



ADVICE LETTER SUMMARY

ENERGY UTILITY



MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No.: Liberty Utilities (CalPeco Electric) LLC (U-933-E)

Utility type:

- ELC GAS WATER
 PLC HEAT

Contact Person: Daniel W. Marsh
 Phone #: 562-299-5104
 E-mail: Dan.Marsh@libertyutilities.com
 E-mail Disposition Notice to: Dan.Marsh@libertyutilities.com

EXPLANATION OF UTILITY TYPE
 ELC = Electric GAS = Gas WATER = Water
 PLC = Pipeline HEAT = Heat

(Date Submitted / Received Stamp by CPUC)

Advice Letter (AL) #: 115-E

Tier Designation: 1

Subject of AL: Liberty Utilities Tariff Reflecting Updated Income Eligibility Levels for the California Alternate Rates for Energy Program and the Energy Savings Assistance Program

Keywords (choose from CPUC listing): CARE

AL Type: Monthly Quarterly Annual One-Time Other:

If AL submitted in compliance with a Commission order, indicate relevant Decision/Resolution #: D.12-08-044

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL:

Summarize differences between the AL and the prior withdrawn or rejected AL:

Confidential treatment requested? Yes No

If yes, specification of confidential information:

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/ access to confidential information:

Resolution required? Yes No

Requested effective date: 6/1/19

No. of tariff sheets: 2

Estimated system annual revenue effect (%): n/a

Estimated system average rate effect (%): n/a

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: Schedule No. CARE
Schedule No. EXPCARE

Service affected and changes proposed¹: N/A

Pending advice letters that revise the same tariff sheets: N/A

¹Discuss in AL if more space is needed.

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this submittal, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102
Email: EDTariffUnit@cpuc.ca.gov

Name: Daniel W. Marsh
Title: Manager, Rates and Regulatory Affairs
Utility Name: Liberty Utilities (CalPeco Electric) LLC
Address: 9750 Washburn Road
City: Downey State: California
Telephone (xxx) xxx-xxxx: 562-299-5104
Facsimile (xxx) xxx-xxxx:
Email: Dan.Marsh@libertyutilities.com

Name:
Title:
Utility Name:
Address:
City: State: Wyoming
Telephone (xxx) xxx-xxxx:
Facsimile (xxx) xxx-xxxx:
Email:

ENERGY Advice Letter Keywords

Affiliate	Direct Access	Preliminary Statement
Agreements	Disconnect Service	Procurement
Agriculture	ECAC / Energy Cost Adjustment	Qualifying Facility
Avoided Cost	EOR / Enhanced Oil Recovery	Rebates
Balancing Account	Energy Charge	Refunds
Baseline	Energy Efficiency	Reliability
Bilingual	Establish Service	Re-MAT/Bio-MAT
Billings	Expand Service Area	Revenue Allocation
Bioenergy	Forms	Rule 21
Brokerage Fees	Franchise Fee / User Tax	Rules
CARE	G.O. 131-D	Section 851
CPUC Reimbursement Fee	GRC / General Rate Case	Self Generation
Capacity	Hazardous Waste	Service Area Map
Cogeneration	Increase Rates	Service Outage
Compliance	Interruptible Service	Solar
Conditions of Service	Interutility Transportation	Standby Service
Connection	LIEE / Low-Income Energy Efficiency	Storage
Conservation	LIRA / Low-Income Ratepayer Assistance	Street Lights
Consolidate Tariffs	Late Payment Charge	Surcharges
Contracts	Line Extensions	Tariffs
Core	Memorandum Account	Taxes
Credit	Metered Energy Efficiency	Text Changes
Curtable Service	Metering	Transformer
Customer Charge	Mobile Home Parks	Transition Cost
Customer Owned Generation	Name Change	Transmission Lines
Decrease Rates	Non-Core	Transportation Electrification
Demand Charge	Non-firm Service Contracts	Transportation Rates
Demand Side Fund	Nuclear	Undergrounding
Demand Side Management	Oil Pipelines	Voltage Discount
Demand Side Response	PBR / Performance Based Ratemaking	Wind Power
Deposits	Portfolio	Withdrawal of Service
Depreciation	Power Lines	



Liberty Utilities (CalPeco Electric) LLC
933 Eloise Avenue
South Lake Tahoe, CA 96150
Tel: 800-782-2506
Fax: 530-544-4811

May 10, 2019

VIA EMAIL AND UPS

**Advice Letter 115-E
(U 933-E)**

California Public Utilities Commission
Energy Division, Tariff Unit
505 Van Ness Avenue, 4th Floor
San Francisco, CA 94102-3298

Subject: Liberty Utilities Tariff Reflecting Updated Income Eligibility Levels for the California Alternate Rates for Energy Program and the Energy Savings Assistance Program

Pursuant to Decision 12-08-044, Liberty Utilities (CalPeco Electric) LLC (U 933-E) ("Liberty CalPeco") requests California Public Utilities Commission ("Commission") approval to revise its tariffs to update the income eligibility guidelines for the California Alternate Rates for Energy ("CARE") Program and the Energy Savings Assistance ("ESA") Program.

Background

In a letter dated **February 4, 2019**, Director Randolph requested that energy utilities file revised tariffs with Energy Division reflecting the new income levels described in the letter.

Proposed Changes

Liberty CalPeco seeks to implement the new income levels provided in the letter from Director Randolph. All tariffs, internet sites, and printed materials about CARE and ESA Programs will display the revised income eligibility guidelines and their effective dates, for household sizes of 1-8 persons in alignment with Federal Poverty Guidelines.

Effective Date

Liberty CalPeco requests that this Tier 1 advice filing become effective **June 1, 2019**.

Protests

Anyone wishing to protest this filing may do so by letter sent via U.S. mail, by facsimile or by email, any of which must be received no later than **May 30, 2019**, which is 20 days after the date

Energy Division Tariff Unit
California Public Utilities Commission
May 10, 2019
Page 2

of this filing. The protest shall set forth the grounds upon which it is based and shall be submitted expeditiously. There is no restriction on who may file a protest. Protests should be mailed to:

California Public Utilities Commission
Energy Division, Tariff Unit
505 Van Ness Avenue, 4th Floor
San Francisco, CA 94102-3298
Facsimile: (415) 703-2200
Email: edtariffunit@cpuc.ca.gov

The protest also should be sent via email and U.S. Mail (and by facsimile, if possible) to Liberty CalPeco at the addresses show below on the same date it is mailed or delivered to the Commission.

Liberty Utilities (CalPeco Electric) LLC
Attn.: Advice Letter Protests
933 Eloise Avenue
South Lake Tahoe, CA 96150
Fax: 530-544-4811
Email: Dan.Marsh@libertyutilities.com

Notice

In accordance with General Order 96-B, Section 4.3, a copy of this advice letter is being sent electronically and via U.S. mail to parties shown on the attached list.

If additional information is required, please do not hesitate to contact me.

Sincerely,

/s/ Dan Marsh

Dan Marsh
Manager, Rates and Regulatory Affairs
Liberty Utilities (CalPeco Electric) LLC

Attachments

cc: Liberty Utilities General Order 96 –B Advice Letter Service List

Energy Division Tariff Unit
California Public Utilities Commission
May 10, 2019
Page 3

Liberty Utilities (CalPeco Electric) LLC
Advice Letter Filing Service List
General Order 96-B, Section 4.3

VIA EMAIL

gbinge@ktminc.com;
emello@sppc.com;
epoole@adplaw.com;
cem@newsdata.com;
rmccann@umich.edu;
sheila@wma.org;
abb@eslawfirm.com;
cbk@eslawfirm.com;
bhodgeusa@yahoo.com;
chilen@nvenergy.com;
phanschen@mofoc.com;
liddell@energyattorney.com;
cem@newsdata.com;
dietrichlaw2@earthlink.net;
ericj@eslawfirm.com;
clerk-recorder@sierracounty.ws;
plumascoco@gmail.com;
marshall@psln.com;
stephenhollabaugh@tdpud.org;
gross@portersimon.com;
mccluretahoe@yahoo.com;
catherine.mazzeo@swgas.com;
Theresa.Faegre@libertyutilities.com;
SDG&ETariffs@semprautilities.com;
greg.campbell@libertyutilities.com;
bcragg@goodinmacbride.com;

AdviceTariffManager@sce.com;
edtariffunit@cpuc.ca.gov;
jrw@cpuc.ca.gov;
rmp@cpuc.ca.gov;
jaime.gannon@cpuc.ca.gov;
mas@cpuc.ca.gov;
txb@cpuc.ca.gov;
efr@cpuc.ca.gov;
tlg@cpuc.ca.gov;
dao@cpuc.ca.gov;
ljt@cpuc.ca.gov;
mmg@cpuc.ca.gov;
kjl@cpuc.ca.gov;
denise.tyrrell@cpuc.ca.gov;
fadi.daye@cpuc.ca.gov;
winnie.ho@cpuc.ca.gov;
usrb@cpuc.ca.gov;
Rob.Oglesby@energy.ca.gov;
stevegreenwald@dwt.com;
vidhyaprabhakaran@dwt.com;
judypau@dwt.com;
dwtcpucdockets@dwt.com;
patrickferguson@dwt.com;
travis.ritchie@sierraclub.org;
dan.marsh@libertyutilities.com;
sharon.yang@libertyutilities.com;
ginge@kinectenergy.com

SCHEDULE NO. CARE
CARE DOMESTIC SERVICE
 (Continued)

SPECIAL CONDITIONS (Continued)

2. Baseline Quantities. (Continued)

(3) Life support devices means those devices which utilize mechanical or artificial means to sustain, restore, or supplant a vital function, or mechanical equipment which is relied upon for mobility both within and outside building. Life support devices or equipment include those listed in PUC Section 739.2.

D. Limitation. Space heating quantities shall be available only where a minimum of 80% of available living area is heated by permanently installed electric space heating equipment. Partial quantities will not be offered.

3. CARE Program. The California Alternate Rates for Energy ("CARE") is a program of assistance to low-income electric customers. The assistance is in the form of discounted rates that are listed above.

i) Eligibility for CARE. A household eligible for CARE is one in which the total annual gross income from all sources is not more than what is shown on the following table that is based on the number of persons living in the household. For the period of June 1, 20198 (T) to May 31, 202019 (T) the combined income of all persons from all sources, both taxable and non-taxable, shall be no more than:

<u>Number of Persons Living in Household</u>	<u>Total Annual Gross Income</u>
1 or 2	\$32,920 <u>33,820</u> (l)
3	\$41,560 <u>42,660</u> (l)
4	\$50,200 <u>51,500</u> (l)
5	\$58,840 <u>60,340</u> (l)
6	\$67,480 <u>69,180</u> (l)
7	\$76,120 <u>78,020</u> (l)
8	\$84,760 <u>86,860</u> (l)

For households with more than six persons, add \$~~8,86~~40 for each additional person. A person who is claimed as a dependent on another person's income tax return is not eligible for service under this rate schedule. Pursuant to CPUC 739.4, the above

Issued by

Advice Letter No. 96-E-A115-E

Gregory S. Sorensen Date Filed —June

18May 10, 20198 (T)

Name

Decision No. _____

President

Effective June 1, 20198 (T)

Title

Resolution No. _____

(T)

(T)

SCHEDULE NO. CARE
CARE DOMESTIC SERVICE
 (Continued)

SPECIAL CONDITIONS (Continued)

2. Baseline Quantities. (Continued)

(3) Life support devices means those devices which utilize mechanical or artificial means to sustain, restore, or supplant a vital function, or mechanical equipment which is relied upon for mobility both within and outside building. Life support devices or equipment include those listed in PUC Section 739.2.

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<u>Number of Persons Living in Household</u>	<u>Total Annual Gross Income</u>
1 or 2	\$33,820 (I)
3	\$42,660 (I)
4	\$51,500 (I)
5	\$60,340 (I)
6	\$69,180 (I)
7	\$78,020 (I)
8	\$86,860 (I)

For households with more than six persons, add \$8,840 for each additional person. A person who is claimed as a dependent on another person's income tax return is not eligible for service under this rate schedule. Pursuant to CPUC 739.4, the above annual gross income levels are subject to revision subsequent to the Commission's establishment of new rates on or before May 1 of each year.

(T)
 |
 (T)

SCHEDULE NO. EXPCARE
EXPANDED CARE
SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING
AND NONPROFIT GROUP LIVING FACILITIES

APPLICABILITY

This schedule provides a California Alternate Rates for Energy (CARE) rate discount to qualified nonprofit group living facilities, migrant farm worker housing centers, privately owned employee housing, or agricultural employee housing operated by nonprofit organizations, and is taken in conjunction with the customer's otherwise applicable service schedule.

TERRITORY

Entire California Service Area.

RATES

Qualifying customers will receive a 20% discount on all customer, demand, and energy charges on their otherwise applicable service schedule. In addition, such customers will not be charged the CARE Surcharge.

SPECIAL CONDITIONS

1. **APPLICABLE CONDITIONS**

All special conditions contained in the customer's otherwise applicable schedule are applicable to service under this schedule.

2. **NONPROFIT GROUP LIVING FACILITIES**

- a. To be eligible for service under this schedule, the total gross annual income, both taxable and non-taxable, from all sources from each resident residing in the nonprofit group living facility may not exceed the Commission's CARE eligibility income level established for June 1, 2018 to May 31, 2019 as shown below for a single-person household, and each resident may not be claimed as a dependent on another person's income tax return.

	<u>Total Gross Annual Income</u>
Each Resident	\$32,920 <u>33,820</u>

(Continued)

(T)

Issued by

Advice Letter No. 96-E-A115-E (T)
10, 2019

Gregory S. Sorensen

Date Filed. June 1, 2018May

Decision No. _____

Name
President
Title

Effective June 1, 2019 (T)8

Resolution No. _____

SCHEDULE NO. EXPCARE
EXPANDED CARE
SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING
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APPLICABILITY

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Entire California Service Area.

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- a. To be eligible for service under this schedule, the total gross annual income, both taxable and non-taxable, from all sources from each resident residing in the nonprofit group living facility may not exceed the Commission's CARE eligibility income level established for June 1, 2018 to May 31, 2019 as shown below for a single-person household, and each resident may not be claimed as a dependent on another person's income tax return.

	<u>Total Gross Annual Income</u>
Each Resident	\$33,820

(Continued)

(T)

Advice Letter No. 115-E

Issued by
Gregory S. Sorensen
Name
President
Title

Date Filed. May 10, 2019

Decision No. _____

Effective June 1, 2019 (T)

Resolution No. _____



**LIBERTY UTILITIES (CALPECO ELECTRIC) LLC ("LIBERTY")
CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE)**

CARE provides a monthly discount on your Liberty electric service.
1-866-675-6627 Toll-Free

To participate in the CARE rate, you must submit a copy of your current gross monthly income for everyone living in your home. You must also submit a copy of the top portion of your current Liberty bill. PLEASE NOTE: The name on the bill and the name on this application must match. **DO NOT SUBMIT ORIGINAL DOCUMENTS. THEY WILL NOT BE RETURNED.**

If your name or address has changed, you MUST inform Liberty. There is no charge for changing or adding a name to your Liberty account.

Your Name (as it appears on your Liberty bill):

First Middle Last

Mailing Address:

Number and Street Apartment Number

City State Zip Code

Daytime Telephone Number

() _____

INCLUDING YOURSELF, total number of people living in your home. _____

Adults _____ #Children _____

Submetered Applicants Only – Enter the name of Mobile Home Park _____

The information on this application will be used to determine and verify my eligibility for assistance. I understand that Liberty may share my information with other utilities and their agents to enroll me in their assistance programs. If eligible for the CARE discount, I authorize the proper change to my rate schedule and give my consent for annual eligibility verification. I declare, under penalty of perjury, that the information on this application is true and correct.

X _____
Applicant's Signature Date Witness' Signature (if applicant signed with a mark)

YOUR APPLICATION IS NOT COMPLETE WITHOUT ALL OF THE FOLLOWING:

- Completed Application Copy of current Liberty bill Copy(ies) of current proof of income Signature

Include current proof of income for everyone in your home? Sign and date your application?

APPLICANT QUESTIONNAIRE

Liberty is currently conducting a survey to measure the effectiveness of its outreach efforts. The following questions are OPTIONAL. Answering the questions will have no effect on the handling of your CARE application or participation in CARE.

Please check the appropriate box(es).

- APPLICANT'S AGE GROUP: 18-39 40-59 60 or older
 APPLICANT'S ETHNICITY: African-American Caucasian Hispanic/Latino Native American
 Asian Other _____
 HOW DID YOU HEAR ABOUT Liberty CARE? Community Organizations Public Agency Newspaper/Radio
 Word-of-Mouth Other

Please return completed CARE application to:

Liberty Utilities (CalPeco Electric) LLC
Attention: CARE Program
933 Eloise Avenue
South Lake Tahoe, CA 96150

LIBERTY USE ONLY

Date Received _____
Employee Initials _____

PLEASE KEEP THIS INFORMATION SHEET

1-866-675-6627 TOLL FREE

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

MAY BE ELIGIBLE FOR THE California Alternative Rate for Energy (CARE) Program if:

You are a Liberty Utilities (CalPeco Electric) LLC permanent residential customer and pay your energy cost directly to Liberty
-and-
Your gross monthly income, before deductions for all persons living in your household, is not over the CARE Income Guidelines. (See Proof of Income and Income Guidelines below.)

EXAMPLES OF PROOF OF INCOME All proof of income must be current and show an income amount.

- Temporary Assistance for Needy Families (TANF): Notice of Action; or computer printout; or benefit letter; copy of check; or
- Food Stamps: Notice of Action or benefit letter from eligibility worker showing dollar amount of assistance; or
- Supplemental Security Income: Notice of Planned Action or Form 2458; computer printout from Social Security Office; copy of bank statement showing SSI direct deposit; copy of SSI check; or
- Social Security benefits: copy of current check(s); SSA Form 1099, 4926, or 2458; computer printout from Social Security Administration Office; Bank Statement showing direct deposit; or
- Pension and Annuities: copy of a current check; verification on letterhead or annual statement from pension plan; or
- Wages: copy of current paycheck stub(s) covering a one-month period and showing gross income; or
- Interest Income: monthly or quarterly bank statement; statement of interest income from bank agency; or
- Disability Compensation: copy of a current check; printout or letter from agency or insurance company verifying the compensation amount; or
- Unemployment Benefits: copy of current check(s); printout from Employment Development Department; or
- Child and/or Spousal support: copy of current check; or
- Support from an Individual: copy of check and statement signed by person providing the support; or
- General Assistance: Notice of Action from County Social Services; copy of a current check; or
- Student Aid: Financial Aid statement from College or University; or
- Veteran's Benefits: letter indication receipt of Veteran's Pension; copy of Veteran's Administration check; or
- Signed Federal Tax Form 1040; or
- W2 Forms.

CARE Income Guidelines – Effective June 1, 20198 to May 31, 2020199		
Size of Household	Monthly	Yearly
1-2	<u>\$2,7432,818</u>	<u>\$32,92033,820</u>
3	<u>\$3,4633,555</u>	<u>\$41,56042,660</u>
4	<u>\$4,1834,291</u>	<u>\$50,20051,500</u>
5	<u>\$4,9035,028</u>	<u>\$58,84060,340</u>
6	<u>\$5,6235,765</u>	<u>\$67,48069,180</u>
7	<u>\$6,3436,501</u>	<u>\$76,12078,020</u>
8	<u>\$7,0637,238</u>	<u>\$84,76086,860</u>

NOTE: For households with more than eight members, increase income by the amount below for each additional family member.

Additional Family Members Amounts:	\$8,8640
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You are not eligible for the CARE if you are:

- Claimed as a dependent on another person's income tax return;
- Non-permanent customer with a recreation or vacation home.



**LIBERTY UTILITIES (CALPECO ELECTRIC) LLC ("LIBERTY")
CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE)**

CARE provides a monthly discount on your Liberty electric service.
1-866-675-6627 Toll-Free

To participate in the CARE rate, you must submit a copy of your current gross monthly income for everyone living in your home. You must also submit a copy of the top portion of your current Liberty bill. PLEASE NOTE: The name on the bill and the name on this application must match. **DO NOT SUBMIT ORIGINAL DOCUMENTS. THEY WILL NOT BE RETURNED.**

If your name or address has changed, you MUST inform Liberty. There is no charge for changing or adding a name to your Liberty account.

Your Name (as it appears on your Liberty bill):

First Middle Last

Mailing Address:

Number and Street Apartment Number

City State Zip Code

Daytime Telephone Number

() _____

INCLUDING YOURSELF, total number of people living in your home. _____

Adults _____ #Children _____

Submetered Applicants Only – Enter the name of Mobile Home Park _____

The information on this application will be used to determine and verify my eligibility for assistance. I understand that Liberty may share my information with other utilities and their agents to enroll me in their assistance programs. If eligible for the CARE discount, I authorize the proper change to my rate schedule and give my consent for annual eligibility verification. I declare, under penalty of perjury, that the information on this application is true and correct.

X _____
Applicant's Signature Date Witness' Signature (if applicant signed with a mark)

YOUR APPLICATION IS NOT COMPLETE WITHOUT ALL OF THE FOLLOWING:

- Completed Application Copy of current Liberty bill Copy(ies) of current proof of income Signature

Include current proof of income for everyone in your home? Sign and date your application?

APPLICANT QUESTIONNAIRE

Liberty is currently conducting a survey to measure the effectiveness of its outreach efforts. The following questions are OPTIONAL. Answering the questions will have no effect on the handling of your CARE application or participation in CARE.

Please check the appropriate box(es).

- APPLICANT'S AGE GROUP: 18-39 40-59 60 or older
 APPLICANT'S ETHNICITY: African-American Caucasian Hispanic/Latino Native American
 Asian Other _____
 HOW DID YOU HEAR ABOUT Liberty CARE? Community Organizations Public Agency Newspaper/Radio
 Word-of-Mouth Other

Please return completed CARE application to:

Liberty Utilities (CalPeco Electric) LLC
Attention: CARE Program
933 Eloise Avenue
South Lake Tahoe, CA 96150

LIBERTY USE ONLY

Date Received _____
Employee Initials _____

PLEASE KEEP THIS INFORMATION SHEET

1-866-675-6627 TOLL FREE

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

MAY BE ELIGIBLE FOR THE California Alternative Rate for Energy (CARE) Program if:

You are a Liberty Utilities (CalPeco Electric) LLC permanent residential customer and pay your energy cost directly to Liberty
-and-
Your gross monthly income, before deductions for all persons living in your household, is not over the CARE Income Guidelines. (See Proof of Income and Income Guidelines below.)

EXAMPLES OF PROOF OF INCOME

All proof of income must be current and show an income amount.

- Temporary Assistance for Needy Families (TANF): Notice of Action; or computer printout; or benefit letter; copy of check; or
- Food Stamps: Notice of Action or benefit letter from eligibility worker showing dollar amount of assistance; or
- Supplemental Security Income: Notice of Planned Action or Form 2458; computer printout from Social Security Office; copy of bank statement showing SSI direct deposit; copy of SSI check; or
- Social Security benefits: copy of current check(s); SSA Form 1099, 4926, or 2458; computer printout from Social Security Administration Office; Bank Statement showing direct deposit; or
- Pension and Annuities: copy of a current check; verification on letterhead or annual statement from pension plan; or
- Wages: copy of current paycheck stub(s) covering a one-month period and showing gross income; or
- Interest Income: monthly or quarterly bank statement; statement of interest income from bank agency; or
- Disability Compensation: copy of a current check; printout or letter from agency or insurance company verifying the compensation amount; or
- Unemployment Benefits: copy of current check(s); printout from Employment Development Department; or
- Child and/or Spousal support: copy of current check; or
- Support from an Individual: copy of check and statement signed by person providing the support; or
- General Assistance: Notice of Action from County Social Services; copy of a current check; or
- Student Aid: Financial Aid statement from College or University; or
- Veteran's Benefits: letter indication receipt of Veteran's Pension; copy of Veteran's Administration check; or
- Signed Federal Tax Form 1040; or
- W2 Forms.

CARE Income Guidelines – Effective June 1, 2019 to May 31, 2020		
Size of Household	Monthly	Yearly
1-2	\$2,818	\$33,820
3	\$3,555	\$42,660
4	\$4,291	\$51,500
5	\$5,028	\$60,340
6	\$5,765	\$69,180
7	\$6,501	\$78,020
8	\$7,238	\$86,860

NOTE: For households with more than eight members, increase income by the amount below for each additional family member.

Additional Family Members Amounts:	\$8,840
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You are not eligible for the CARE if you are:

- Claimed as a dependent on another person's income tax return;
- Non-permanent customer with a recreation or vacation home.



CARE ofrece un descuento mensual de su servicio eléctrico Liberty

1-866-675-6627 Toll-Free

Para participar en tarifaria de CARE, debe presentar una copia de su ingreso mensual bruto para todos los que viven en su hogar. También debe presentar una copia de la parte superior de su factura actual de Liberty. **TENGA EN CUENTA: El nombre en la factura y el nombre de esta solicitud deben coincidir. NO PRESENTE DOCUMENTOS ORIGINALES. NO SERÁN DEVUELTOS.**

Si su nombre o la dirección ha cambiado, debe informar a Liberty. No hay cargo por cambiar o agregar un nombre a su cuenta

Liberty. **Su nombre (como aparece en su factura Liberty):**

Nombre _____ Segundo Nombre _____ Apellido _____

dirección de correo

Número y calle _____ Número de apartamento _____

Ciudad _____ estado _____ código de zip _____

Teléfono durante el día

() _____

ENTRE TOTAL BRUTO MENSUAL INCOME para todas las personas que viven en su casa y adjuntar la prueba actual de ingresos. (La prueba debe coincidir con la cantidad total de la línea de ingresos.)

CalWORKS \$ _____
SSI/SSP \$ _____
SSA \$ _____
Pensions \$ _____
GA/GR \$ _____
Wages \$ _____
Interest Income \$ _____
Other Income \$ _____

TOTAL DE INGRESOS \$ _____

INCLUYENDO A USTED MISMO, entre el número de personas que viven en su casa

Los solicitantes sólo submedidores - Escriba el nombre de parquet de casos móviles _____

La información en esta solicitud será utilizada para determinar y verificar mi elegibilidad para asistencia. Entiendo que Liberty puede compartir mi información con otros servicios públicos y sus agentes para inscribirme en sus programas de asistencia. Si elegible para el descuento de CARE, autorizo el cambio correcto a mi lista de tarifas y doy mi consentimiento para la verificación de elegibilidad anual. Declaro, bajo pena de perjurio, que la información en esta solicitud es verdadera y correcta.

X _____
Firma del solicitante _____ fecha _____ Testigo Firma (si el solicitante firmó con una marca) _____

SU APLICACIÓN no está completa sin TODO LO SIGUIENTE:

Solicitud completa Copia de la factura actual Liberty Copia (s) de la prueba actual de ingresos firma

Incluya una prueba actual de ingresos para todos en su casa? Firmar y fechar su solicitud?

SOLICITANTE CUESTIONARIO

Liberty realiza actualmente la conducción de una encuesta para medir la eficacia de los esfuerzos de su alcance. Las siguientes preguntas son opcionales. Responder a las preguntas no tendrá ningún efecto sobre la tramitación de su solicitud de CARE o participación en CARE.

Por favor, marque la casilla correspondiente (s).

GRUPO DE EDAD DEL SOLICITANTE:

n18-39 n40-59 n60 o más

ETNICIDAD DEL SOLICITANTE:

nAfrican-American Caucasian nHispanic/Latino nNative American
nAsian nOther _____

CÓMO SE ENTERO DE CARE DE Liberty?

n Organizaciones de la Comunidad n Agencia Pública n Periódico / radio
n Boca-a-boca n Otros

Por favor devuelva la solicitud completa CARE A:

Liberty Utilities (CalPeco Electric) LLC
Attention: CARE Program
933 Eloise Avenue
South Lake Tahoe, CA 96150

FOR LIBERTY USE ONLY

Date Received _____
Employee Initials _____

CONSERVE ESTA HOJA DE INFORMACIÓN

1-866-675-6627 LLAMADA GRATUITA

FAVOR DE PROPORCIONAR TODA LA INFORMACIÓN SOLICITADA PARA NO TARDAR EL PROCESO DE SU APPLICACION

USTED PUEDE SER elegible a la tarifa alternativa de Energía de California (CARE) si:

Usted es un cliente residencial permanente de Liberty Utilities (CalPeco Electric) LLC (Liberty y pague el costo de la energía directamente a Liberty

-y-

Su ingreso bruto mensual, antes de las deducciones para todas las personas que viven en su hogar, no es más de las Directrices de Ingresos de CARE.

Véase la Prueba de Ingresos y las normas de ingresos a continuación.

EJEMPLOS DE LA PRUEBA DE LAS INGRESOS

Todas las pruebas de ingresos debe ser actual y mostrar el una cantidad de ingresos.

- Asistencia Temporal para Familias Necesitadas (TANF): Notificación de Acción, o impresión de computadora, o carta de beneficio, copia de un cheque, o
- Cupones para Alimentos: Notificación de Acción o carta de beneficios del trabajador de elegibilidad que indique el monto en dólares de la asistencia, o
- Seguridad de Ingreso Suplementario: Aviso de Acción Planificada o Formulario 2458, impresión de la computadora de la Seguridad Social, copia del extracto bancario que muestre el depósito directo de SSI: copia de cheque de SSI, o
- Beneficios del Seguro Social: copia de cheque reciente (s); Formulario SSA 1099, 4926 o 2458; impresión de la computadora de la Seguridad Social Oficina de Administración, Banco Estado que muestre el depósito directo, o
- Pensión y: copia de un cheque reciente verificación por carta o declaración anual del plan de pensiones, o
- Salarios: copia del recibo de sueldo actual (s) que cubren un período de un mes y que muestren los ingresos brutos, o
- Ingreso por interés: estado de cuenta bancario mensual o trimestral; estado de los ingresos por intereses de la agencia bancaria, o
- Compensación por incapacidad: copia de un cheque actual copia impreza o carta de la agencia o compañía de seguro que verifique la cantidad de la remuneración, o
- Beneficios de desempleo: copia de cheque reciente (s), copia impresa del Departamento de Desarrollo Laboral, o
- Apoyo de niño y lo conyuge: copia de cheque reciente o
- Apoyo de un individuo: copia de un cheque y declaración firmada por persona que presta el apoyo, o
- Ayuda General: Aviso de Acción de Servicios Sociales del Condado; copia de un cheque reciente o
- Ayuda Estudiantil: declaración de ayuda financiera de un Colegio o Universidad, o
- recibo carta de indicación de Pensiones de los Veteranos; copia de un cheque la Administración de Veteranos, o bien: • Beneficios de Veteranos
- Firmado el Formulario 1040 de Impuestos Federales, o
- Formas W2.

CUIDADO Directrices sobre la renta – Efectivo el 1 junio de 2019 al 31 de mayo de 2020		
Tomano de los hogares	cada mes	cada ano
1-2	\$2,8182,743	\$32,92033,820
3	\$3,4633,555	\$41,56042,660
4	\$4,1834,291	\$50,20051,500
5	\$4,9035,028	\$58,84060,340
6	\$5,6235,765	\$67,48069,180
7	\$6,3436,501	\$76,12078,020
8	\$7,0637,238	\$84,76086,860

NOTA: Para los hogares con más de ocho miembros, aumentar los ingresos por el importe por debajo de cada miembro adicional.

Las cantidades adicionales de los miembros de la familia: \$8,8640

Usted no es elegible para CARE si usted:

- Es reclamado como dependiente en la declaración de otra persona de ganancia;
- No es residente permanente con una casa de recreación o de vacaciones.



CARE ofrece un descuento mensual de su servicio eléctrico Liberty

1-866-675-6627 Toll-Free

Para participar en tarifaria de CARE, debe presentar una copia de su ingreso mensual bruto para todos los que viven en su hogar. También debe presentar una copia de la parte superior de su factura actual de Liberty. **TENGA EN CUENTA: El nombre en la factura y el nombre de esta solicitud deben coincidir. NO PRESENTE DOCUMENTOS ORIGINALES. NO SERÁN DEVUELTOS.**

Si su nombre o la dirección ha cambiado, debe informar a Liberty. No hay cargo por cambiar o agregar un nombre a su cuenta

Liberty. **Su nombre (como aparece en su factura Liberty):**

Nombre _____ Segundo Nombre _____ Apellido _____

dirección de correo

Número y calle _____ Número de apartamento _____

Ciudad _____ estado _____ código de zip _____

Teléfono durante el día

() _____

ENTRE TOTAL BRUTO MENSUAL INCOME para todas las personas que viven en su casa y adjuntar la prueba actual de ingresos. (La prueba debe coincidir con la cantidad total de la línea de ingresos.)

CalWORKS \$ _____
SSI/SSP \$ _____
SSA \$ _____
Pensions \$ _____
GA/GR \$ _____
Wages \$ _____
Interest Income \$ _____
Other Income \$ _____

TOTAL DE INGRESOS \$ _____

INCLUYENDO A USTED MISMO, entre el número de personas que viven en su casa

Los solicitantes sólo submedidores - Escriba el nombre de parquet de casos móviles _____

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Incluya una prueba actual de ingresos para todos en su casa? Firmar y fechar su solicitud?

SOLICITANTE CUESTIONARIO

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nAfrican-American nCaucasian nHispanic/Latino nNative American
 nAsian nOther _____

CÓMO SE ENTERO DE CARE DE Liberty?

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1-866-675-6627 LLAMADA GRATUITA

FAVOR DE PROPORCIONAR TODA LA INFORMACIÓN SOLICITADA PARA NO TARDAR EL PROCESO DE SU APLICACION

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-y-

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Véase la Prueba de Ingresos y las normas de ingresos a continuación.

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- Seguridad de Ingreso Suplementario: Aviso de Acción Planificada o Formulario 2458, impresión de la computadora de la Seguridad Social, copia del extracto bancario que muestre el depósito directo de SSI: copia de cheque de SSI, o
- Beneficios del Seguro Social: copia de cheque reciente (s); Formulario SSA 1099, 4926 o 2458; impresión de la computadora de la Seguridad Social Oficina de Administración, Banco Estado que muestre el depósito directo, o
- Pensión y: copia de un cheque reciente verificación por carta o declaración anual del plan de pensiones, o
- Salarios: copia del recibo de sueldo actual (s) que cubren un período de un mes y que muestren los ingresos brutos, o
- Ingreso por interés: estado de cuenta bancario mensual o trimestral; estado de los ingresos por intereses de la agencia bancaria, o
- Compensación por incapacidad: copia de un cheque actual copia impreza o carta de la agencia o compañía de seguro que verifique la cantidad de la remuneración, o
- Beneficios de desempleo: copia de cheque reciente (s), copia impresa del Departamento de Desarrollo Laboral, o
- Apoyo de niño y lo conyuge: copia de cheque reciente o
- Apoyo de un individuo: copia de un cheque y declaración firmada por persona que presta el apoyo, o
- Ayuda General: Aviso de Acción de Servicios Sociales del Condado; copia de un cheque reciente o
- Ayuda Estudiantil: declaración de ayuda financiera de un Colegio o Universidad, o
- recibo carta de indicación de Pensiones de los Veteranos; copia de un cheque la Administración de Veteranos, o bien: • Beneficios de Veteranos
- Firmado el Formulario 1040 de Impuestos Federales, o
- Formas W2.

CAUIDADO Directrices sobre la renta – Efectivo el 1 junio de 2019 al 31 de mayo de 2020		
Tomano de los hogares	cada mes	cada ano
1-2	\$2,818	\$33,820
3	\$3,555	\$42,660
4	\$4,291	\$51,500
5	\$5,028	\$60,340
6	\$5,765	\$69,180
7	\$6,501	\$78,020
8	\$7,238	\$86,860

NOTA: Para los hogares con más de ocho miembros, aumentar los ingresos por el importe por debajo de cada miembro adicional.

Las cantidades adicionales de los miembros de la familia:	\$8,840
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Usted no es elegible para CARE si usted:

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- No es residente permanente con una casa de recreación o de vacaciones.