Santa Clarita Valley Water Agency
Ratepayer Assistance Program (RAP) Application

(661) 294-0828
ccare@scvwa.org

Individually metered residential customers who receive water through a 1-inch or smaller water meter and are currently enrolled in the Southern California Edison ("Edison") or Southern California Gas ("SoCalGas") California Alternate Rates for Energy ("CARE") programs are eligible to apply. The name and/or service address on the Edison bill or SoCalGas bill reflecting the customer's enrollment in the CARE program must match the name and/or service address on the Agency water bill. A new application must be submitted each year. RAP recipients will receive a $10 monthly credit towards the Monthly Fixed Charge of their water bill for up to a 12-month period.

Documentation will be required for verification purposes. Please check all that apply:

☐ CARE - Southern California Edison

☐ CARE - Southern California Gas

Priority will be given to the following groups meeting the eligibility criteria. Documentation will be required for verification purposes. Please check all that apply:

☐ Senior, age 62 or greater

☐ Veteran

☐ Permanently Disabled

APPLICANT'S NAME AS SHOWN ON WATER BILL ______________________________

ACCOUNT NUMBER ______________________ DIVISION ______________________

SERVICE ADDRESS ____

PHONE - PRIMARY ______________________ SECONDARY ______________________

EMAIL ____

By signing below, I certify under penalty of perjury that the information I have provided is true and correct and that I will notify SCV Water of any changes that may affect my eligibility as they are stated in Section 4.0 of the Pilot – Ratepayer Assistance Program in the Agency's Policies, Rules and Regulations. I understand that financial assistance shall be given to qualifying customers from the priority group as identified in Section 4.4 of the Policy, on a "first-come, first-served" basis, so long as funds are available and designated by the Board of Directors in each fiscal year and that once all of the authorized funds in a fiscal year are committed to qualifying customers, the Agency is under no obligation to provide any financial assistance to additional customers. Further, I understand that the Agency, in its sole discretion, reserves the right to reduce amounts available under the Assistance Fund, and any assistance available under that program, in its entirety, upon at least thirty (30) days written notice to participants in the program.

SIGNATURE OF APPLICANT ______________________________ DATE ______________

FOR OFFICE USE ONLY

Date Received ______________________ Date Verified ______________________

Date Effective ______________________ Verified By ______________________