

## Liberty Utilities Alternate Rates for Water and Wastewater (ARWW)

### Applicability

Applicable to residential water and wastewater service for domestic use rendered to low-income households where the customer meets all the Program Qualifications and Special Conditions of this rate schedule.

### Territory

Within all customer service areas served by Bella Vista Water Co. dba Liberty Utilities.

### Discount

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.

### Program 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.

### 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 5,000 water division customers and 5,000 wastewater division customers.

### How to Submit Completed ARWW Application and/or Declaration of Eligibility

Mail, Fax or Email your ARWW Application and Declaration of Eligibility to:  
Liberty Utilities (Bella Vista Water Co.)  
4055 Campus Dr.  
Sierra Vista, AZ 85635  
Fax: 520-459-6680  
Email: [customerservicesierravista@libertyutilities.com](mailto:customerservicesierravista@libertyutilities.com)



## Application for Alternate Rates for Water and Wastewater (ARWW)

To qualify for Liberty Utilities ARWW please check (✓) all that apply:

- I am a Liberty Utilities residential customer and the Liberty Utilities account is in my name.
- I am a sub-metered tenant within the Liberty Utilities service area.
- My household income is at or below the income level in the listing below.

Household Size	Total Gross Annual Income from All Sources
1	\$17,505
2	\$23,595
3	\$29,685
4	\$35,775
5	\$41,865
6	\$47,955

For each additional person residing in the household, add \$6,090.

The definition of "gross household income" (before taxes) is all money and non-cash benefits available for living expenses from all sources, both taxable and non-taxable, before deductions, including expenses, for all people who live in your home. **This includes, but is not limited to the following (please check (✓) all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Wages, salaries or profit from self-employment                          | <input type="checkbox"/> Social Security, SSI or SSP     |
| <input type="checkbox"/> Disability and/or Workers' Compensation payments                        | <input type="checkbox"/> Food Stamps                     |
| <input type="checkbox"/> Insurance and/or legal settlements                                      | <input type="checkbox"/> TANF (AFDC)                     |
| <input type="checkbox"/> Pensions  | <input type="checkbox"/> Veterans Affairs benefits       |
| <input type="checkbox"/> Spousal and/or child support  | <input type="checkbox"/> Unemployment benefits           |
| <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses             | <input type="checkbox"/> Rental and/or royalty income    |
| <input type="checkbox"/> Interest/dividends from: savings, stocks, bonds, or retirement accounts | <input type="checkbox"/> Cash, gifts and/or other income |

Please print the following information. **Incomplete information will delay your discount.** The name used to apply for the discount **must** be the same as the name on the Liberty Utilities statement.

PLEASE PRINT LEGIBLY												
<b>Liberty Utilities Account Number</b> (As shown on statement)												
Total No. of persons living in household:			Household's Total Gross Annual Income: \$				Contact Phone Number					
Name as shown on Liberty Utilities statement						Email						
Liberty Utilities Service Address												
City			State				Zip Code					

**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.**

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 Utilities 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.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**Note:** An Application for ARWW must be submitted every two years. A Declaration of Eligibility must be submitted annually for verification. Please allow 30-45 days for processing.