

Arizona Corporation Commission

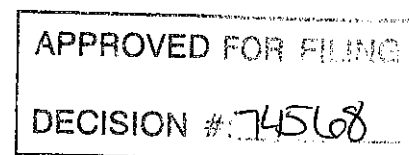
Chaparral City Water Company

Docket No. W-02113A-13-0118

Low Income Program Plan of Administration

**Chaparral City Water Company
Low Income Program
Plan of Administration**

This Plan of Administration ("Plan") relates to the administration of Chaparral City Water Company's ("CCWC" or the "Company") Low Income Program ("Program"). The purpose of the Plan is to describe how CCWC will administer the Program as approved by the Arizona Corporation Commission in Docket No. W-02113A-13-0118. This plan is being filed as required in decision number 74568 issued June 20, 2014.



I. Overview

CCWC is a public service corporation providing water utility service in Maricopa County, Arizona pursuant to a Certificate of Convenience and Necessity granted by the Arizona Corporation Commission. The Low Income Program has been closely modeled after the other current low income programs which EPCOR successfully employs in its Sun City Water, Agua Fria Water, Havasu Water and Mohave Water districts.

II. General Description – Low Income Program

The purpose of this Plan is to define the Low Income Program for CCWC and establish the process for funding and distributing the assets of the program. This program is designed as a short-term relief program to provide assistance to residential customers in CCWC's service area. This program is applicable to residential water service for domestic use rendered to low-income households where the customer meets all the program qualifications and special conditions outlined in this Plan. Program is only for residential customers with 3/4-inch or 1-inch meters or persons residing in multi-family housing units. Eligible customers will receive a \$7.50 discount applied against their monthly Usage Charge. The program is limited to 250 customers.

III. Program Qualifications

1. The Company bill must be in applicant's name and the address must be applicant's primary residence or applicant must be a tenant receiving water service by a master-meter or system.
2. Applicant may not be claimed as a dependent on another person's tax return.
3. Applicant must reapply each time applicant moves.
4. Applicant must notify the Company within 30 days if applicant becomes ineligible for the program.
5. Applicant's total gross annual income for all persons living in household cannot exceed 150% of the Federal Poverty guidelines for the eligibility period.

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For purposes of this 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 applicants 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 accounts, stocks or | Disability payments | (IRS form Schedule C, Line 29) |
| bonds used for living expenses | Worker's Compensation | Insurance Settlements |
| Temporary Assistance for | Unemployment Benefits | Spousal Support |
| Needy Families (TANF /AFDC) | Food Stamps | Child Support |
| Pensions | | |
| Gifts | | |

IV. Special Conditions

1. Application and Eligibility Declaration: An application and eligibility declaration is required for each request for service under this schedule.
2. Commencement of Rate: Eligible customers whose applications have been approved shall be billed on this schedule commencing with the next regularly scheduled billing period that follows receipt of application by Company.
3. Verification: Information provided by the applicant is subject to verification by Company (or Company designee). Refusal or failure of a customer to provide documentation of eligibility acceptable to Company, upon request by Company, shall result in removal from this rate schedule.
4. Notice from Customer: It is the customer's responsibility to notify the Company if there is a change of eligibility status.
5. Rebilling: Customers may be re-billed for periods of ineligibility under the applicable rate schedule.
6. Master-metered: A reduction will be calculated in the bill of master-metered customers, who have sub-metered tenants that meet the income eligibility criteria, so an equivalent discount (\$7.50) can be passed through to eligible customer(s) where agreements can be reached with the owner of the account to distribute the discounts on

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behalf of the Company. Master-metered customers must agree to pass discount on to tenant and tenant will be asked to confirm receipt.

7. Participation Cap: The low income program is limited to 250 residential water customers. Application will be reviewed and approved on a first come, first served basis. Applicants will be placed on a waiting list if the participation cap has been met.

V. Funding

Funding for the program is provided via an approved surcharge. The low income surcharge rate is \$0.0573 per thousand gallons applied to all monthly usage in the highest tier for residential, commercial, and industrial customers.

VI. Administration

CCWC will administer the Chaparral Low Income Program until such time as an agency can be engaged to administer the program. CCWC, or its approved agent, will coordinate the program with Community Action Program (CAP) agencies that assist low income customers to benefit qualifying Company customers. All funds, less any program administration fees incurred, will be used directly by CCWC or its approved agent for bill assistance provided to qualifying Company customers.

VII. Reporting

All dollars associated with the program, funding and credits, are maintained in a balance sheet account identified by a unique project number. The Company will perform reconciliations on a monthly basis to identify the amount of funding collected, total amount of credits issued to customers, number of customers receiving assistance, and amounts distributed to administering agencies, if applicable.

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VIII. Application

A copy of the "Chaparral Low Income Assistance Program Application" is attached as Exhibit A.

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ORIGINAL

Exhibit A

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CHAPARRAL LOW-INCOME ASSISTANCE PROGRAM

APPLICATION: For a credit of \$7.50 per month

Residential Low-Income Assistance Program Offered by EPCOR Water/Chaparral City Water Company

(Only for residential customers on a 1" or 3/4" meter or persons residing in housing in a homeowner association, apartment complex or mobile home park)

SECTION 1: Customer Fill-in Information

Customer Account Number _____

Located at the top of your water bill or provide the name of the HOA, apartment complex or mobile home park

Your Name _____

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

Number of Persons in Your Household _____

Your Home Address _____

Where you receive water service

City _____

State _____

Zip Code _____

Mailing Address _____

Where you receive your water bill if different from Home Address. Persons residing in an HOA, apartment complex or mobile home park cannot have an address different from the Home Address.

City _____

State _____

Zip Code _____

Daytime Telephone Number

Please include Area Code

□ □ □ - □ □ □ - □ □ □ □ □

If you are already receiving low-income assistance from another utility for your electric or gas bill, please indicate the name of the utility: _____

Applicants must provide a copy of their current Picture ID, most recent water bill and copies of the most recent proof of 30-day income (Pay Stubs, SSA, SSI, Unemployment insurance, etc.), along with the application for verification of program eligibility. Annual low income does not exceed \$17,505 for a single-person household (\$23,595 for two-person households). For more information on the Federal Poverty Guidelines please visit www.aspe.hhs.gov. **Please note** if approved, approval is on-going.

Applicant swears (s)he is not claimed as a dependent on another person's tax return. I agree to inform EPCOR Water if I no longer qualify (i.e., monthly income becomes greater than 150% of the Federal Poverty guideline) to receive the low-income monthly credit. I understand that if I receive the discount without qualifying for it, I may be required to pay back EPCOR Water the discount I received while not qualifying.

Customer Signature _____

Date _____

Mail Completed Application to:
EPCOR Chaparral City Water Company
12021 Panorama Drive
Fountain Hills, AZ 85268

CUSTOMERS PLEASE DO NOT WRITE IN THE ADMINISTRATIVE SECTION BELOW

SECTION 2: Determine the Customers Eligibility for the Program

Each applicant for the Low-Income Assistance Program must meet all criteria below to be eligible for the program. Each item must be **verified and checked** to be eligible.

I have verified that the: Applicant resides in the Chaparral water district service territory as accurately indicated above and verified by service territory maps, and most recent household 30-day income from all sources before deductions does not exceed 150% of the current Federal Poverty Guideline.

Signature of Intake Staff _____

Date _____

TASKS:	Responsible	Indicate Credit	By (Person)	DATE
Application received	EPCOR	-		
Customer identification, income eligibility and water district location verified	EPCOR	-		
Completed application sent to EPCOR Water	EPCOR	-		
Rate adjustor setup for customer account or on check mail list	EPCOR	-		
Verify low-income credit appears on customer first eligible bill	EPCOR	-		
Follow up verification of continuing eligibility as requested	EPCOR	-		

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