





California Alternate Rates for Energy (CARE)

The Care Program gives qualifying customers a 20 percent discount on their electric bills. This 20 percent discount applies to qualified primary residential customers.

It only takes three easy steps to see if you qualify:

2

Fill out step 1

Fill out step 2A <u>or</u> step 2B

2B 🔇 S

Sign and date this form and return to Liberty

Step 🗻

CUSTOMER INFORM	ATION
Liberty Account No.	
Name as shown on your Lil	berty bill
Home Address	
City	State ZIP Code
Address (If different fro	
City	State ZIP Code
Email	

Step 2 - Choose option 1 or 2, then fill out the back of this form.

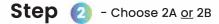
Option 1: Public Assistance Programs You or someone in your household participates in at least one of the following public assistance programs:

Option 2: 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:

	0			
• Medi-Cal/Medicaid				
• CalFresh/SNAP	Maximum Gross Annu	nual Household Income		
TANF/Tribal TANF	Number of Persons in Household	Total Combined Annual Income		
• WIC				
MediCal for Families	1 - 2	\$40,880		
• LIHEAP	3	\$51,640		
 Supplemental Security Income (SSI) 	4	\$62,400		
Bureau of Indian Affairs General Assistance	5	\$73,160		
 Head Start Income Eligible (Tribal Only) 	6	\$83,920		
	7	\$94,680		
	8	\$105,440		
	Each Additional Person	\$10,760		

Upper Limit Calculation = 200% of Federal Poverty Guidelines. CARE Income Guidelines - Effective June 1, 2024 to May 31, 2025



2A Option 1: Public Assistance Program

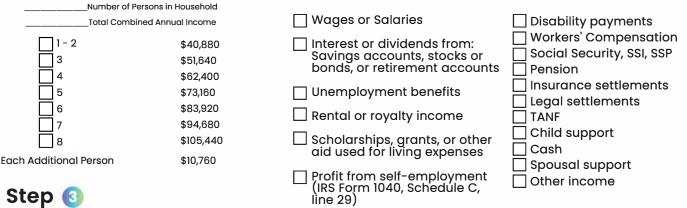
Do you or someone in your household participate in any of the following programs? If so, please check a box.

Medi-Cal/Medicaid	
CalFresh/SNAP	
TANF/Tribal TANF	
Medi-Cal for Families	

LIHEAP
Supplemental Security Income (SSI)
Bureau of Indian Affairs General Assistance
Head Start Income Eligible (Tribal Only)

2B Option 2: 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.



I certify:

- The Liberty bill is in my name.
- I will notify Liberty if I no longer qualify for this rate.
- I am not claimed on another person's income tax return.
- I understand Liberty reserves the right to proof of eligibility documentation.
- I will renew my application when requested by Liberty.

Read and sign the following statement: I state that the information I have provided in this application is true and correct. 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. I understand that Liberty can share my information with other utilities or their agents to enroll me in their assistance programs. I understand that unacceptable energy usage levels could result in removal from the program.

Signature X

Return to Liberty:

Scan and Email to: Cindy.Ramos@libertyutilities.com US Mail Liberty CARE Program 933 Eloise Ave., South Lake Tahoe, CA 96150

Questions? Please Call Toll Free at 1-800-782-2506.

Additional Income Qualified Programs:

LIHEAP

Federal assistance may be achieved through the Low Income Home Energy Assistance Program (LIHEAP) which provides bill payment assistance, emergency bill assistance, and weatherization services. Call the Department of Community Services and Development at 1-866-675-6623 for more information.

Southwest Gas Corporation gives income qualified customers a discount on their gas charges. Call 1-877-860-6020. Liberty Care customers may qualify for the **Energy Savings Assistance Program** (ESAP) which offers energy saving home improvements at NO COST; upgrades may include weatherization, insulation, minor home repairs and refrigerator replacements. Call 1-866-812-5766, 7 am to 7 pm.

Date: