



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

Fill out step 1

2 Fill out step 2

3 Sign and date this form and return to Liberty

## Step

| CUSTOMER INFORMATI                                    | DN |                |  |
|---|----|----------------|--|
| 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 (2) 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:

| Maximum Gross Annual Household Income |                              |  |  |  |
|---------------------------------------|------------------------------|--|--|--|
| Number of Persons in Household        | Total Combined Annual Income |  |  |  |
|                                       |                              |  |  |  |
| 1                                     | \$23,475                     |  |  |  |
| 2                                     | ¢21 72E                      |  |  |  |
| 2                                     | \$31,725                     |  |  |  |
| 3                                     | \$39,975                     |  |  |  |
| 4                                     | \$48,225                     |  |  |  |
| _                                     | ·                            |  |  |  |
| 5                                     | \$56,475                     |  |  |  |
| 6                                     | \$64,725                     |  |  |  |
|                                       |                              |  |  |  |
| For each additional household         |                              |  |  |  |
| member add                            | \$8, <b>250</b>              |  |  |  |

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.

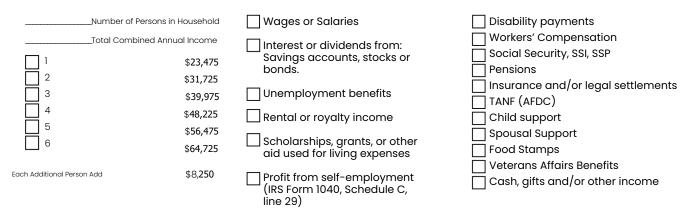
- It is the customer's responsibility to notify Liberty Utilities if there is a change in eligibility status.
- You may be re-billed for any periods of ineligibility under the applicable rate schedule.

• 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.



# Step </u>

- 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:<br>1. Copy of tax return from prior year or<br>2. Copy of W2 form from prior year or<br>3. Copy of welfare/food stamp cards | US Mail | <b>Return to Liberty</b><br>Liberty Utilities Bella Vista Water Co.<br>4055 Campus Dr. |
| 3. Copy of welfare/food stamp cards Questions? Please Call Toll Free at 1-844-367-2030.   |         | Sierra Vista, AZ 85635<br>CustomerServiceAvondale@libertyutilities.com                 |