

PAYSON WATER CO., INC.

Sheet No. -

DOCKET NO. W-03514A-18-0230

Cancelling Sheet No. __

Applies to all service areas

LOW INCOME PROGRAM (LIP)

APPLICABILITY

Applicable to residential water service for domestic use rendered to low-income households where the customer meets all of the program qualifications and special conditions of this rate schedule.

TERRITORY

Within all customer service areas served by Payson Water Co., Inc. ("PWC").

RATES

The discount rate is 15 percent of the total bill or \$10.00 per month, whichever is less.

PROGRAM QUALIFICATIONS

1. The bill must be in your name and the address must be your primary residence or you must be a tenant receiving water utility service for which you are responsible.
2. You may not be claimed as a dependent on another person's tax return.
3. You must reapply each time you move residences.
4. You must reapply every two (2) years, or sooner, if requested.
5. You must recertify each year by submitting a declaration attesting to your continuing eligibility.
6. You must notify the Company within thirty (30) days of having become ineligible for the LIP.
7. Your total gross annual income of all persons living in your household cannot exceed 200 percent of the annual Federal Poverty Guidelines:¹

¹ The 2019 U.S. Department of Health and Human Services poverty guidelines are in effect as of January 11, 2019.

Issued: _____

Effective: _____

ISSUED BY:

Jason Williamson, President
7581 E. Academy Blvd., Suite 229
Denver, CO 80230

Decision No. 77278

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<u>No. of Persons in Household</u>	<u>Total Gross Annual Income</u>
1	\$24,980
2	33,820
3	42,660
4	51,500
5	60,340
6	69,180

For each additional person residing in the household, add \$8,840

For the purpose of the program the "gross household income" means all money and non-cash benefits, available for living expenses, from all sources, both taxable and non-taxable, before deductions for all people who live in your home. This includes, but is not limited to:

- | | | |
|----------------------------------|------------------------------------|--------------------------------|
| Wages or salaries | Social Security, SSI, SSP | Rental or royalty income |
| Interest or dividends from: | Scholarships, grants, or other aid | Profit from self-employment |
| Savings account, stocks or bonds | Disability payments | (IRS form Schedule C, Line 29) |
| used for living expenses | Food Stamps | Worker's Compensation |
| TANF (AFDC) | Insurance settlements | Child Support |
| Pensions | Unemployment benefits | Spousal Support |
| Gifts | | |

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SPECIAL CONDITIONS

1. Application and Eligibility Declaration: An Application and eligibility declaration on a form authorized by the Commission is required for each request for service under this schedule. Renewal of a customer's eligibility declaration will be required at least every two (2) years.
2. Recertification: A customer enrolled in PWC's LIP must, each year, recertify by submitting a declaration attesting to continuing eligibility.
3. Commencement of Rate: Eligible customers shall be billed on this schedule commencing with the next regularly scheduled billing period that follows receipt of application by PWC.
4. Verification: Information provided by the applicant is subject to verification by PWC. Refusal or failure of a customer to provide documentation of eligibility acceptable to PWC, upon request by PWC, shall result in removal from this rate schedule.
5. Notice from Customer: It is the customer's responsibility to notify the PWC if there is a change of eligibility status.
6. Rebilling: Customers may be re-billed for periods of ineligibility under the applicable rate schedule.
7. Participation Cap: The LIP is limited to 200 residential customers.

LIP ADMINISTRATION

1. The program cost will be recovered through a surcharge assessed to non-participating residential and commercial customers. All funds, less any program administration fees incurred, will be used directly by PWC for bill assistance provided to PWC qualifying customers.
2. The Company will file, by March 1 each year, an annual report detailing the number of participants from the previous calendar year, the total amount of discounts given, direct and indirect costs associated with the program, collections made from the surcharge from all ratepayers used to fund the program and provide updated gross annual income guidelines from the federal government as necessary.
3. If an applicant does not meet the LIP qualifications, they will be notified by PWC of ineligibility and the reason for denial.

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LOW INCOME PROGRAM (LIP)
SURCHARGE

APPLICABILITY

Applicable to all customers of the Company not participating in the LIP, through which residential water service for domestic use is rendered to low income households where the customer meets all the LIP qualifications and special conditions of the LIP rate schedule.

TERRITORY

Within all customer service areas served by the Company.

RATES

A surcharge of \$0.31 will be applied each month to the bills of non-participating customers for recovery of the costs (discounts, direct costs, and carrying charges) associated with the LIP program. The surcharge is the amount resulting from dividing the total program costs by the number of bills issued to non-participating customers in the past 12-month tracking period.

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**PAYSON WATER CO., INC.
APPLICATION FOR LOW INCOME PROGRAM**

Your Name _____
As it appears on your water bill or as appearing on valid identification

Customer Account No. _____

Service Address _____

Mailing Address _____
If different from above address

Daytime Telephone Number _____
Please include Area Code

Number of people living in household: Adults [] [] + Children [] [] = Total [] []

Total Gross Annual Income of Household: _____

Applicants must provide a copy of their current picture ID, most recent water bill, and most recent proof of 30-day income (i.e., pay stubs, SSA, SSI, unemployment insurance, etc.) along with the application for verification of program eligibility. Annual low income cannot exceed 200% of the annual Federal Poverty Guidelines (\$24,980 for a single-person household and \$33,820 for a two-person household). For more information on the Federal Poverty Guidelines please visit www.aspe.hhs.gov.
Please note, if approved for the LIP, approval is ongoing. *

By signing below, I certify under penalty of perjury that (1) this information is true and correct under the laws of the State of Arizona, (2) I am not claimed as a dependent on another person's tax return, and (3) I will provide proof of income and notify Payson Water Co., Inc. of any changes that affect my eligibility. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received.

Customer Signature Date

INSTRUCTIONS: An Application for PWC's Low Income Program must be submitted every two (2) years. A Declaration of Eligibility must be submitted annually.

Submit completed application to:

Payson Water Co., Inc.
7851 E. Academy Boulevard, Suite 229
Denver, CO 80230
info@jwwater.net

FOR PAYSON WATER CO., INC. USE ONLY

Date received _____ Date Verified _____ Verified By _____

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**PAYSON WATER CO., INC.
LOW INCOME PROGRAM DECLARATION OF ELIGIBILITY**

Your Name _____
As it appears on your water bill or as appearing on valid identification

Customer Account No. _____

Service Address _____

Mailing Address _____
If different from above address

Daytime Telephone Number _____
Please include Area Code

I, _____,
Your Name (please print)

last submitted an LIP Application on _____
(dd/mm/yyyy)

and hereby confirm my eligibility for the year ending _____
(dd/mm/yyyy)

Customer Signature

Date

INSTRUCTIONS: An Application for PWC's Low Income Program must be submitted every two (2) years. A Declaration of Eligibility must be submitted annually.

Submit completed declaration to:

Payson Water Co., Inc.
7851 E. Academy Boulevard, Suite 229
Denver, CO 80230
info@jwwater.net

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DEPLOYED SERVICES MEMBER PROGRAM

This program allows the Company to provide a credit to deployed service members of the United States Military equal to the cost of the basic and volumetric water charges as well as applicable taxes. The Company will defer these costs and seek recovery in its next rate case.

The Company will provide the credit on the deployed service member's water bill provided that the following criteria are met:

1. Deployment is not a "permanent change of station." Permanent change of station requires a service member to permanently change his or her place of residence, paid for by the applicable military branch. A service member's decision to keep a secondary residence in Arizona would be discretionary and would not qualify for this credit.
2. Deployed member does not have family or any tenant(s) living in the premises. Short term deployments, where a spouse and/or dependents remain in the United States would not qualify, as the service member would receive separate compensation from the military to cover domestic expenses while deployed.
3. The deployed service member is an active member of the military (e.g., Air Force, Army, Coast Guard, Marines, and Navy).

ADMINISTRATION

1. Participation shall be limited to 50 customers, but the Company is permitted to seek Commission approval to change participant limits based on level of participation.
2. The Company will file with Docket Control, by March 1st each year, an annual report detailing the number of participants from the previous calendar year, the total amount of credits provided by the program, and the total of any program administrative costs.

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PAYSON WATER CO., INC.

DEPLOYED SERVICES MEMBER PROGRAM APPLICATION

Your Name _____
As it appears on your water bill or as appearing on valid identification

Customer Account No. _____

Service Address _____

Mailing Address _____
If different from above address

Daytime Telephone Number _____
Please include Area Code

I, _____,
Your Name (please print)

confirm my eligibility until _____,
(deployment return date)

Customer Signature

Date

INSTRUCTIONS: Attach a copy of your redacted deployment orders.

Submit completed application to:

Payson Water Co., Inc.
7851 E. Academy Boulevard, Suite 229
Denver, CO 80230
info@jwwater.net

PAYSON WATER CO, INC. USE ONLY

Date received _____ Date Verified _____ Verified By _____