept applications on a first come, first served basis and may reject or limit applications based on the availability of funds.

There are two ways that customers can qualify for the program. Please check the box for the program tier that you qualify for. **You may select only one of the two program tiers.**

Program Tier 1

- Customers receive a 25% rebate on water and sewer rates.
- Current participation in the Liberty Utilities CARE Program is required. Please attach a copy of your most recent electrical bill showing participation in the CARE Program. The CARE Program address must agree with the address applied for below.

Program Tier 2

- Customers receive a 15% rebate on water and sewer rates.
- Total Household Income must be less than 300% of the current federal poverty level (See table below for current income limits.)

Program Requirements

1. The address applied for must be your primary residence.
2. You must reapply for the Program every three years to continue to receive the rebate.
3. 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 no longer meet Program requirements.

Customer Information

Customer Name (Please Print) _____

Address to Receive Assistance _____

STPUD 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. I attest that my total household income is less than 300% of the current federal poverty limit and that the property applied for is my primary residence.

Signature _____ Date _____

Program Tier 2 Maximum Household Income

# of Persons in Household	Total Combined Annual Income
1 to 2	\$63,450
3.....	\$79,950
4.....	\$96,450
5.....	\$112,950
Add \$16,500 for each additional household member	