

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.



Disabled Military Veteran Program

This program allows the Company to provide a 15% discount to disabled military veterans of the United States Military.

The Company will provide the credit on the disabled military veteran's bill provided that the following criteria are met:

- 1. Disabled military veteran was honorably discharged from the armed forces.
- 2.Disabled military veteran must have a permanent disability rating related to their military duty service.
- 3. The disabled military veteran must have been 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 documentation demonstrating a medical discharge or other written documentation from the United States Department of Defense or Department of Veteran Affairs.
- 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	Total Gross			
<u>in Household</u>	<u>Annual Income*</u>			
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.



Disabled Military Veteran 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 selfemployment (IRS form Schedule C, Line 29) Worker's compensation Child support Spousal support



Application for Disabled Military Veteran Program

To qualify for Liberty's Di I am a Liberty residenti My household income	al customer and	the Liberty	account is ir	n my r	name	ply:
Please print the followacceptance into the prosame as the name on the	ogram. The nam	e used to	•			
PLEASE PRINT LEGIBLY						
Liberty Account Number (As shown on statement)						
Total No. of persons living in household:	Household's Total Gross Annual Income: Con				act Phone Number	
Name as shown on Liberty st	tatement		Email			
Liberty Service Address						
City		State			Zip Code	
Please attach one of the Copy of tax return from welfare/food stamp can	m prior year, c	•		-	•	
By signing below, I certicorrect under the laws of notify Liberty of any chothe discount without method the discount I received.	of the State of Ar anges that affec	izona. I w ct my eliç	vill provide p gibility. I und	roof c ersta	of income and I nd that if I rece	will eive
Customer Signature			 Date			_
14920 W Camel Litchfield Park, A Fax: 623-935-10	Black Mountain back Rd AZ 85340	, Sewer) C	Corp.		cation to:	
Office Use Only: Date	Verified	Veri	ied By		Expires	