

**THIS AMENDMENT:**

Passed  Passed as amended by \_\_\_\_\_  
 Failed  Not Offered \_\_\_\_\_

ORIGINAL



0000118830

**HEARING DIVISION PROPOSED AMENDMENT #2**

TIME/DATE PREPARED October 15, 2010/10:30 a.m.

COMPANY: Litchfield Park Service Company

AGENDA ITEM NO. U-15

DOCKET NOS. SW-01428A-09-0103, W-01427A-09-0104, W-01427A-09-0116 and W-01427A-09-0120

OPEN MEETING:DATE: October 19 & 20, 2010

**Page 71, Line 18:**

DELETE: "set forth in its application and reproduced and"

Substitute the attached "Exhibit A" for the "Exhibit A" attached to the Recommended Opinion and Order.

RECEIVED  
 2010 OCT 15 A 11: 19  
 ARIZONA CORPORATION COMMISSION  
 DOCKET CONTROL

Arizona Corporation Commission  
**DOCKETED**  
 OCT 15 2010

DOCKETED BY

**EXHIBIT A**

Applies to all **WATER** and **WASTEWATER** service areas

**ALTERNATE RATES FOR WATER AND WASTEWATER (ARWW)  
DOMESTIC SERVICE – SINGLE FAMILY ACCOMMODATION**

APPLICABILITY

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

TERRITORY

Within all customer service areas served by Litchfield Park Service Company (“LPSCO”).

RATES

Fifteen percent (15%) discount applied to the regular filed tariff.

PROGRAM QUALIFICATIONS

1. The LPSCO bill must be in your name and the address must be your primary residence or you must be a tenant receiving water service by a sub-metered system.
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 renew your application once every two (2) years, or sooner, if requested.
5. You must recertify each year by submitting a declaration attesting to your continuing eligibility, and provide one of the following items as proof of eligibility: 1) copy of tax return from prior year; or 2) copy of W2 form from prior year; or 3) copy of welfare / food stamp cards.
6. You must notify LPSCO within thirty (30) days if you become ineligible for ARWW.
7. Your total gross annual income of all persons living in your household cannot exceed the income levels below:

Issued: \_\_\_\_\_

Effective : \_\_\_\_\_

ISSUED BY:

Greg Sorensen, Director Of Operations  
Litchfield Park Service Company  
12725 W. Indian School Road, Suite D-101  
Avondale, AZ 85392

DECISION NO. \_\_\_\_\_

Effective \_\_\_\_\_

<u>No. of Person in Household</u>	<u>Total Gross Annual Income</u>
1	\$16,245
2	\$21,855
3	\$27,465
4	\$33,075
5	\$38,685
6	\$44,295

For each additional person residing in the household, add \$5,610

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 my home. This includes, but is not limited to:

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

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Greg Sorensen, Director Of Operations  
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 Avondale, AZ 85392

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**SPECIAL CONDITIONS**

1. Application: An application on a form authorized by the Commission is required for each request for service under this schedule. A customer must reapply every two (2) years.
2. Recertification: A customer enrolled in the ARWW program must, each year, recertify by submitting a declaration attesting to continuing eligibility, and provide one of the following items as proof of eligibility: 1) copy of tax return from prior year; or 2) copy of W2 form from prior year; or 3) copy of welfare / food stamp cards.
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 LPSCO.
4. Verification: Information provided by the applicant is subject to verification by LPSCO. Refusal or failure of a customer to provide documentation of eligibility acceptable to LPSCO, upon request by LPSCO, shall result in removal from this rate schedule.
5. Notice from Customer: It is the customer's responsibility to notify the LPSCO if there is a change of eligibility status.
6. Rebilling: Customers may be re-billed retroactively for periods of ineligibility under the applicable rate schedule.
7. 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 (15%) can be passed through to eligible customer(s).
8. Participation Cap: The ARWW program is limited to 5,000 water division customers and 5,000 wastewater division customers.

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Greg Sorensen, Director Of Operations  
Litchfield Park Service Company  
12725 W. Indian School Road, Suite D-101  
Avondale, AZ 85392

DECISION NO. \_\_\_\_\_



Mail completed application to:  
Litchfield Park Service Company  
12725 W. Indian School Road, Suite D-101  
Avondale, Arizona 85392

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FOR LITCHFIELD PARK SERVICE COMPANY USE ONLY

Date received \_\_\_\_\_ Date Verified \_\_\_\_\_ Verified By \_\_\_\_\_

Issued: \_\_\_\_\_

Effective : \_\_\_\_\_

ISSUED BY:

Greg Sorensen, Director Of Operations  
Litchfield Park Service Company  
12725 W. Indian School Road, Suite D-101  
Avondale, AZ 85392

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Mail completed declaration to:  
Litchfield Park Service Company  
12725 W. Indian School Road, Suite D-101  
Avondale, Arizona 85392

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LITCHFIELD PARK SERVICE COMPANY USE ONLY

Date received \_\_\_\_\_ Date Verified \_\_\_\_\_ Verified By \_\_\_\_\_

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