Customer Assistance Tariff

APPLICABILITY

Applicable to residential wastewater service for domestic use rendered to individuals who meet all the program qualifications and special conditions of this rate schedule.

TERRITORY

Within all customer service areas served by Liberty Utilities (Black Mountain Sewer) Corp. ("Liberty" or "Company").

RATES

Fifteen percent (15%) discount applied to the regular filed tariff.

PROGRAM QUALIFICATIONS

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 CAT.

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 year 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.
6. Participation Limit: The CAT (for all three programs included) is limited to 225 customers of the Company. Applications will be reviewed and approved on a first come, first served basis. Applicants will be placed on a waiting list if the participation limit has been met.
7. 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.

Deployed Services Member Program

This program allows the Company to provide a 15% discount to deployed service members of the United States Military.

The Company will provide the credit on the deployed service member's bill provided that the following criteria are met:

1. Deployment is not a "permanent change of station." Permanent change of station requires a service member to permanently change his or her place of residence, paid for by the applicable military branch. A service member's decision to keep a secondary residence in Arizona would be discretionary and would not qualify for this credit.
2. Deployed member does not have family living in the premises. Short term deployments, where a spouse, and/or dependents remain in the United States would not qualify, as the service member would receive separate compensation from the military to cover domestic expenses while deployed.
3. The deployed service member is an active member of the military (e.g., Air Force, Army, Coast Guard, Marines, and Navy), as defined by 10 U.S.C. § 101(a)(4) and includes any member of the Reserves or National Guard called to active duty.

ADMINISTRATION

1. Participation shall be determined on a first come, first served basis.
2. Each service member's eligibility must be verified based on written orders from the service member's command.
3. Continued eligibility will be determined periodically through a recertification process.
4. The Company is permitted to seek Commission approval to change participant limits based on level of participation.
5. Qualifying annual incomes are set at 200 percent of the 2021 federal poverty levels.

Effective June 1, 2021

No. of Person in Household	Total Gross Annual Income*
1	$25,760
2	$34,840
3	$43,920
4	$53,000
5	$62,080
6	$71,160

For each additional person residing in the household, add $9,080.

Deployed Services Member Program

Acceptance into the program is subject to verification of income source.

For the purpose of the program, the "gross household income" means all money and non-cash benefits, available for living expenses, from all sources, both taxable and non-taxable, before deductions for all people who live in your home. This includes, but is not limited to:

Wages or salaries
Interest or dividends from:
Savings account, stocks or bonds
Unemployment benefits
TANF (AFDC)
Pensions
Gifts

Social security, SSI, SSP
Scholarships, grants, or other aid used for living expenses
Disability payments
Food stamps
Insurance settlements

Rental or royalty income
Profit from self-employment
 (IRS form Schedule C, Line 29)
Worker's compensation
Child support
Spousal support

Application for Deployed Services Member Program

To qualify for Liberty's Deployed Services Member Program, please check all that apply:

☐ I am a Liberty residential customer and the Liberty account is in my name
☐ My household income is at or below the income level listed on the page before

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

PLEASE PRINT LEGIBLY															
Liberty Account Number (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 statement		Email	
Liberty 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 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

Submit your completed Deployed Services Member Program Application to:
Liberty Utilities (Black Mountain Sewer) Corp.
14920 W Camelback Rd
Litchfield Park, AZ 85340
Fax: 623-935-1020
Email: CustomerServiceAvondale@libertyutilities.com