

Water Assistance Program

What is the Water Assistance Program?

The water assistance program provides income qualified homeowners with a discount on their water bill.

Who is Eligible?

Homeowners who meet the income qualification requirements and who are enrolled in Pacific Gas & Electric's (PG&E) CARE Program are eligible. A homeowner is the owner-occupant of a parcel in Davis who is listed as the owner on the assessor's tax roll.

Water Assistance Program Guidelines:

- This program is limited to a maximum of 250 customers annually.
- Owners must be participating in the PG&E CARE Program and have proof of participation.
- Following enrollment, you may be selected for income verification and must provide proof of qualifying household income in order to remain in the program.
- You must notify the City of Davis if your household no longer qualifies for the discount.
- You are required to recertify your eligibility every year.

How Do I Apply?

- Fill out an application
- Submit a copy of your proof of eligibility/participation in the PG&E CARE program with your application

SECTION	I: Declaration of	Declaration of Owner/Occupant:					
I (We) dec property lo	· ·	ve) are the owner(s) and	d occupant(s) of the dwelling unit and				
SECTION	II: Declaration o	f Income:					
	lare that the total combi limit for the household		r) household for 2023 did not exceed the ow:				
Size of H	lousehold and Maximur	n Total Combined Hou	sehold Income before Taxes based on				
		Current Income Sour	<u>ces</u>				
	1 with max \$40,400		5 with max \$62,300				
	2 with max \$46,150		6 with max \$66,900				
	3 with max \$51,900		7 with max \$71,500				
	4 with max \$57,650		8 with max \$76,100				
household m household ir "Household	nembers. You may be select acome in order to remain on a member" is any and all pe	ted for income verification at the program. ersons living in the residence	ss income and capital assets income for all and must provide proof of qualifying the at any time during the tax year including the and members whether or not they reside in				
SECTION City of Davi	IV: I (We) agree to prove if my household income of	ide proof of household income longer qualifies me (us) to the State of California that the state of the state	&E CARES program with this application. ome if asked. I (We) also agree to inform the to receive the discount. I (We) declare under the information I (We) have provided in this on: Date				
Print Appli	cant's name	Applicant Sign He Co-Applicant Sign	ere				
Print Co-Applicant's name		Co-rippiicani Sign	1110				



Water Assistance Program Application

Applicant Info								
Name:	First Name	Middle Initial	Last Name					
Daytime		Area Code	Telephone Number					
Telephon	ne Number		-					
Account Number								
	Address N	umber	Street Name	#				
Service Address								
	Ci	ty	State Zi	p Code				
Your PG&E bill provides proof of CARES program participation. Please remit your PG&E bill page which shows your enrollment in the CARE Program. See Below.								
ENERGY STATEMENT www.pge.com/MyEnergy								
Your Er	rolled P	rograms						
CARE D	iscount							

Return this completed application and the <u>proof of CARES</u> participation via mail or the drop box (located in the City Hall Parking Lot)

City of Davis

Finance Department

23 Russell Blvd, Ste 3, Davis CA. 95616