

**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	_____
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 \_\_\_\_\_

<u>Program Tier 2 Maximum Household Income</u>	
# of Persons in Household	Total Combined Annual Income
1 to 2 .....	\$61,320
3.....	\$77,460
4.....	\$93,600
5.....	\$109,740
Add \$16,140 for each additional household member	