

Customer Assistance Program (CAP)

CAP is a low-income rate assistance program that provides a monthly discount of \$10.00 on the water bill to qualifying residential customers.

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

- 1 Fill out step 1
- 2 Fill out step 2A or step 2B
- 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

Street Address (if different from your home address)

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:

- Southern California Edison (C.A.R.E.)
- Southern California Gas Company (C.A.R.E.)
- Medi-Cal/Medicaid
- CalFresh/SNAP
- CalWORKS (TANF)/Tribal TANF
- WIC
- Healthy Families A&B
- LIHEAP
- Supplemental Security Income (SSI)
- Bureau of Indian Affairs General Assistance
- Head Start Income Eligible (Tribal Only)
- National School Lunch Program

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:

Maximum Gross Annual Household Income	
Number of Persons in Household	Total Combined Annual Income
1 - 2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300

For each additional household member add \$11,000

Upper Limit Calculation = 200% of Federal Poverty Guidelines.

CAP Income Guidelines - Effective June 1, 2025 to May 31, 2026

Step 2 - Choose 2A or 2B

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.

- | | |
|---|--|
| <input type="checkbox"/> Southern California Edison (C.A.R.E.) | <input type="checkbox"/> Healthy Families A&B |
| <input type="checkbox"/> Southern California Gas Company (C.A.R.E.) | <input type="checkbox"/> LIHEAP |
| <input type="checkbox"/> Medi-Cal/Medicaid | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> CalFresh/SNAP | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> TANF/Tribal TANF | <input type="checkbox"/> Head Start Income Eligible (Tribal Only) |
| <input type="checkbox"/> WIC | <input type="checkbox"/> National School Lunch Program |

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.

_____ Number of Persons in Household			
_____ Total Combined Annual Income			
<input type="checkbox"/> 1 - 2	\$42,300	<input type="checkbox"/> Wages or Salaries	<input type="checkbox"/> Disability payments
<input type="checkbox"/> 3	\$53,300	<input type="checkbox"/> Interest or dividends from: Savings accounts, stocks or bonds, or retirement accounts	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> 4	\$64,300	<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Social Security, SSI, SSP
<input type="checkbox"/> 5	\$75,300	<input type="checkbox"/> Rental or royalty income	<input type="checkbox"/> Pensions
<input type="checkbox"/> 6	\$86,300	<input type="checkbox"/> Scholarships, grants, or other aid used for living expenses	<input type="checkbox"/> Insurance settlements
<input type="checkbox"/> 7	\$97,300	<input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29)	<input type="checkbox"/> Legal settlements
<input type="checkbox"/> 8	\$108,300		<input type="checkbox"/> CalWORKS(TANF)
Each Additional Person Add	\$11,000		<input type="checkbox"/> CalFresh/SNAP
			<input type="checkbox"/> Child support
			<input type="checkbox"/> Cash and/or other income
			<input type="checkbox"/> Alimony

Step 3

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.

Declaration and Self-Certification Statement: I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Liberty if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount that I received. I understand that Liberty can share my information with other utilities or their agents to enroll me in their assistance programs.

Signature X _____

Date: _____

Return to Liberty:



US Mail Liberty CAP
PO BOX 7002
Downey, CA 90241



Questions? Please Call Toll Free at 1-800-727-5987.