



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

1 Fill out step 1      2 Fill out step 2A or step 2B      3 Sign and date this form and return to Liberty

## 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																			

### 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)

### 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	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
7	\$90,840
8	\$101,120
Each Additional Person	\$10,280

Upper Limit Calculation = 200% of Federal Poverty Guidelines.  
CARE Income Guidelines - Effective June 1, 2023 to May 31, 2024

## 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"/> Medi-Cal/Medicaid     | <input type="checkbox"/> LIHEAP                                      |
| <input type="checkbox"/> CalFresh/SNAP         | <input type="checkbox"/> Supplemental Security Income (SSI)          |
| <input type="checkbox"/> TANF/Tribal TANF      | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> WIC                   | <input type="checkbox"/> Head Start Income Eligible (Tribal Only)    |
| <input type="checkbox"/> Medi-Cal for Families |                                                                      |

### 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	\$39,440
<input type="checkbox"/> 3	\$49,720
<input type="checkbox"/> 4	\$60,000
<input type="checkbox"/> 5	\$70,280
<input type="checkbox"/> 6	\$80,560
<input type="checkbox"/> 7	\$90,840
<input type="checkbox"/> 8	\$101,120
Each Additional Person	\$10,280

- |                                                                                                                      |                                                    |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Wages or Salaries                                                                           | <input type="checkbox"/> Disability payments       |
| <input type="checkbox"/> Interest or dividends from:<br>Savings accounts, stocks or<br>bonds, or retirement accounts | <input type="checkbox"/> Workers' Compensation     |
| <input type="checkbox"/> Unemployment benefits                                                                       | <input type="checkbox"/> Social Security, SSI, SSP |
| <input type="checkbox"/> Rental or royalty income                                                                    | <input type="checkbox"/> Pension                   |
| <input type="checkbox"/> Scholarships, grants, or other<br>aid used for living expenses                              | <input type="checkbox"/> Insurance settlements     |
| <input type="checkbox"/> Profit from self-employment<br>(IRS Form 1040, Schedule C,<br>line 29)                      | <input type="checkbox"/> Legal settlements         |
|                                                                                                                      | <input type="checkbox"/> TANF                      |
|                                                                                                                      | <input type="checkbox"/> Child support             |
|                                                                                                                      | <input type="checkbox"/> Cash                      |
|                                                                                                                      | <input type="checkbox"/> Spousal support           |
|                                                                                                                      | <input type="checkbox"/> 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:  
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.

**Option:** Scan this QR Code to apply online



### 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.