



## WASTEWATER CUSTOMER ASSISTANCE PROGRAM

The Triunfo Water & Sanitation District (District) offers a Wastewater Customer Assistance Program that provides a \$180.00 per year discount for wastewater service for eligible households. The discount will be reflected on the customer's annual service fee billing via the County of Ventura Tax Rolls. Applications must be received by June 1, 2022 to qualify for the discount on the FY 2023 tax rolls.

Customer must provide proof of eligibility by submitting a copy of their Southern California Edison (SCE) or Southern California Gas (SCG) bill showing enrollment in the CARE program. If not enrolled in the CARE program, the customer may submit a copy of the first page of their federal tax return (or form SSA 1099 if only Social Security income) to validate compliance with the income thresholds established by the CARE program (i.e., maximum income limit for 1-2 person household is \$34,840). The SCE or SCG bill must be in customer's name and the address must be the customer's primary address. Customer must recertify application when requested. Customer must notify the District within 30 days if they no longer qualify.

There is no charge to enroll in the program.

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### APPLICATION & AGREEMENT

Send the completed application to the District office via email at [triunfowastewater@triunfowsd.com](mailto:triunfowastewater@triunfowsd.com) or via mail (address printed at the bottom). Please attach: 1) A copy of your SCE or SCG bill showing enrollment in the CARE program or a copy of the first page of your federal tax return (or form SSA 1099 if only Social Security income) and 2) A copy of your driver's license.

#### Agreement

I hereby authorize Triunfo Water & Sanitation District to enroll me in the Wastewater Customer Assistance Program. I agree to inform the District if I become ineligible for the program. Attached is proof of my eligibility.

CUSTOMER NAME \_\_\_\_\_ APN \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SERVICE ADDRESS (if different) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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For Office use only:

Approved       Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

Jocelyn Adlao, Accountant

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