



Application for Alternate Rates for Water and Wastewater (ARWW)

ARWW is a low-income rate assistance program that provides a fifteen percent (15%) discount applied to the regular filed tariff. The discount will be applied to the customer's total bill before any adjustments and application of any other taxes, credit, penalties or fees.

It only takes three easy steps to see if you qualify:

- 1** Fill out step 1
- 2** Read/fill out step 2A and step 2B
- 3** Sign, fill in, date this form and return to Liberty with copies of required documents

Step 1

CUSTOMER INFORMATION

Liberty Account No.

Name as shown on your Liberty bill

Home Address

City State Zip Code

Telephone

Mailing Address (if different from your home address)

City State Zip Code

Email

Step 2A Read to see if you qualify, then fill out the back of this form.

Program and Household Income Qualifications

- The Liberty Utilities account must be in your name and the address must be your primary residence in our service area or you must be a tenant receiving water service by a sub-metered system.
- You may not be claimed as a dependent on another person's tax return.
- You must reapply each time you move residences.
- You must renew your application once every two (2) years or sooner if requested.
- 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.
- You must notify Liberty Utilities within thirty (30) days if you become ineligible for ARWW.
- Your total gross annual income of all persons living in your household cannot exceed the income levels provided on the application.

Your gross annual household income falls within the ranges listed below: That means your combined household income (before taxes) from all sources must be no more than the following:

Maximum Gross Annual Household Income	
Number of Persons in Household	Total combined Annual Income
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
For each additional household member add:	\$10,760

Upper Limit Calculation = 200% of Federal Poverty Guidelines. CAP Income Guidelines — Effective June 1, 2023 to May 31, 2024

Step 2B

Household Income and Sources of Income

Fill in the blanks and select (check ✓) for your annual household income before deductions and household members below, including all members of the household. Check (✓) for all applicable sources of income.

_____	<input type="checkbox"/> 1	<input type="checkbox"/> \$30,120	<input type="checkbox"/> Wages or Salaries	<input type="checkbox"/> Workers' Compensation
Number of Persons in Household	<input type="checkbox"/> 2	<input type="checkbox"/> \$40,880	<input type="checkbox"/> Interest or dividends from: Savings accounts, stocks or bonds, or retirement accounts	<input type="checkbox"/> Social Security, SSI, SSP
_____	<input type="checkbox"/> 3	<input type="checkbox"/> \$51,640	<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Pensions
Total Combined Annual Income	<input type="checkbox"/> 4	<input type="checkbox"/> \$62,400	<input type="checkbox"/> Rental or royalty income	<input type="checkbox"/> Insurance settlements
	<input type="checkbox"/> 5	<input type="checkbox"/> \$73,160	<input type="checkbox"/> Scholarships, grants, or other aid used for living expenses	<input type="checkbox"/> Legal settlements
	<input type="checkbox"/> 6	<input type="checkbox"/> \$83,920	<input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29)	<input type="checkbox"/> TANF (AFDC)
	For each additional person add:	\$10,760	<input type="checkbox"/> Disability payments	<input type="checkbox"/> Food Stamps
				<input type="checkbox"/> Child support
				<input type="checkbox"/> Cash and/or other income
				<input type="checkbox"/> Veterans Affairs Benefits

Step 3 Please (✓) check, read, sign and return with documents.

The Liberty bill is in my name. **I am a sub-metered tenant within the Liberty service.**

- I will notify Liberty if I no longer qualify for this rate.
- I am not claimed on another person's income tax return.
- I understand Liberty reserves the right to proof of eligibility documentation.
- I will renew my application every 2 years or sooner when requested by Liberty.
- I must apply each time I move residences.

By signing below, I certify under penalty of perjury that this information is true and correct under the laws of the State of Arizona. I will provide proof of income and I will notify Liberty of any changes that affect my eligibility. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received.

Signature X _____

Date _____



Include Required Copies of:

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

Return to Liberty:



Liberty
(Rio Rico Utilities)
1225 W. Frontage Rd.
Rio Rico, AZ 85648



**Questions? Please Call
Toll Free at 1-844-367-2030.**



customerserviceriorico@libertyutilities.com

Office Use Only: Date Verified _____

Verified By _____

Expires _____