



110 W. Taylor Street
San Jose, CA 95110-2131

May 07, 2026

California Public Utilities Commission
505 Van Ness Avenue
San Francisco, CA 94102

Advice Letter No. 626

To the Public Utilities Commission of the State of California:

San Jose Water Company (U-168-W) hereby submits for filing revisions to its tariff schedules applicable within its service territory. The revised tariff sheets accompanying this Advice Letter are identified as follows:

CPUC Sheet No.	Title of Sheet	Canceling CPUC Sheet No.
2391-W	Schedule CAP: Customer Assistance Program	2345-W
2392-W	Form No. 23 CAP Application for the Customer Assistance Program	2347-W
Delete	Form No. 23 CAP Application for Mobile Home	2172-W
2393-W	Table of Contents (Continued)	2349-W
2394-W	Table of Contents	2390-W

These tariff revisions are submitted in compliance with General Orders (GO) 96-B, Water Industry Rule 7.3.1(2). This Advice Letter 626 does not result in any change to rates.

Purpose

San Jose Water Company respectfully requests Commission approval to update the income eligibility threshold for its Customer Assistance Program (CAP) to conform to the 2026-2027 income limits established under Pacific Gas and Electric Company's California Alternative Rates for Energy (CARE) Program.

Background and Justification

The Company's Customer Assistance Program provides for automatic eligibility for customers enrolled in Pacific Gas and Electric Company's CARE Program. Alignment of CAP income threshold with CARE

Program guidelines ensures consistency with statewide low-income assistance standards, supports administrative efficiency, and minimizes customer verification requirements.

The proposed revisions reflect the updated income thresholds adopted for the 2026-2027 program year and are consistent with the Commission’s Energy Division guidance.

The proposed income eligibility limits are set forth in the table below. These limits are calculated at 200 percent of the Federal Poverty Guidelines and are consistent with the Energy Division memorandum dated April 2, 2026, provided in Attachment A.

Household Size	Total Annual Gross Income	
	Current Limit	Proposed Limit
1- 2 Persons	\$42,300	\$43,280
3 Persons	\$53,300	\$54,640
4 Persons	\$64,300	\$66,000
5 Persons	\$75,300	\$77,360
6 Persons	\$86,300	\$88,720
7 Persons	\$97,300	\$100,080
8 Persons	\$108,300	\$111,440
Each Additional Person	\$11,000	\$11,360
*Upper Limit Calculation = 200% of Federal Poverty Guidelines		

Effective Date

San Jose Water Company respectfully requests that this Advice Letter 626 become effective on June 1, 2026, subject to Commission approval.

Notice

In compliance with Paragraph 4.3 of General Order (GO) 96-B, a copy of this advice letter has been emailed to all interested and affected parties as detailed in the service list.

Protests and Responses

Anyone may respond to or protest this advice letter. A response does not oppose the filing but presents information that may prove useful to the Commission in evaluating the advice letter. A protest objects to the advice letter in whole or in part and must set forth the specific grounds on which it is based. These grounds may include the following:

1. The utility did not properly serve or give notice of the advice letter;
2. The relief requested in the advice letter would violate statute or Commission order, or is not authorized by statute or Commission order on which the utility relies;
3. The analysis, calculations, or data in the advice letter contain material error or omissions;

4. The relief requested in the advice letter is pending before the Commission in a formal proceeding;
5. The relief requested in the advice letter requires consideration in a formal hearing, or is otherwise inappropriate for the advice letter process; or
6. The relief requested in the advice letter is unjust, unreasonable, or discriminatory (provided that such a protest may not be made where it would require relitigating a prior order of the Commission).

A response or protest must be made in writing or by electronic mail and must be received by the Water Division within 20 days of the date this advice letter is filed. The address for mailing or delivering a protest is:

Tariff Unit, Water Division, 3rd floor
California Public Utilities Commission,
505 Van Ness Avenue
San Francisco, CA 94102
water_division@cpuc.ca.gov

On the same date the response or protest is submitted to the Water Division, the respondent or protestant shall send a copy of the protest by mail to us, addressed to:

Regulatory Affairs
San Jose Water Company
110 West Taylor Street
San Jose, CA 95110
Fax 408.279.7934
regulatoryaffairs@sjwater.com.

The advice letter process does not provide for any responses, protests or comments, except for the utility's reply, after the 20-day comment period. Public notice is not required.

SJWC has advice letter 619 is pending before the commission.

This filing will not cause the withdrawal of service, nor conflict with other schedules or rules.

Very truly yours,

/s/ Margie McWilliams
Margaret McWilliams
Director of Regulatory Affairs

Schedule CAP

CUSTOMER ASSISTANCE PROGRAM (CAP)

APPLICABILITY

Applicable to residential water service for domestic use furnished to residential low-income households where the customer meets all the Special Conditions of the rate schedule.

TERRITORY

Portions of Cupertino, San Jose, and Santa Clara, and in Campbell, Los Gatos, Monte Sereno, and Saratoga and in contiguous territory in the County of Santa Clara.

RATES

A discount of 15% of the total water charges is deducted from the bill of customers qualifying for and enrolling in the CAP Program.

SPECIAL CONDITIONS

1. A residential low-income household is a household in which the total gross annual income from all sources is no more than shown in the table below, based on the number of persons in the household. Total gross income shall include income from all sources, both taxable and non-taxable.

CAP Income Qualification Guidelines (June 1, 2026 - May 31, 2027)

Household Size	Total Gross Annual Income	(1)
1 - 2	\$43,280	↓
3	\$54,640	
4	\$66,000	
5	\$77,360	
6	\$88,720	
7	\$100,080	
8	\$111,440	
Each Additional Person	\$11,360	

2. Enrollment in PG&E's rate assistance CARE program, or an application and eligibility declaration submitted on a form authorized by the California Public Utilities Commission is required for each request for service under this Schedule. Renewal of a customer's eligibility declaration will be required every two years or whenever requested by the utility.

(Continued)

(To be inserted by utility)

Issued By

(To be inserted by Cal. P.U.C.)

Advice Letter No.: 626

Margaret McWilliams
NAME

Date Filed: _____

Effective Date: _____

Decision No.: D.12-08-044

Director of Regulatory Affairs
TITLE

Resolution No.: _____

FORM No. 23

NOTICE AND APPLICATION FOR THE CUSTOMER ASSISTANCE PROGRAM (CAP)

PLEASE REFER TO TARIFF BOOK FOR SAMPLE PAGE

(Continued)

(To be inserted by utility)

Issued By

(To be inserted by Cal. P.U.C.)

Advice Letter No.: 626

Margaret McWilliams
NAME

Date Filed: _____

Effective Date: _____

Decision No.: D.12-08-044

Director of Regulatory Affairs
TITLE

Resolution No.: _____

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 \$2.61 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.
- You must renew your eligibility every two years.
- 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 (2026-2027)

HOUSEHOLD SIZE	TOTAL GROSS ANNUAL INCOME
1-2 Persons	\$43,280
3 Persons	\$54,640
4 Persons	\$66,000
5 Persons	\$77,360
6 Persons	\$88,720
7 Persons	\$100,080
8 Persons	\$111,440
Each Additional	\$11,360

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

Programa de asistencia al cliente

DESCRIPCIÓN DEL PROGRAMA

La Comisión de Servicios Públicos de California autorizó a San Jose Water (SJW) a implementar un Programa de Asistencia al Cliente (CAP), anteriormente conocido como Programa de Asistencia para la Tarifa del Agua (WRAP). El CAP está destinado a disminuir los efectos de las tarifas del agua en los participantes calificados. El CAP de SJW brinda un 15% de descuento en el total a pagar de la factura del agua para los clientes elegibles para el programa en función de las mismas pautas de calificación de ingresos que utiliza PG&E en su programa de descuento CARE.

El programa de SJW califica automáticamente a los clientes inscritos en el programa de descuentos CARE de PG&E. Todos los demás clientes pueden calificar presentando la solicitud que indica que su hogar cumple con las pautas de ingresos provistas en esta solicitud, o que usted o alguien en su hogar está actualmente inscrito en uno de los programas de asistencia pública descritos en la sección 2A de esta solicitud. Después de la inscripción, es posible que deba proporcionar una prueba de elegibilidad. El programa también extiende la elegibilidad a clientes en casas rodantes detrás de medidores maestros.

Con el fin de financiar este programa, SJW cobra un recargo mensual de \$2.61 por factura. El recargo aparecerá por separado en la factura del cliente y se aplicará a todos los clientes de SJW que no participen en el programa CAP.



CALIFICACIONES DEL PROGRAMA

Para calificar para el descuento CAP debe cumplir con los siguientes requisitos:

- La factura de San Jose Water debe estar a su nombre, o debe ser un inquilino en un parque de casas rodantes con submedidores.
- Usted no puede figurar como dependiente de otra persona en la declaración de impuestos de dicha persona.
- Debe presentar una solicitud nueva cada vez que se mude.
- Debe notificar a San Jose Water en un plazo de 30 días si ya no reúne los requisitos para el CAP.
- Debe renovar su elegibilidad cada dos años.
- El total de los ingresos brutos anuales de todas las personas que viven en su hogar no puede exceder los siguientes límites. O alguien en su hogar debe estar inscrito en uno de los programas de asistencia pública en la sección 2A.

PAUTAS DE CALIFICACIÓN DE INGRESOS CAP (2026-2027)

TAMAÑO DE LA FAMILIA	TOTAL DE INGRESOS BRUTOS ANUALES
1-2 personas	\$43,280
3 personas	\$54,640
4 personas	\$66,000
5 personas	\$77,360
6 personas	\$88,720
7 personas	\$100,080
8 personas	\$111,440
Cada persona adicional	\$11,360

SOLICITUD PARA CAP

Si usted reúne los requisitos y desea participar en el Programa de Asistencia al Cliente de SJW, llene la solicitud adjunta y envíela a:

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

O envíe este formulario por correo electrónico a:

customer.service@sjwater.com

FORMULARIO N.º 23

Aviso y solicitud para el Programa de Asistencia al Cliente (CAP)

SOLICITUD PARA EL PROGRAMA DE ASISTENCIA AL CLIENTE DE SAN JOSE WATER CLIENTE RESIDENCIAL PRINCIPAL
(Escriba a máquina o en letra imprenta)

1

Soy un cliente residencial principal de San Jose Water.
(La solicitud debe hacerse a nombre del titular de la cuenta)

Su nombre como figura en su cuenta de San Jose Water

Dirección en la que recibe el servicio de agua

--	--	--	--	--	--	--	--	--	--

Número de cuenta de San Jose Water (10 dígitos)

N.º de teléfono (particular): _____ (trabajo): _____

Dirección de correo electrónico: _____

Cantidad de personas que viven en su casa:

<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <p style="font-size: 8px;">Adultos</p>	+	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <p style="font-size: 8px;">Niños menores de 18 años</p>	=	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <p style="font-size: 8px;">TOTAL</p>
--	---	---	---	--

2A

Elegibilidad para el Programa de Asistencia Pública

MARQUE todos los programas en los que participa y luego DIRÍJASE A la sección 3

- Medicaid/Medi-Cal (menor de 65 años)
- Medicaid/Medi-Cal (65 años o más)
- SSI
- Cupones para alimentos/SNAP
- LIHEAP/LIHWAP
- WIC
- Healthy Families A & B
- TANF o TANF tribal
- Almuerzos GRATIS del Programa Nacional de Almuerzos Escolares
- Oficina de Asistencia General para Asuntos de Indígenas
- Reúne los requisitos para Head Start (solo Tribal)

Si no participa en ninguno de los programas anteriores, DIRÍJASE A la sección 2B

2B

Elegibilidad por ingresos familiares

MARQUE todas las fuentes de ingresos familiares. Será inscrito en CAP según el tamaño de su familia y sus ingresos.

- Pensiones
- Seguro social
- SSP, SSDI
- Intereses/dividendos de: Cuentas de ahorro, acciones, bonos o cuentas de jubilación
- Sueldos y/o ganancias obtenidas de un trabajo independiente
- Ingresos de rentas o por regalías
- Subsidios de desempleo
- Indemnizaciones laborales o por discapacidad
- Becas, ayuda económica u otra ayuda para gastos de manutención
- Seguro o acuerdos legales
- Pensión alimenticia para hijos o cónyuge
- Pagos en efectivo y/u otros ingresos

Total de ingresos familiares anuales

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

3

Declaración (lea y firme)

Declaro que la información proporcionada en esta solicitud es verdadera y correcta. Acepto presentar pruebas de los ingresos si se solicitan. Acepto informar a San Jose Water si ya no califico para recibir el descuento. Entiendo que, si recibo el descuento para el que no califico, tendré que pagar el descuento que recibí.

Entiendo que San Jose Water puede compartir mi información con otras empresas de servicios o con sus representantes para inscribirme en sus programas de asistencia.

X _____
Firma del cliente Fecha

客户援助计划

计划说明

加州公用事业委员会 (California Public Utilities Commission) 授权 San Jose Water (SJW) 实施一项客户援助计划 (CAP), 之前被称为水费援助计划 (WRAP)。CAP 旨在减少水费对合格参与者的影响。SJW 的 CAP 基于与 PG&E 的费用援助 CARE 计划相同的收入资格准则为符合计划参与条件的客户提供总水费15% 的折扣。

SJW 的计划自动为已注册加入 PG&E 费用援助 CARE 计划的客户提供参与资格。所有其他客户均可提交申请, 说明您的家庭符合本申请中提供的收入准则, 或您或您家庭中的某个人目前注册参与本申请第 2A 节中概述的公共援助计划之一, 从而获取资格。注册参与后, 您可能需要提供资格证明。本计划还为住在活动住房的主表客户提供参与资格。

为资助该计划 SJW 每月对每张账单增收 2.61 美元的附加费。附加费将在客户账单上单独注明并适用于所有不参与 CAP 计划的 SJW 客户。



计划参与资格

若要符合 CAP 折扣获取资格, 您必须满足以下要求:

- San Jose Water 账单必须以您的名义出具, 或者您必须是活动住房园区的分表租户。
- 您不得被视为依赖他人纳税申报表的受供养者。
- 您每次搬家时必须重新申请。
- 如果您不符合 CAP 资格, 您必须在 30 天内通知 San Jose Water。
- 您必须每两年更新一次资格。
- 住在您家的所有人员的年度总收入不得超过以下限额。或者, 您家中的某个人必须注册参与第 2A 节中的公共援助计划之一。

CAP 收入资格准则 (2026-2027 年)

家庭规模	年度总收入
1-2 人	\$43,280
3 人	\$54,640
4 人	\$66,000
5 人	\$77,360
6 人	\$88,720
7 人	\$100,080
8 人	\$111,440
每增加一个人	\$11,360

CAP 申请

如果您有资格且想要参与 SJW 的客户援助计划, 请填写随附的申请表并将其发送至:

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

或将此表以电子邮件形式发送至:

customer.service@sjwater.com

Chương Trình Hỗ Trợ Khách Hàng

MÔ TẢ CHƯƠNG TRÌNH

Ủy Ban Tiềm Tích Công Cộng California đã cho phép Công Ty Nước San Jose (San Jose Water, SJW) triển khai Chương Trình Hỗ Trợ Khách Hàng (Customer Assistance Program, CAP), trước đây được gọi là Chương Trình Trợ Giá Nước (Water Rate Assistance Program, WRAP). CAP nhằm mục đích giảm bớt tác động của giá nước đến những người tham gia đủ điều kiện. Chương trình CAP của SJW cung cấp giảm giá 15% trên tổng hóa đơn tiền nước cho khách hàng hội đủ điều kiện cho chương trình dựa trên cùng các nguyên tắc về điều kiện thu nhập được áp dụng trong chương trình CARE trợ giá của PG&E.

Chương trình của SJW tự động đánh giá tính đủ điều kiện của khách hàng đã được ghi danh vào chương trình CARE trợ giá của PG&E. Tất cả khách hàng khác có thể hội đủ điều kiện bằng cách gửi đơn cho biết gia đình quý vị đáp ứng các nguyên tắc về thu nhập được cung cấp trong đơn này hoặc quý vị hoặc một người trong gia đình quý vị hiện đã được ghi danh vào một trong các chương trình hỗ trợ công cộng được nêu trong Phần 2A của đơn này. Sau khi ghi danh, quý vị có thể được yêu cầu cung cấp bằng chứng về tính hội đủ điều kiện. Chương trình cũng mở rộng khả năng đủ điều kiện cho các khách hàng sống trong nhà di động dùng chung đồng hồ tổng.

Để cấp kinh phí cho chương trình này, SJW đã áp dụng khoản phụ phí hàng tháng là \$2.61 cho mỗi hóa đơn. Phụ phí sẽ được xác định riêng biệt trên hóa đơn của khách hàng và được áp dụng cho tất cả khách hàng SJW không tham gia chương trình CAP.



ĐIỀU KIỆN THAM GIA CHƯƠNG TRÌNH

Để đủ điều kiện nhận giảm giá CAP, quý vị phải đáp ứng các yêu cầu sau đây:

- Hóa đơn của Công Ty Nước San Jose phải đứng tên quý vị hoặc quý vị phải là người thuê nhà có đồng hồ nước nhánh trong một khu nhà di động.
- Quý vị không được tuyên bố là người phụ thuộc trên tờ khai thuế của người khác.
- Quý vị phải nộp lại đơn xin mỗi khi quý vị chuyển nhà.
- Quý vị phải thông báo cho Công Ty Nước San Jose trong vòng 30 ngày nếu quý vị không đủ điều kiện tham gia CAP.
- Quý vị phải gia hạn tình trạng đủ điều kiện của mình hai năm một lần.
- Tổng thu nhập hàng năm của tất cả những người sống trong gia đình quý vị không được vượt quá các giới hạn sau đây. Hoặc một người trong gia đình quý vị phải được ghi danh vào một trong các chương trình hỗ trợ công cộng trong Phần 2A.

NGUYÊN TẮC VỀ ĐIỀU KIỆN THU NHẬP CAP (2026-2027)

QUY MÔ HỘ GIA ĐÌNH	TỔNG THU NHẬP HÀNG NĂM
1-2 Người	\$43,280
3 Người	\$54,640
4 Người	\$66,000
5 Người	\$77,360
6 Người	\$88,720
7 Người	\$100,080
8 Người	\$111,440
Mỗi Lần Bổ Sung	\$11,360

ĐƠN XIN THAM GIA CAP

Nếu quý vị hội đủ điều kiện và muốn xin tham gia Chương Trình Hỗ Trợ Khách Hàng của SJW, vui lòng điền vào đơn đính kèm và gửi đến:

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

Hoặc gửi biểu mẫu qua email đến:
customer.service@sjwater.com

BIỂU MẪU SỐ 23

Thông Báo và Đơn Xin Tham Gia Chương Trình Hỗ Trợ Khách Hàng (CAP)

ĐƠN CỦA KHÁCH HÀNG THƯỜNG TRÚ CHO CHƯƠNG TRÌNH
HỖ TRỢ KHÁCH HÀNG CỦA CÔNG TY NƯỚC SAN JOSE
(Vui lòng đánh máy hoặc in)

1

Tôi là một khách hàng thường trú của Công Ty Nước San Jose.
(Đơn xin phải đứng tên của chủ tài khoản)

Tên của quý vị như được ghi trong tài khoản Công Ty Nước San Jose của quý vị

Địa chỉ quý vị nhận dịch vụ nước

--	--	--	--	--	--	--	--	--	--

Số Tài Khoản Công Ty Nước San Jose (10 chữ số)

Số điện thoại (nhà riêng): _____ (cơ quan): _____

Địa chỉ email: _____

Số người đang sống trong
gia đình quý vị:

	+		=	
Người lớn		Trẻ em dưới 18 tuổi		TỔNG

2A

Tính Đủ Điều Kiện Tham Gia Chương Trình Hỗ Trợ Công Cộng

ĐÁNH DẤU tất cả các chương trình quý vị tham gia, sau đó
ĐI ĐẾN phần 3

- Medicaid/Medi-Cal (dưới 65 tuổi)
- Medicaid/Medi-Cal (65 tuổi trở lên)
- SSI
- Phiếu Thực Phẩm/SNAP
- LIHEAP/LIHWAP
- WIC
- Healthy Families A & B
- TANF hoặc Tribal TANF
- Chương Trình Bữa Trưa MIỄN PHÍ NSL
- Hỗ Trợ Chung của Văn Phòng Phụ Trách Các Vấn Đề về Người Anh-Điêng
- Head Start - Đủ Điều Kiện Thu Nhập cho Chương Trình Khởi Đầu Sớm (Chỉ Dành Cho Bộ Lạc)

Nếu quý vị không tham gia bất kỳ chương trình nào nêu trên,
hãy ĐI ĐẾN phần 2B

2B

Tính Đủ Điều Kiện của Thu Nhập Hộ Gia Đình

ĐÁNH DẤU tất cả các nguồn thu nhập hộ gia đình. Quý vị sẽ
được ghi danh vào chương trình CAP tùy theo quy mô và thu
nhập hộ gia đình của quý vị.

- Hưu Trí
- An Sinh Xã Hội
- SSP, SSDI
- Lãi Suất/Cổ Tức từ: Tài Khoản Tiết Kiệm, Cổ Phiếu, Trái Phiếu
hoặc Tài Khoản Hưu Trí
- Lương và/hoặc Lợi Nhuận từ Hoạt Động Tự Doanh
- Thu Nhập Cho Thuê hoặc Thuế Tài Nguyên
- Phúc Lợi Thất Nghiệp
- Khoản Thanh Toán Bồi Thường Lao Động hoặc Khuyết Tật
- Học Bổng, Tài Trợ hoặc Trợ Giúp Khác cho Chi Phí Sinh Hoạt
- Bồi Thường Bảo Hiểm hoặc Pháp Lý
- Hỗ trợ của Vợ Chồng hoặc Con Cái
- Tiền Mặt và/hoặc Thu Nhập Khác

Tổng Thu Nhập Hộ Gia Đình Hàng Năm

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

3

Tuyên Bố (Vui lòng đọc và ký tên)

Tôi tuyên bố rằng thông tin tôi đã cung cấp trong đơn này
là đúng và chính xác. Tôi đồng ý cung cấp bằng chứng thu
nhập nếu được yêu cầu. Tôi đồng ý thông báo cho Công Ty
Nước San Jose nếu tôi không còn đủ điều kiện nhận giảm
giá. Tôi hiểu rằng nếu tôi nhận được giảm giá mà không
đáp ứng điều kiện, tôi có thể phải trả lại số tiền giảm giá
đã nhận.

Tôi hiểu rằng Công Ty Nước San Jose có thể chia sẻ thông
tin của tôi với các công ty dịch vụ tiện ích khác hoặc các
đại lý của họ để ghi danh tôi vào các chương trình trợ giúp
của họ.

X _____

Chữ Ký Khách Hàng

Ngày

Table of Contents

The following listed tariff sheets contain all effective rates, rules and regulations affecting the rates and service of the Utility, together with information relating thereto:

<u>Subject Matter of Sheet</u>	<u>CPUC Sheet No.</u>
Title	1495-W
Table of Contents	2387-W, 2393-W, 2394-W (T)
Preliminary Statement	919-W, 1303-W, 2339-W, 2340-W, 2035-W 2037-W, 2040-W, 2041-W, 2215-W, 2087-W 2244-W, 2341-W, 2342-W, 2217-W, 2343-W 2252-W, 2263-W, 2279-W, 2277-W, 2364-W 2366-W, 2368-W
Service Area Map Locator	1266-W
Service Area Map Locator, Index	2391-W
Map of Areas with Special Pressure & Fire Flow Conditions	2116-W
Index to Map of Areas with Special Pressure & Fire Flow	1079-W, 2117-W, 1082-W, 1087-W, 1404-W
Rate Schedule:	
Schedule No. 1 General Metered Service	2370-W, 2371-W
Schedule No. 1 General Metered Service With Automatic Fire Sprinkler System	2372-W, 2327-W, 2373-W
Schedule No. 1 General Metered Service - Mountain District	2374-W, 2330-W, 2331-W, 2375-W
Schedule No. 4 Private Fire Service	2376-W, 2187-W
Schedule No. 9 Construction and Other Temporary Metered Service	1118-W, 1094-W
Schedule No. 1 Service to Employee	152-W
Schedule No. 1 Water Shortage Contingency Plan With Stage Mandatory Reductions and Drought Surcharges	2131-W, 2132-W, 2133-W 2134-W, 2149-W, 2136-W, 2137-W 2138-W, 2139-W, 2273-W
Schedule No. F Raw Water Metered Service	2377-W, 2378-W
Schedule No. F Recycled Water Metered Service	2379-W, 2380-W
Schedule No. L Surcharge to Fund Public Utilities Commission Utility Reimbursement Account (PUCURA)	2382-W
Schedule No. C Customer Assistance Program (CAP)	2346-W, 2391-W (T)
Schedule No. A Advanced Metering Infrastructure Opt-Out Fee	2281-W
List of Contractss and Deviations	2246-W, 2261-W

(continued)

(To be inserted by utility)	Issued By	(To be inserted by Cal. P.U.C.)
Advice Letter No.: <u>626</u>	<u>Margaret McWilliams</u> NAME	Date Filed: _____
		Effective Date: _____
Decision No.: <u>D.12-08-044</u>	<u>Director of Regulatory Affairs</u> TITLE	Resolution No.: _____

Table of Contents

(Cont

Subject Matter of Sheet

CPUC Sheet No.

Sample Forms:

Form No. 2	Portable Meter Deposit	534-W
Form No. 2A	Portable Meter Customer - Terms	1119-W
Form No. 3	Bill Form	2312-W
Form No. 3A	Past Due Notice (10-Day Notice)	2195-W
Form No. 3B	Final Notice (Individually Metered Customers)	2196-W
Form No. 3D	Closing Bill	2079-W
Form No. 3E	15-Day Tenant Notice (Master Metered Customers)	2197-W
Form No. 3F	Electronic Bill Form	2080-W
Form No. 4	Main Ext Contract "B Rule" - Individual Utility Install	813-W
Form No. 5	Main Ext Contract "B Rule" - Individual Applicant Install	814-W
Form No. 6	Main Ext Contract "C Rule" - Distribution Plant	2313-W
Form No. 8	Main Ext Contract "C Rule" - Special Facilities	2314-W
Form No. 10	Main Ext Contract "C Rule" - Special Facilities	2315-W
Form No. 11	Main Ext Contract "C Rule" - Subdivider Install	2316-W
Form No. 12	Main Ext Contract "C Rule" - Subdivider Install Oversizing	2317-W
Form No. 13	Main Ext Contract "C Rule" - Installation of Water Impro District	460-W
Form No. 14	Uniform Fire Hydrant - Service Agreement	461-W
Form No. 15	New Business Cash Receipt Form	840-W
Form No. 16	Relocation of Water Facilities	841-W
Form No. 17	Relocation or Resizing of Water Service of 3 inch and smaller	842-W
	Fire Main Extention, Hydrant and/or Private Fire Protection Service	843-W
Form No. 19	Water Facilities Constr Contract Redelopment Agency of City of SJ	844-W
Form No. 20	Relocation of Water Meter Not Requiring the Removal of the Existing Service for the Additional of	845-W
Form No. 21	New Service to Existing Served Property Including, if needed, Relocation of Existing Water Facilit	846-W
Form No. 22	Questionnaire for Domestic Service Installations Larger Than 1 Inch	2318-W
Form No. 23	Notice & Application for the Customer Assistance Program (CAP)	2392-W (T)
Form No. 24	Confidentiality and Non-Disclosure Agreement	2159-W

(To be inserted by utility)

Issued By

(To be inserted by Cal. P.U.C.)

Advice Letter No.: 626

Margaret McWilliams
NAME

Date Filed: _____

Effective Date: _____

Decision No.: D.12-08-044

Director of Regulatory Affairs
TITLE

Resolution No.: _____

**SAN JOSE WATER COMPANY
(U-168-W)**

ADVICE LETTER NO. 626

ATTACHMENT A

2026 – 2027 Annual Income Limits Letter
for CARE, ESA, and FERA

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



April 2, 2026

Amanda Sweetman
Pacific Gas and Electric Company
300 Lakeside Drive
Oakland, CA 94612

Michael Lamond
Alpine Natural Gas Operating
Company No. 1, LLC
P.O. Box 550
Valley Springs, CA 95252

Laurie Brown
Southwest Gas Corporation
8360 S Durango Dr.
Las Vegas, NV 89113

Joni Key
Southern California Edison
Company
8631 Rush Street
Rosemead, CA 91770

Ronald Moore
Bear Valley Electric Service, Inc.
42020 Garstin Dr.
Big Bear Lake, CA 92315

Cynthia Morris
West Coast Gas Company
9203 Beatty Dr.
Sacramento, CA 95826

Alan Salazar
San Diego Gas & Electric Company
8330 Century Park Court, CP32F
San Diego, CA 92123

Dan Marsh
Liberty Utilities LLC
9750 Washburn Road
Downey, CA 90241

Kristine Huliganga
Southern California Gas Company
555 W 5th Street, GT14D6
Los Angeles, CA 90013-0000

Charity Spires
PacifiCorp d.b.a Pacific Power
825 NE Multnomah Street,
Suite 2000
Portland, OR 97232

RE: Notice to update the income guidelines to Investor Owned and Small Multi-Jurisdictional Utilities providing services under the California Alternative Rates for Energy (CARE), Family Electric Rate Assistance (FERA) and Energy Savings Assistance (ESA) programs.

Dear Representatives of Investor Owned and Small Multi-Jurisdictional Utilities,

Pursuant to Decision (D.) 12-08-044,¹ this letter (“Letter”) provides information on updating the income limits for the CARE, FERA, and ESA Programs to Pacific Gas and Electric Company (PG&E), Southern California Edison Company (SCE), San Diego Gas & Electric Company (SDG&E), and Southern California Gas Company (SoCalGas) (collectively, the investor-owned utilities or IOUs); and Alpine Natural Gas Operating Company No. 1, LLC, Bear Valley Electric Service, Inc., Liberty Utilities LLC, PacifiCorp d.b.a Pacific Power, Southwest Gas Corporation, and West Coast Gas Company (collectively, the Small and Multi-Jurisdictional Utilities or SMJUs) (collectively, the Utilities). The Utilities should file revised tariffs with the California Public Utilities Commission (CPUC or Commission) reflecting the income levels specified below by May 1, 2026.

¹D.12-08-044, Ordering Paragraph 119.

CARE and ESA Program Income Guideline Updates:

The 2026–2027 CARE and ESA Programs’ income limits have been updated in accordance with Public Utilities (P.U.) Code Section 739.1 (a) and 2790 (f)-(g).² Federal Poverty Guidelines values and household size are used to determine the revised annual CARE, ESA, and FERA Programs’ income limits³. The Federal Poverty Guidelines are updated annually in January in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)⁴. In 2021, SB 756 updated P.U. Code Section 2790 by changing the income limits of ESA program eligibility from referencing P.U. Code 739.1 (which defined low-income as households with income no greater than 200 percent of the Federal Poverty Guidelines) to establishing the ESA Programs’ income limits at or below 250 percent of the Federal Poverty Guidelines beginning July 1, 2022.

The 2026-2027 income limits for CARE and ESA are provided below for household sizes of 1-8 persons.

Effective June 1, 2026 to May 31, 2027, CARE Programs’ income limits are as follows:

Table 1: CARE Income Guidelines

Household Size	Income Eligibility Upper Limit *
1-2	\$43,280
3	\$54,640
4	\$66,000
5	\$77,360
6	\$88,720
7	\$100,080
8	\$111,440
Each Additional Person	\$11,360
*Upper Limit Calculation = 200% of Federal Poverty Guidelines	

²PU Code Section 739.1(a)states: *The commission shall continue a program of assistance to low-income electric and gas customers with annual household incomes that are no greater than 200 percent of the federal poverty guideline levels, the cost of which shall not be borne solely by any single class of customer.*

PU Code Section 2790 states: *(f)(1) For purposes of this section, “low-income customers” means persons and families whose household income is at or below 250 percent of the federal poverty level... (g) This section shall become operative on July 1, 2022.*

³ Household income limitations per the Federal Poverty Guidelines are used to determine if a person or household qualifies for CARE, ESA, or FERA. This aligns with the requirements of P.U. Code Sections 739.1 (b)(1), 739.12 (a), and 2790 (f)(1) respectively.

⁴ The Federal Poverty Guidelines are updated annually in January and available online at: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

Effective June 1, 2026 to May 31, 2027, ESA Programs' income limits are as follows:

Table 2: ESA Income Guidelines

Household Size	Income Eligibility Upper Limit *
1	\$39,900
2	\$54,100
3	\$68,300
4	\$82,500
5	\$96,700
6	\$110,900
7	\$125,100
8	\$139,300
Each Additional Person	\$14,200
*Upper Limit Calculation = 250% of Federal Poverty Guidelines	

Family Electric Rate Assistance (FERA) Program Income Guideline Updates:

The CPUC authorized FERA, also known as the Lower Middle Income Large Household Program, in D.04-02-057 on February 26, 2004. In that decision, the CPUC stated that the use of CARE procedures for annual income eligibility is also reasonable for the FERA program.⁵ D.05-10-044, dated October 27, 2005, raised the lower income limits of the FERA program to 200%+\$1 of the Federal Poverty Guideline levels, which corresponds to the *upper* limits of the CARE program.

Effective June 1, 2026 to May 31, 2027, FERA income limits are as follows:

Table 3: FERA Income Guidelines

Household Size	Income Eligibility Lower Limit *	Income Eligibility Upper Limit **
1-2	\$43,281	\$54,100
3	\$54,641	\$68,300
4	\$66,001	\$82,500
5	\$77,361	\$96,700
6	\$88,721	\$110,900
7	\$100,081	\$125,100
8	\$111,441	\$139,300
Each Additional Person	\$11,360	\$14,200
*Lower Limit Calculation = 200% of Federal Poverty Guidelines (CARE) + \$1		
** Upper Limit Calculation = 250% of Federal Poverty Guidelines ⁶		

⁵D.04-02-057.

⁶*Ibid.*, at 2.

Note: The income limits set forth herein are effective for all new FERA, CARE, and ESA Program enrollments as well as CARE and FERA post-enrollment verifications and re-certifications. The existing list of programs that render ratepayers categorically eligible for the programs is retained unless updated per the direction of D.21-06-015. The Director of the Energy Division will continue to communicate new income levels annually and require energy utilities to file revised tariffs effective June 1st of each year.

The Utilities should file revised tariffs with the CPUC reflecting the income levels specified above by May 1, 2026. They need only file the revised tariff sheets but should ensure that all tariffs, internet sites and printed materials about the CARE, FERA, and ESA programs display the current income eligibility guidelines and their effective dates, up through a household of eight, as shown in the above tables. All tariffs, internet sites, and printed materials about the CARE program should also indicate that unacceptable energy usage levels could result in removal from the program.⁷

If you have any questions regarding the income limits, please contact Jennifer Gordon at jennifer.gordon@cpuc.ca.gov.

Sincerely,



Kerry Fleisher

Director of the Office of Distributed Energy Resources, Natural Gas, and Retail Energy Rates

Kerry.Fleisher@cpuc.ca.gov

⁷ PU code 739.1 (j)(2).