Liberty®

California Alternate Rates for Energy (CARE)

The CARE Program gives qualifying customers a 20 percent discount or more on their electric bills whose incomes are 200% or below the Federal Poverty Guidelines. **Beginning in September 2026, customers whose income falls below 100% of Federal Poverty Guidelines, as shown in the CARE Plus column, will receive an additional discount on their Base Services Charge. CARE customers will pay a $10 Base Services Charge and CARE Plus will pay a $5 Base Services Charge.**

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

1. Fill out step 1
2. Read/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

Mailing 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.

Program and Household Income Qualifications

Option 1: Public Assistance Programs

You or someone in your household participates in at least one of the following public assistance programs:

- Medi-Cal/Medicaid
- CalFresh/SNAP
- TANF/Tribal TANF
- WIC
- MediCal for Families
- LIHEAP
- Supplemental Security Income (SSI)
- Bureau of Indian Affairs General Assistance
- Head Start Income Eligible (Tribal Only)
- National School Lunch's Free Lunch Program (NSL)

If your total household income falls below the maximum listed under CARE Plus in Option 2, you will qualify for a lower Base Service Charge beginning in 2026. In that case, please complete 2B.

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

Effective June 1, 2026 to May 31, 2027	No. of Persons in Household	Total combined Annual Income	
		CARE	CARE PLUS
CARE Upper Limit Calculations = 200% of Federal Poverty Guidelines	1-2	$43,280	$21,640
	3	$54,640	$27,320
	4	$66,000	$33,000
	5	$77,360	$38,680
CARE PLUS Upper Limit Calculations = 100% of Federal Poverty Guidelines	6	$88,720	$44,360
	7	$100,080	$50,040
	8	$111,440	$55,720
	Each Add'l Person	$11,360	$5,680

Step 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
- ☐ WIC
- ☐ MediCal for Families
- ☐ LIHEAP
- ☐ Supplemental Security Income (SSI)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)
- ☐ National School Lunch's Free Lunch Program (NSL)

Step 2B

Option 2: Household Income and Sources of Income

Fill in blanks with number of persons in household and total combined annual income. Check (X) for all applicable sources of income. Customers must complete this section to qualify for CARE Plus.

Number of Persons in Household: _____

Total Combined Annual Income: _____

Maximum Gross Annual Household Income

Number of Persons in Household	Total combined Annual Income	
	CARE	CARE PLUS
1-2	$43,280	$21,640
3	$54,640	$27,320
4	$66,000	$33,000
5	$77,360	$38,680
6	$88,720	$44,360
7	$100,080	$50,040
8	$111,440	$55,720
Each Add'l Person	$11,360	$5,680

- ☐ Wages or Salaries
- ☐ Interest or dividends from: Savings accounts, stocks or bonds, or retirement accounts
- ☐ Unemployment benefits
- ☐ Rental or royalty income
- ☐ Scholarships, grants, or other aid used for living expenses
- ☐ Profit from self-employment (IRS Form 1040, Schedule C, line 29)
- ☐ Disability payments
- ☐ Workers' Compensation
- ☐ Social Security, SSI, SSP
- ☐ Pensions
- ☐ Insurance settlements
- ☐ Legal settlements
- ☐ TANF
- ☐ Child Support
- ☐ Cash
- ☐ Spousal Support
- ☐ Other Income

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.

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 _____ Date _____

Return to Liberty:

Scan and Email to:
CA-CARE@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 a.m. to 7 p.m.