

ELSINORE VALLEY MUNICIPAL WATER DISTRICT

RARE PROGRAM



EVMWD implemented the Rate Assistance for Residents of Elsinore Valley (RARE) program in fall 2015 to aid low-income customers with their water bill at their primary residence. It's important to highlight that sewer bill assistance was integrated into the program effective 2024.

Customers who have not enrolled in the RARE program previously and would like to apply can visit www.evmwd.com/customers/customer-service/forms. For more information visit www.evmwd.com/customers/customer-service/assistance or call (951) 674-3146.

WHAT IS THE RARE PROGRAM?

The RARE Program allows qualifying customers to be eligible for low income rate assistance on the water and/or sewer bill at their primary residence. Customers applying for a RARE credit, whether for their sewer or water bill, need to meet the income requirements. Moreover, those applying for the RARE credit on their water bill must ALSO satisfy the specified water use requirements. Funds for the RARE program are available through unrestricted funds. The EVMWD board of directors has allocated this money for a limited program similar to the California Public Utilities Commission CARE program. The EVMWD RARE program requires income qualification for both sewer and water credits, and for the RARE water credit, it considers both income and water use. Low-income customers meeting criteria will receive a RARE credit on their water bill (as long as usage criteria is met) and a credit on their sewer bill (regardless of water usage).

PROGRAM QUALIFICATIONS

- Must be enrolled in the Southern California Edison or Southern California Gas CARE program.
- Customer must reside at the property where the credit is received and the name on the Southern California Edison bill or the Southern California Gas bill reflecting the enrollment of the CARE program must match the name on the EVMWD water/sewer bill.
- The program is open to current EVMWD residential customers only.
- Customer has the option to register for EVMWD's Advanced Meter Program AquaHawk and sign up for alerts.
- EVMWD recommends customer schedule and complete a water evaluation through EVMWD.

CUSTOMER'S MONTHLY WATER USE MUST FALL UNDER THE FOLLOWING GUIDELINES:

PERSON PER HOUSEHOLD (PPH)	MAXIMUM CCF (BASED ON A 30 DAY BILL)
1-4	13.00
5	15.25
6	17.50
7	19.75
8	22.00
9	24.25
10	26.50

INCOME REQUIREMENTS

(Effective June 1, 2023 - May 31, 2024)
Source: California PUC Alternative Rates for Energy (CARE)

PERSON PER HOUSEHOLD	ANNUAL INCOME
1-2	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
7	\$90,840
8	\$101,120

Visit www.evmwd.com/customers/customer-service/forms to sign up or contact Customer Service at (951) 674-3146 for assistance.



RATE ASSISTANCE FOR RESIDENTS OF ELSINORE VALLEY (RARE)

PROGRAM APPLICATION



CUSTOMER INFORMATION

Name* (As it appears on your bill) _____

Account Number _____

Service Address (Do not use PO Box), City, State, Zip _____

Mailing Address (If different from Service address) City, State, Zip _____

Phone Number _____ Email _____

Number of adults and children living in the household _____

Total Gross Annual Income for all person(s) in your household (Income before deductions) \$ _____

Which utility CARE program are you currently enrolled in? (must attach a copy of most recent bill)

Southern California Edison

Southern California Gas

PLEASE SUBMIT ALL OF THE FOLLOWING DOCUMENTATION:

Application and copy of proof of CARE program enrollment (Southern California Edison or Southern California Gas bill)

**(Name must be the same on the Southern California Edison or Southern California Gas bill as it is on the EVMWD water bill)*

APPLY AND SUBMIT ONLINE AT www.evmwd.com/customers/customer-service/forms or return application and supporting documents to: **MAIL:** Elsinore Valley Municipal Water District - RARE Program, PO Box 3000, Lake, Elsinore, CA 92530

FAX: (951) 346-3352 **EMAIL:** ihaveavoice@evmwd.net

DECLARATION (PLEASE READ AND SIGN BELOW)

I state that the information in this application is correct and true. I agree to provide proof of residency, income for all owners and adults, and the number of household occupants upon request. I agree to inform Elsinore Valley Municipal Water District (EVMWD) within 30 days if I no longer qualify for the RARE program. I understand that if I receive the adjustment to my bill without qualifying for it, I may be required to return any credit I received. By signing below, I consent to the recovery by EVMWD of all or a portion of a previously granted adjustment, if I'm found to have made false statements or unsubstantiated claims through the addition of a surcharge on my sewer/water bill over whatever period of time is deemed appropriate by EVMWD. I understand that EVMWD can share my information with other utilities or their agents to enroll me in their assistance programs. I understand I must reapply each year to qualify for the RARE program.

Customer Signature _____ Date _____

For District Use Only

Date received and initials: _____ Processed by: _____

Date approved: _____ Date denied: _____