



LIBERTY UTILITIES (CALPECO ELECTRIC) LLC (LIBERTY UTILITIES) CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE) EXPANDED CARE FOR GROUP-LIVING FACILITIES

INSTRUCTIONS:

- 1. READ the information on the attached sheet.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group-living facility. The facility MUST meet all Criteria to quality for the 20% Low-Income discount.
3. COMPLETE the entire application (please print or type). Nonprofit corporations must complete application for all qualified satellite facilities.
4. ATTACH all required documents. (Application is not considered complete without documents.)
5. MAIL to: Liberty Utilities (CalPeco Electric) LLC
Billing - CARE Program
933 Eloise Ave.
South Lake Tahoe, CA 96150
6. For assistance, call 1-800-782-2506, toll free.

Name (as it appears on your Liberty Utilities bill): \_\_\_\_\_

Name of Facility (if different): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Service Address:

Number and Street Apt# City State Zip Code

Mailing Address (if different):

Number and Street Apt# City State Zip Code

Corporate operation facility has IRS 501(C)(3) tax exempt status. [ ] Yes [ ] No (Required attachment IRS letter)
At least 70% of facility's energy use is for residential purposes. [ ] Yes [ ] No
Is facility government-owned or operated? [ ] Yes [ ] No

FOR NONPROFIT GROUP-LIVING FACILITIES

Primary purpose and services offered by facility: [ ] Lodging [ ] Meals [ ] Rehabilitation [ ] Training [ ] Counseling [ ] Other
If other, please explain: \_\_\_\_\_
Total Number of Residents of facility: \_\_\_\_\_ Total Number of Residents who qualify as low income: \_\_\_\_\_

FOR HOMELESS SHELTERS

Number of beds: \_\_\_\_\_ Number of days occupied each year: \_\_\_\_\_
Name of Conditional Use Permit (Required attachment: Use Permit); or IRS 501(C)(3) tax exempt letter.
\_\_\_\_\_

ANNUAL RECERTIFICATION: Total amount of discount received last year: \$ \_\_\_\_\_
What was the discount used for?: \_\_\_\_\_

FOR LIBERTY UTILITIES USE ONLY

Date Received: \_\_\_\_\_ Date Certified: \_\_\_\_\_
Denied: \_\_\_\_\_ Employee Initials: \_\_\_\_\_

A nonprofit group-living facility may consist of a licensed "parent" facility AND related non-licensed "satellite" facilities at other locations.

The non-licensed satellite facilities are eligible for the discount provided:

- The parent facility is licensed by the appropriate state agency and meets all other criteria.
- At least 70% of the energy consumed by the satellite facility MUST be used for residential purposes. In addition, each satellite facility for homeless shelters must provide at least 6 beds for at least 180 days per year.
- The parent facility must appear as the customer of record on the energy bill for the satellite facility.

The nonprofit parent corporation must complete the following information for all qualified satellite facilities. If you are a satellite facility, contact your corporate facility.

70 % of energy used  
For Residential Purpose

For Nonprofit Group-Living Facilities:

Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		

	<u>70% of Res. Energy</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>No. Beds</u>	<u>Days/Yrs. Occupied</u>
For Homeless Shelters:					
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____	_____
Account Number(s): _____					
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____	_____
Account Number(s): _____					
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____	_____
Account Number(s): _____					

I certify under penalty of perjury, under the laws of the State of California, that the information on this application is true and accurate. I have verified the low income eligibility of all residents (not required for homeless shelters). I am responsible for the annual renewal of the facility's license from the appropriate State licensing department or for the Conditional Use Permit. I understand that Liberty Utilities may verify the accuracy of this information and confirm the direct benefits to the residents through random sampling. Errors in the information provided may cause the account(s) to be rebilled without the discount. My signature gives my consent for this information to be shared with any other utility companies, if applicable.

\_\_\_\_\_  
Authorized Representative's Name (please print) Title

\_\_\_\_\_  
Authorized Representative's Signature Date

Daytime Phone Number: \_\_\_\_\_

## PLEASE KEEP THIS INFORMATION SHEET

### LOW-INCOME RATEPAYER ASSISTANCE PROGRAM FOR NONPROFIT GROUP-LIVING FACILITIES

**PLEASE PROVIDE ALL REQUESTED INFORMATION SO THERE WILL BE NO DELAYS IN PROCESSING YOUR APPLICATION**

**DISCOUNT:** Your facility may qualify for a 20% discount on your electric rates.

**ELIGIBILITY CRITERIA:** The Facility Must Meet All of the Following Criteria:

For transitional housing (drug rehabilitation, half-way house), short- or long-term care facility (hospice), nursing homes, seniors' or children's home, or group home for physically or mentally disabled:

- Corporation operating facility must have IRS tax exempt status under Code 501(C)(3).
- Facility must be licensed by the State Department of Social Services, Department of Drug and Alcohol Programs, Department of Health Services, or other appropriate state agency.
- Facility must provide service, such as meals or rehabilitation, in addition to lodging.
- 100% of residents must meet current CARE eligibility guidelines for a single-person household. (See below)
- 70% of the electricity supplied to the facility must be used for residential purposes.
- Satellite facilities in the name of the licensed parent facility, where 70% of the energy supplied is for residential purposes, are also eligible.

For Homeless Shelters:

- Corporation operating facility must have IRS tax exempt status under Code 501(C)(3)
- Facility must have a Conditional Use Permit.
- Facility must provide at least six beds each night for a minimum of 180 days each year for persons who have no alternative residence.
- Primary function of facility is to provide lodging.
- 70% of electricity supplied to the facility must be used for residential purposes.

Facilities Not Eligible:

- A group-living facility offering only a place to live.
- Government-subsidized facility providing lodging only.
- Government-owned housing.
- Student housing, dormitories, fraternities, sororities, etc.

#### INDIVIDUAL ELIGIBILITY GUIDELINES:

Each resident's annual gross income does not exceed \$40,880 OR resident is receiving one of the following types of assistance:

- Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), State Supplementary Payment (SSP) benefits.
- Social Security, Veteran's, Disability, Unemployment or Retirement benefits.

#### ATTACHMENTS REQUIRED:

- A copy of IRS letter determining tax-exempt status or corporation operating the facility under IRS Code 501(C)(3).
- A copy of license from appropriate State agency, or a copy of Conditional Use Permit for each facility.

#### ANNUAL RECERTIFICATION:

Facility is required to re-certify annually and provide amount of discount received in prior year and an explanation of how the discount funds were used for the direct benefit of low-income residents. An application will be automatically sent to you each year.