



## Application for Customer Assistance Tariff (CAT) – Cordes Lakes, Beardsley, Bella Vista, Rio Rico

This application is applicable to the following three programs: Low Income Program, Deployed Services Member Program, and Disabled Military Veteran Program as approved in Decision #81361 and gives qualifying customers a 15% discount on their residential water and/or 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:

- 1 Fill out step 1
- 2 Fill out step 2
- 3 Sign and date this form and return to Liberty

### Step 1

#### CUSTOMER INFORMATION

Liberty Account No.	<input type="text"/>				
Name as shown on your Liberty bill	<input type="text"/>				
Home Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different from your home address)	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Email	<input type="text"/>				

### Step 2

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

#### 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
Upper Limit Calculation = 200% of Federal Poverty Guidelines.	1	\$31,300
	2	\$42,300
	3	\$53,300
	4	\$64,300
	5	\$75,300
	6	\$86,300
	Each Add'l Person	\$11,000

\*Qualifying annual incomes are set at 200 percent of the 2025 federal poverty levels for the first year, and will be adjusted annually to maintain qualifying incomes at 200 percent of the federal poverty level for each subsequent year.

## Step 2 (Continued)

### 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 years or sooner, if requested.
- 2. Commencement of Rate:** Eligible customers whose applications have been approved shall be billed on this schedule commencing with the next regularly scheduled billing period that follows receipt of application by Liberty.
- 3. Verification:** Information provided by the applicant is subject to verification by Liberty. Refusal or failure of a customer to provide documentation of eligibility acceptable to Liberty, upon request by Liberty, shall result in removal from this rate schedule.
- 4. Notice from Customer:** It is the customer's responsibility to notify Liberty if there is a change of eligibility status.
- 5. Rebilling:** Customers may be re-billed retroactively for periods of ineligibility under the applicable rate schedule.
- 5. Qualification:** A customer that qualifies for more than one program will only receive benefits from one program per year. CAT benefits will not be combined or accumulated.

### Household Income and Sources of Income

Number of Persons in Household	<input type="checkbox"/> 1	<input type="checkbox"/> \$31,300	<input type="checkbox"/> Wages or Salaries	<input type="checkbox"/> Workers' Compensation
	<input type="checkbox"/> 2	<input type="checkbox"/> \$42,300	<input type="checkbox"/> Interest or dividends from: Savings accounts, stocks or bonds	<input type="checkbox"/> Social Security, SSI, SSP
	<input type="checkbox"/> 3	<input type="checkbox"/> \$53,300	<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Pensions
	<input type="checkbox"/> 4	<input type="checkbox"/> \$64,300	<input type="checkbox"/> Rental or royalty income	<input type="checkbox"/> Insurance settlements
Total Combined Annual Income	<input type="checkbox"/> 5	<input type="checkbox"/> \$75,300	<input type="checkbox"/> Scholarships, grants, or other aid used for living expenses	<input type="checkbox"/> Legal settlements
	<input type="checkbox"/> 6	<input type="checkbox"/> \$86,300	<input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29)	<input type="checkbox"/> TANF (AFDC)
	Each Add'l Person Add \$11,000		<input type="checkbox"/> Disability payments	<input type="checkbox"/> Child support
				<input type="checkbox"/> Spousal Support
				<input type="checkbox"/> Gifts
				<input type="checkbox"/> Food Stamps

## Step 3

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 two years, or sooner, if requested.
5. You must notify Liberty within thirty (30) days if you become ineligible for the CAT.

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

#### Return to Liberty:

Please attach one of the items listed as proof of income for eligibility verification: Copy of tax return from prior year, or copy of W2 from prior year, or copy of welfare/food stamp cards.

#### Return to Liberty:



Liberty  
14920 W Camelback Rd  
Litchfield Park, AZ 85340



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