

Step 2 (Continued)

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 (30%) 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.

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"/> Social Security, SSI, SSP
<input type="checkbox"/> 1 \$23,940	<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Pensions
<input type="checkbox"/> 2 \$32,460	<input type="checkbox"/> Rental or royalty income	<input type="checkbox"/> Insurance settlements
<input type="checkbox"/> 3 \$40,980	<input type="checkbox"/> Scholarships, grants, or other aid used for living expenses	<input type="checkbox"/> TANF (AFDC)
<input type="checkbox"/> 4 \$49,500		<input type="checkbox"/> Child support
<input type="checkbox"/> 5 \$58,020		<input type="checkbox"/> Spousal Support
<input type="checkbox"/> 6 \$66,540	<input type="checkbox"/> Cash, gifts, and/or other income	<input type="checkbox"/> Food Stamps
Each Additional Person Add	\$8,520	<input type="checkbox"/> Veterans Affairs Benefits

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. A Declaration of Eligibility must be submitted annually for verification. Please allow 30-45 days for processing.
5. You must notify Liberty within thirty (30) days if you become ineligible for the ARWW.

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:



Include Required Copies of:

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



US Mail

Return to Liberty

Liberty Utilities (Litchfield Park Service Company) Corp.
14920 W Camelback Rd
Litchfield Park, AZ 85340



Questions? Please Call
Toll Free at 1-844-367-2030.



WestRegionCustomerCare@libertyutilities.com