

# South Tahoe Public Utility District

1275 Meadow Crest Drive  
South Lake Tahoe, CA 96150  
(530) 544-6474

## 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 District's customer is the record owner of a parcel served by a water or sewer connection. The amount of the rebate is 20% of the standard residential sewer and/or water rate. Eligible customers will receive their rebate as a credit to their quarterly utility bill.

### Program Requirements

1. Current participation in the Liberty Energy Utilities CARE Program is required. **Please attach a copy of your most recent billing showing participation in the CARE Program. The CARE Program address must agree with the address applied for below.**
2. The address applied for must be your primary residence.
3. Each application shall be for one residence only.
4. The rebate is not transferable to a new address or another person. If you move, you may reapply for the Program for the new address.
5. You must apply for the Program annually to continue to receive the rebate.
6. 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 meet Program requirements.
7. The Program does not apply to rental properties or second homes.

### Customer Information

Application Date \_\_\_\_\_

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.

Signature \_\_\_\_\_

Return your completed application together with attachment to:  
STPUD – RRP, 1275 Meadow Crest Drive, South Lake Tahoe, CA 96150

<u>Maximum Household Income</u>	
# of Persons in Household	Total Combined Annual Income
1.....	\$22,980
2.....	\$31,020
3.....	\$39,060
4.....	\$47,100
5.....	\$55,140
6.....	\$63,180
Add \$7,104 for each additional family member	

<b>For District Use Only</b>	
Acct. #	_____
APN	_____
Approved	_____
Rate Update	_____
Adjustment	_____
Letter	_____
CAP Spreadsheet	_____
Date	_____
CSR	_____