





Liberty Utilities Alternate Rates for Water and Wastewater (ARWW)

The ARWW Program gives qualifying customers a 15% discount on their residential water and wastewater bills. Only applicable to qualified primary residential customers who meet the guidelines in this application.

It onl	y takes three eas	v steps to see if v	ou aualify:

Fill out step 1

2 Fill out step 2

3 Sign and date this form and return to Liberty

Step

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CUSTOMER INFORMATION																				
Liberty Account No.																				
Name as shown on your Liberty bill																				
Home Address	Home Address																			
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City												St	ate	Zip	Code)	-1/-			,
Telephone							-	-			 				_			 •		
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Mailing Address (If different	from	your	hom	ne ad	dres	s)														
																			Τ	П
City State Zip Code																				
Email																				

Step



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

Program Guidelines

- 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.

Household Income

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:

<u>Maximum Gross Annual Household Income</u> <u>Number of Persons in Household Total Combined Annual Income</u>

1	\$22,590
2	\$30,660
3	\$38,730
4	\$46,800
5	\$54,870
6	\$62,940

For each additional household \$8,070

Upper Limit Calculation = 150% of Federal Poverty Guidelines.

Special Conditions

- · You must fill out and sign the ARWW Application completely. Incomplete information will delay your discount. You must reapply every two (2) years.
- You must recertify your enrollment in the ARWW annually by submitting a Declaration of Eligibility and providing 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.
- Customers shall be billed on this schedule commencing with the next regularly scheduled billing period that follows the receipt and approval of the application by Liberty Utilities.
- · Documentation of your gross annual income must be provided to Liberty Utilities for verification of eligibility for ARWW. Refusal or failure to provide documentation of acceptable eligibility to Liberty Utilities shall result in removal from this rate schedule.
- It is the customer's responsibility to notify Liberty Utilities if there is a change in eligibility status.
- You may be re-billed for any periods of ineligibility under the applicable rate schedule.
- · Master-metered customers who have sub-metered tenants will receive a reduction in the billing. Sub-metered tenants must qualify and meet the income eligibility criteria so an equivalent discount (15%) can be passed through to eligible customer(s).
- The ARWW program is limited to 2,400 water division customers.

Household Income and Sources of Income

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

	\$22,590 \$30,660 \$38,730 \$46,800 \$54,870 \$62,940	 Wages or Salaries Interest or dividends from: Savings accounts, stocks or bonds. Unemployment benefits Rental or royalty income Scholarships, grants, or other aid used for living expenses Profit from self-employment 	Disability payments Workers' Compensation Social Security, SSI, SSP Pensions Insurance and/or legal settlements TANF (AFDC) Child support Spousal Support Food Stamps Veterans Affairs Benefits Cash, gifts and/or other income
Step (3)		(IRS Form 1040, Schedule C, line 29)	Cash, gifts ana/or other income



- 1. The Liberty bill must be in your name and the address must be your primary residence.
- 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 year, or sooner, if requested.
- 5. You must notify Liberty within thirty (30) days if you become ineligible for the ARWW.

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 Utilities Bella Vista Water Co. 4055 Campus Dr. Sierra Vista, AZ 85635



