



Santa Clarita Valley Water Agency
Ratepayer Assistance Program (RAP) Application
FY 25-26

(661) 294-0828
ccare\_RAP@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 fiscal year. This means that your Monthly Fixed Charge will be reduced by \$10 for the remaining months in the current Fiscal Year.

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 EMAIL

SERVICE ADDRESS

PHONE - PRIMARY SECONDARY

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 (the Agency) 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\*\*\*

ELIGIBILITY: ELIGIBLE NOT ELIGIBLE Application Processed By Date

PRIORITY: VERIFIED NOT VERIFIED Enrollment Processed By Date