



Strawberry District

2024-25 Low Income Ratepayer Assistance (LIRA)

Program Description

The California Public Utilities Commission has authorized Del Oro Water Company to implement a Low Income Ratepayer Assistance (LIRA) program intended to lessen the effects of water rates on low-income families. The Del Oro Water Company's Strawberry District LIRA provides a 50% discount (max. discount \$66.43) of the 5/8" x 3/4" Readiness-To-Serve charge for residential service for customers eligible for the program based upon the same income qualification guidelines that are used by PG&E's rate assistance CARE program.

If you already participate in PG&E's CARE program, you will also qualify for Del Oro Water Company's LIRA. Customers without PG&E service in their name can qualify by providing income verification in accordance with the program guidelines. The program also extends eligibility to qualified non-profit group living facilities. Once you have qualified for the program, the LIRA discount becomes effective no later than one billing period after receipt and approval of the customer's application by Del Oro Water Company. The discount will automatically appear on your water bill.

In order to fund this program, the Commission has authorized Del Oro Water Company to collect a surcharge of \$1.39 per month on ineligible customers. The surcharge will be identified separately on the bill and be applied to all customers who are not recipients of the LIRA benefits.

Program Qualifications

To qualify for the LIRA discount, you must meet the following requirements:

- The Del Oro Water Company bill must be in your name.
- Your Del Oro property must be your primary residence.
- 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 Del Oro Water Company within 30 days if you become ineligible for the LIRA.
- You must provide verification of your household income with your application, such as a tax return, W-2 or any other proof acceptable to Del Oro Water Company.
- Your total gross annual income* of all persons living in your household cannot exceed the following limits:

LIRA Income Qualification Guidelines
(Effective June 1, 2024 – May 31, 2025)

<u>Household Size</u>	<u>Total Gross Annual Income</u>
1 – 2 Persons	\$40,880
3 Persons	\$51,640
4 Persons	\$62,400
5 Persons	\$73,160
6 Persons	\$83,920
Each Additional	\$10,760

PG&E CARE participants must submit a copy of your PG&E bill showing the CARE discount.

* For the purposes of the LIRA program, the term "total gross annual income" means all money and non-cash benefits available for living expenses, from all sources, both taxable and non-taxable, before deduction for all persons who live in your home. This includes, but is not limited to: wages, salaries and commissions; child/spousal support; interest, dividends or withdrawals from savings accounts, stocks and bonds, or retirement accounts such as IRA and 401K accounts; stocks; bonds; business or rental income; support from family or friends; cash gifts; loans; lottery winnings; tax refunds and money from insurance policies or legal settlements; Social Security; retirement; veterans disability or unemployment benefits and workers compensation; AFDC; SSI; SSP; cash public assistance; food stamps and free housing or utilities; school grants; loans; scholarships or other financial aid. Documents submitted will not be returned.



Cut Here

Form No. 15

Notice and application for the 2024-25 Low Income Ratepayer Assistance Program
STRAWBERRY DISTRICT
Application For Del Oro Water Company's Low Income Ratepayer Assistance Program

I am a residential customer of Del Oro Water Company (DOWC). Please indicate below:

(Please Type or Print)

Your name as shown on your Del Oro account:

Address where you receive Del Oro water service:
Must be your primary residence

Del Oro Account Number:
013 _____

Phone Number:
(Home) _____ (Work) _____

Number of persons living in your household: _____

***Please attach a copy of your PG&E bill showing CARE discount or other proof of income for eligibility verification**

By signing below, I certify under penalty of perjury that this information is true and correct under the laws of the state of California. I will provide proof of income and I will notify Del Oro Water Company of any changes that affect my eligibility.

Your signature Date

Please complete the application and submit with eligibility verification to:

Customer Service
DEL ORO WATER COMPANY
Drawer 5172
Chico, CA 95927

