

Schedule No. WW-CAP
All Wastewater Services
CUSTOMER ASSISTANCE PROGRAM

Sheet 1

APPLICABILITY

Applicable to Monterey County - Active and Passive Sewer Services.

TERRITORY

The Monterey County Systems of Las Palmas, Pasadera, Carmel Valley Ranch, Indian Springs, White Oaks, Spreckels, Village Greens, and Oak Hills.

RATES

Active Sewer Service

<u>Las Palmas:</u>	<u>Per Service Per Month</u>	
Service Charge Residential	\$100.80	(I)
<u>Pasadera:</u>		
Service Charge Residential	\$100.80	
<u>Carmel Valley Ranch:</u>		
Service Charge Residential	\$100.80	
<u>Indian Springs:</u>		
Service Charge for Residential	\$100.80	(I)

Passive Sewer Service

<u>Oak Hills:</u>	<u>Per Service Per Month</u>	
Service Charge for Residential.....	\$73.55	(I)
<u>Spreckels:</u>		
Service Charge for Residential.....	\$73.55	
<u>White Oaks:</u>		
Service Charge for Residential.....	\$73.55	
<u>Village Greens:</u>		
Service Charge for Residential.....	\$73.55	(I)

(Continued)

(TO BE INSERTED BY UTILITY)
Advice 87-S
Decision

ISSUED BY
J. MORSE
DIRECTOR - Rates & Regulatory

(TO BE INSERTED BY C.P.U.C.)
Date Filed 11/17/2025
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Resolution _____

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Sheet 2

APPLICABILITY

Applicable to Dunnigan Wastewater service.

TERRITORY

Dunnigan, along both sides of Interstate 5, between County Roads 2 on the north and County Road 9 on the south, Yolo County.

RATES

	<u>Per Service Connection</u>	
	<u>Per Month</u>	
For each Mobile Home residential unit	\$41.19	(I)
For each Recreational Vehicle unit	\$41.19	(I)

(Continued)

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Sheet 3

SPECIAL CONDITIONS APPLICABLE TO CUSTOMER ASSISTANCE PROGRAM:

General Items:

1. Customer Assistance Program (CAP): As reflected in this tariff, qualifying customers receive a surcredit, as noted above, per month per qualifying residential customer. Customers must apply with the Company for acceptance into the Customer Assistance program. Qualification criteria are outlined below. This program is also known as the H2O Help to Others Program. Effective June 1, 2024 to May 31, 2025.
 - a. CAP Household: A CAP Household is a household where the total gross income from all sources, including total income from all persons living full-time in the household is less than shown on the table below based on the number of persons in the household. Total gross income shall include both taxable and non-taxable income. Persons who are claimed as a dependent on another person's income tax return are not eligible for this program. The California American Water bill must be in the customer's name.

Household Size	CARE Program Income Guidelines (CAP Program)
1-2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each Additional Person	\$10,760

- b. 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 every two years and may be required on an annual basis. Customers are only eligible to receive service under this rate schedule at one residential location at any one time, and the rate applies only to the customer's permanent primary residence. This schedule is not applicable where, in the opinion of the Company, either the accommodation or the occupancy is transitory. Customers may self-certify and may be requested to present documentation verifying participation in a customer assistance program.
 - c. Commencement of Rate: Eligible customers shall be billed on this schedule commencing no later than one billing period after receipt and approval of the customer's application by the Company.

(Continued)

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ISSUED BY

S. W. OWENS

SR. DIRECTOR - Rates & Regulatory

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Sheet 6

SPECIAL CONDITIONS APPLICABLE TO CUSTOMER ASSISTANCE PROGRAM (Continued):

General Items (continued):

3. Customer Assistance Program (CAP) for Nonprofit Group Living Facilities: (Continued)

c. Additional requirements: (Continued)

Homeless shelters, hospices and women's shelters must provide lodging as the primary Function, must be open for operation with at least six beds for a minimum of 180 days and/or nights per year and may also have satellite facilities in the name of one licensed organization that meet the same requirements as the main facility.

Separate applications must be filed for each type of facility (a homeless shelter, a women's shelter, a hospice or group living facility), even if they are under one licensed organization.

Fees and Surcharges:

- 1. Please reference each district's General Metered Tariff Schedule for a list of applicable fees and surcharges. Customer Assistance Program customers are exempt from the Customer Assistance Program ("CAP") Balancing Account Surcharge.

(TO BE INSERTED BY UTILITY)

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ISSUED BY

S. W. OWENS
SR. DIRECTOR - Rates & Regulatory

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