

## Customer Assistance Tariff (CAT)-Deployed Services Member Program

The CAT Deployed Services Members Program gives qualifying customers a 15% discount on their residential 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.

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

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.

#### 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	\$31,920
2	\$43,280
3	\$54,640
4	\$66,000
5	\$77,360
6	\$88,720

For each additional household member add **\$11,360**

Upper Limit Calculation = 200% of Federal Poverty Guidelines.

## 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 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 835 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.

### 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.

_____ Number of Persons in Household	<input type="checkbox"/> Wages or Salaries	<input type="checkbox"/> Disability payments
_____ Total Combined Annual Income	<input type="checkbox"/> Interest or dividends from: Savings accounts, stocks or bonds.	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> 1 \$31,920	<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Social Security, SSI, SSP
<input type="checkbox"/> 2 \$43,280	<input type="checkbox"/> Rental or royalty income	<input type="checkbox"/> Pensions
<input type="checkbox"/> 3 \$54,640	<input type="checkbox"/> Scholarships, grants, or other aid used for living expenses	<input type="checkbox"/> Insurance settlements
<input type="checkbox"/> 4 \$66,000	<input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29)	<input type="checkbox"/> TANF (AFDC)
<input type="checkbox"/> 5 \$77,360		<input type="checkbox"/> Child support
<input type="checkbox"/> 6 \$88,720		<input type="checkbox"/> Spousal Support
Each Additional Person Add \$11,360		<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 year, 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.**



US Mail

Liberty Utilities (Gold Canyon Sewer) Corp.  
14920 W Camelback Rd  
Litchfield Park, AZ 85340



**WestRegionCustomerCare@libertyutilities.com**