

# H<sub>2</sub>O Help to Others Program™



Low Income  
Assistance Program

## INCOME GUIDELINES

(Effective June 1, 2012  
to May 31, 2013)

Number of Persons in Household	Total Combined Annual Income
1	\$ 22,340
2	\$ 30,260
3	\$ 38,180
4	\$ 46,100
5	\$ 54,020
6	\$ 61,940
7	\$ 69,860
8	\$ 77,780
Each Additional Person	\$ 7,920

## TO QUALIFY FOR H<sub>2</sub>O

- You must be an individually metered or flat-rate residential customer.
- The California American Water bill must be in your name.
- You may not be claimed as a dependent on another person's tax return.
- You must reapply each time you change your personal residence.
- You must renew your application every two years, or sooner, if requested.
- Your total annual income cannot exceed that on the chart to the right. Total income means the total income of ALL persons living full-time in your home as reported on Federal Income Tax Form 1040.
- California American Water must be notified within 30 days if you become ineligible for the H<sub>2</sub>O program.

**For households with more than eight persons, add \$7,920 annually for each additional person residing in the household.**

**For assistance, call (888) 237-1333,  
or visit [www.californiaamwater.com](http://www.californiaamwater.com).**

See H<sub>2</sub>O application on the reverse side

# APPLICATION: H<sub>2</sub>O Help to Others Program™ (H<sub>2</sub>O) Low Income Assistance Program

Mail Completed Application to:

California American Water, 8657 Grand Avenue, Rosemead, CA 91770



CALIFORNIA  
AMERICAN WATER

www.californiaamwater.com

Please fill out the form below and attach the following:

1. California American Water bill.

## CALIFORNIA AMERICAN WATER CUSTOMER INFORMATION: (please type or print)

Customer Account Number

Have you applied/enrolled in this program in the past ? ☐ Yes ☐ No

Name \_\_\_\_\_  
As it appears on your bill

Home Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_  
Do NOT use a P.O. Box

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_  
If different from above address

Daytime Telephone Number   
Please include Area Code

Number of people living in your household  Adults +  Children =  Total

## MAXIMUM HOUSEHOLD INCOME: (effective June 1, 2012 to May 31, 2013)

Your Household's gross annual income may not exceed these CARE income guidelines.

Number of Persons in Household	1	2	3	4	5	6	7	8	Each Additional Person	For households with more than eight persons, add \$7,920 annually for each additional person residing in the household.
Total Combined Annual Incomes	\$22,340	\$30,260	\$38,180	\$46,100	\$54,020	\$61,940	\$69,860	\$77,780	\$7,920	

## PUBLIC ASSISTANCE PROGRAM ELIGIBILITY

(CHECK all programs you or someone in your household participate in)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Medicaid/Medi-Cal (under age 65)     | <input type="checkbox"/> Women, Infants and Children (WIC)                  | <input type="checkbox"/> CalFresh/SNAP (Food Stamps)                 |
| <input type="checkbox"/> Medicaid/Medi-Cal (age 65 and over)  | <input type="checkbox"/> Healthy Families A & B                             | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> Supplemental Security Income (SSI)   | <input type="checkbox"/> CalWORKs (TANF) or Tribal TANF                     | <input type="checkbox"/> Head Start Income Eligible (Tribal Only)    |
| <input type="checkbox"/> National School Lunch Program (NSLP) | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |  |

## HOUSEHOLD INCOME ELIGIBILITY

(CHECK all sources of household income. You may be enrolled in either the CARE Program depending on your household size and income)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Pensions   | <input type="checkbox"/> Wages and/or Profits from Self-Employment   | <input type="checkbox"/> Scholarships, Grants or other aid for living expenses |
| <input type="checkbox"/> Social Security  | <input type="checkbox"/> Rental or Royalty Income                    | <input type="checkbox"/> Insurance or Legal Settlements                        |
| <input type="checkbox"/> SSP or SSDI  | <input type="checkbox"/> Unemployment Benefits                       | <input type="checkbox"/> Spousal or Child Support                              |
| <input type="checkbox"/> Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts | <input type="checkbox"/> Disability or Workers Compensation Payments | <input type="checkbox"/> Cash and/or Other Income                              |

Total Annual Household Income: \$

## DECLARATION: (please read carefully and sign below)

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 California American 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 California American Water can share my information with other utilities or their agents to enroll me in their assistance programs.

X \_\_\_\_\_  
California American Water Customer Signature ☐ fill in circle if guardian or power of attorney

\_\_\_\_\_  
Date

For Questions Call: (888) 237-1333

## ABOUT THE PROGRAM

At California American Water, we believe fresh, clean water is a resource that should be made available to everyone. That is why we have developed the H<sub>2</sub>O Help to Others Program™ (H<sub>2</sub>O) to provide assistance to low-income families.



With H<sub>2</sub>O, eligible members are determined based on a household's gross yearly income. To see if your household qualifies for H<sub>2</sub>O, please refer to the income guidelines that follow. If your household meets the necessary requirements, assistance will be provided to you in the form of a monthly discount on your water charges.

To apply for H<sub>2</sub>O, simply fill out the application on the reverse side and mail it to the address listed at the top of the application. For further information about H<sub>2</sub>O or your California American Water service, please call us at (888) 237-1333 or visit us on the Web at [www.californiaamwater.com](http://www.californiaamwater.com).

### Give your lawn a day off.

California American Water encourages its customers to adjust their sprinkler timers for big strides in water conservation. Depending on your property, up to 70 percent of your water use is on your outdoor landscape. If you currently water your lawn four days a week, cut it back to three. Your lawn won't mind and you'll be cutting your overall water use by more than 17 percent. Visit [www.amwater.com](http://www.amwater.com) for more water conservation tips.

In a world where everything we touch frequently changes, water is our constant. We've never stopped needing it to drink, to cook, to clean, to live. We'll always need it for sanitation, for fire protection, for watering our lawns and washing our cars.

It's easy to take water for granted. And because so many do, we don't.

We are scientists, environmentalists, innovators, and protectors. We are also residents and employees in the communities we serve. We understand how important, how precious, and how critical water is to daily life.

### A Conservation Message from California American Water

California American Water always works to ensure water is available for future generations, so we are committed to conserving our most precious resource. With small changes in water use habits, you can be a part of this commitment while lowering your water bill.



At California American Water we speak your language. Our customer service representatives will be happy to assist you in any language. For assistance, call (888) 237-1333.

En California American Water hablamos su idioma. Nuestros representantes de servicio al cliente le atenderán con gusto en cualquier idioma. Para asistencia, llame al (888) 237-1333.

California American Water的员工能说您的语言。我们的客户服务代表乐于用任何语言向您提供任何帮助。要寻求帮助，请致电：(888) 237-1333。

Sa California American Water, nagsasalita kami ng inyong wika. Maaari kayong tulugan ng aming mga kinatawan sa customer service sa alinmang wika. Para humingi ng tulong, mangyaring tawagan ang (888) 237-1333.

ที่ California American Water เราพูดภาษาของท่านได้  
ตัวแทนฝ่ายบริการลูกค้าของเรายินดีที่จะช่วยเหลือท่านในทุกลanguage  
หากต้องการความช่วยเหลือ กรุณาติดต่อ (888) 237-1333

California American Water nói được ngôn ngữ của quý vị.  
Các đại diện dịch vụ khách hàng của chúng tôi sẵn sàng  
giúp đỡ quý vị bằng bất cứ ngôn ngữ nào.  
Để được giúp đỡ, xin vui lòng gọi số (888) 237-1333



CALIFORNIA  
AMERICAN WATER

WE CARE ABOUT WATER. IT'S WHAT WE DO.  
(888) 237-1333 • [www.californiaamwater.com](http://www.californiaamwater.com)

