

2B

Household Income Eligibility

CHECK all sources of household income. You will be enrolled in the WRAP Program 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

\$						
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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 Company 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 Company can share my information with other utilities or their agents to enroll me in their assistance programs.

X

Customer Signature

Date



SAN JOSE WATER COMPANY
WATER RATE ASSISTANCE PROGRAM

Program Description

The California Public Utilities Commission has authorized San Jose Water Company to implement a Water Rate Assistance Program (WRAP) intended to lessen the effects of water rates on qualified participants. San Jose Water Company's WRAP 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.

San Jose Water Company'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 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. Once you have qualified for the program the WRAP discount will extend to the date your application was received by San Jose Water Company and the discount will automatically appear on your next water bill.

In order to fund this program SJWC 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 SJWC customers who are not participants of the WRAP program.

Program Qualification

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

The San Jose Water Company 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 renew your application every two years, or sooner, if requested.
- You must notify San Jose Water Company within 30 days if you become ineligible for WRAP.
- Your total gross annual income of all persons living in your household cannot exceed the following limits:

WRAP Income Qualification Guidelines (2020-2021)

Household Size	Total Gross Annual Income
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1-2 Persons	\$34,480
3 Persons	\$43,440
4 Persons	\$52,400
5 Persons	\$61,360
6 Persons	\$70,320
7 Persons	\$79,280
8 Persons	\$88,240
Each Additional	\$ 8,960

WRAP Application

If you are eligible and would like to participate in San Jose Water Company's Water Rate Assistance Program please complete the attached application and submit the required income verification to:

**Customer Service
Water Rate Assistance Program**

San Jose Water Company
110 W. Taylor Street
San Jose, CA 95110-9903

HABLA ESPANOL!!!!!!

Form No. 23

NOTICE AND APPLICATION FOR THE WATER RATE ASSISTANCE PROGRAM (WRAP)

APPLICATION FOR SAN JOSE WATER COMPANY'S
WATER RATE ASSISTANCE PROGRAM
PRIMARY RESIDENTIAL CUSTOMER

(Please type or print)

1

I am a primary residential customer of San Jose Water Company.

(Application must be in the name of the account holder)

Your name as shown on your San Jose Water Company account

Address where you receive water service

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San Jose Water Company Account Number (10 digits)

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

Email address: _____

Number of persons living
in your household:

<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
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
- 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**

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