CALIFORNIA PUBLIC UTILITIES COMMISSION
DIVISION OF WATER AND AUDITS

Advice Letter Cover Sheet

Utility Name:	Liberty Utilities (Apple Valley Ranchos Water) Corp.	**Date Mailed to Service List:**	April 29, 2025
District:	N/A		
CPUC Utility #:	U 346-W	**Protest Deadline (20th Day):**	May 19, 2025
Advice Letter #:	285-W	**Review Deadline (30th Day):**	May 29, 2025
Tier	☒1 ☐2 ☐3 ☒ Compliance	**Requested Effective Date:**	June 1, 2025
Authorization	Energy Division Letter dated March 26, 2025	**Rate Impact:**	$ N/A % N/A
Description:	Liberty Apple Valley submits this advice letter to update the eligibility income guidelines in its rate assistance program for low-income customers, also known as the Customer Assistance Program ("CAP").		

The protest or response deadline for this advice letter is 20 days from the date that this advice letter was mailed to the service list. Please see the "Response or Protest" section in the advice letter for more information.

Utility Contact:	Tiffany Thong	**Utility Contact:**	AnnMarie Sanchez
Phone:	562.923.0711	**Phone:**	562.923.0711
Email:	Tiffany.Thong@libertyutilities.com	**Email:**	AnnMarie.Sanchez@Libertyutilities.com
DWA Contact:	Tariff Unit		
Phone:	(415) 703-1133		
Email:	Water.Division@cpuc.ca.gov		

DWA USE ONLY

DATE	STAFF	COMMENTS

[ ] APPROVED **[ ] WITHDRAWN** **[ ] REJECTED**

Signature: _____ **Comments:** _____

Date: _____

Liberty Utilities (Apple Valley Ranchos Water) Corp.
21760 Ottawa Road
Apple Valley, CA 92308-6533
Tel: 760-247-6484

Advice Letter No. 285-W April 29, 2025

TO THE PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Liberty Utilities (Apple Valley Ranchos Water) Corp. (U 346-W) ("Liberty Apple Valley") hereby submits the attached revised tariff sheets applicable to water service in its service territory.

Summary

Liberty Apple Valley submits this advice letter to update the eligibility income guidelines in its rate assistance program for low-income customers, also known as the Customer Assistance Program ("CAP") previously known as the California Alternative Rates for Water ("CARW") program. The CAP eligibility guidelines are patterned after the guidelines established in the California Alternate Rates for Energy ("CARE") program for energy utilities. When approved, this filing will increase the eligibility income levels in Liberty Apple Valley's CAP program to match the eligibility income guidelines in the energy utilities CARE program.

Background

On December 15, 2005, the California Public Utilities Commission ("Commission") issued Decision 05-12-020 granting Liberty Apple Valley authority to establish its CAP program. The CAP program consists of a $10.00 per month service charge discount for customers who meet income eligibility requirements. The eligibility income guidelines are revised annually by the Commission and are effective each June 1st. On March 26, 2025, the Commission established the 2025/2026 eligibility income guidelines, effective June 1, 2025. This advice letter is being filed to reflect the updated eligibility income guidelines on Liberty Apple Valley's CAP tariffs.

Compliance

Liberty Apple Valley has revised its Form No. 13 to reflect the annual increase to eligibility income. The table below shows the increase to each level of the eligibility income.

Table 1

Maximum Household Income	
Number of Persons in Household	**Total Combined Yearly Income**
1-2	$ 42,300
3	$ 53,300
4	$ 64,300
5	$ 75,300
6	$ 86,300
7	$ 97,300
8	$108,300
Add $11,000 for each additional person	
Upper Limit Calculation=200% of Federal Poverty Guidelines.	

Tier Designation

Pursuant to D.07-01-024, this advice letter is submitted with Tier 1 designation.

Requested Effective Date

Pursuant to Resolution E-3524 adopted February 19, 1998, Liberty Apple Valley respectfully requests approval of this advice letter allowing these tariffs to become effective June 1, 2025.

Notice and Service

This advice letter does not seek to increase any rate or charge. Therefore, customer notice is unnecessary. In accordance with General Order 96-B, General Rule 4.3 and 7.2 and Water Industry Rule 4.1, a copy of this advice letter will be mailed or electronically transmitted on April 29, 2025 to competing and adjacent utilities and other utilities or interested parties.

Response or Protest

Anyone may respond to or protest this advice letter. When submitting a response or protest, please include the utility name and advice letter number in the subject line. A response supports the filing and may contain information that proves useful to the Commission in evaluating the advice letter. A protest objects to the advice letter in whole or in part and must set forth the specific grounds on which it is based. These grounds are:

(1) The utility did not properly serve or give notice of the advice letter;

(2) The relief requested in the advice letter would violate statute or Commission order, or is not authorized by statute or Commission order on which the utility relies;

(3) The analysis, calculations, or data in the advice letter contain material error or omissions;

(4) The relief requested in the advice letter is pending before the Commission in a formal proceeding; or
(5) The relief requested in the advice letter requires consideration in a formal hearing, or is otherwise inappropriate for the advice letter process; or
(6) The relief requested in the advice letter is unjust, unreasonable, or discriminatory (provided that such a protest may not be made where it would require relitigating a prior order of the Commission.)

A protest shall provide citations or proofs where available to allow Staff to properly consider the protest. A response or protest must be made in writing or by electronic mail and must be received by the Division of Water and Audits within 20 days of the date this advice letter is filed. The address for mailing or delivering a protest is:

Tariff Unit, Water Division, 3rd Floor
California Public Utilities Commission
505 Van Ness Avenue, Third Floor
San Francisco, CA 94102
water.division@cpuc.ca.gov

On the same date the response or protest is submitted to the Water Division, the respondent or protestant shall send a copy by mail (or e-mail) to us, addressed to:

Tiffany Thong
Manager, Rates and Regulatory Affairs
Liberty Utilities (California)
9750 Washburn Road
P. O. Box 7002
Downey, CA 90241
Phone: (562) 923.0711
Fax: (562) 861-5902
E-Mail: AdviceLetterService@libertyutilities.com

Cities and counties that need Board of Supervisors or Board of Commissioners approval to protest should inform the Division of Water and Audits within the 20-day protest period, so that a late filed protest can be entertained. The informing document should include an estimate of the date the proposed protest might be voted on.

If you have not received a reply to your protest within 10 business days, contact Tiffany Thong at Tiffany.Thong@libertyutilities.com.

Very truly yours,

LIBERTY UTILITIES (APPLE VALLEY RANCHOS WATER) CORP.

/s/ Tiffany Thong
TIFFANY THONG
Manager, Rates and Regulatory Affairs

TT/as

Attachments

Attachment 1
Advice 285-W

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
1262-W	FORM NO. 13 NOTICE AND APPLICATION FOR CUSTOMER ASSISTANCE PROGRAM (CAP) Sheet 1	1250-W
1263-W	TABLE OF CONTENTS Sheet 1	1261-W
1264-W	TABLE OF CONTENTS Sheet 2	1252-W

FORM NO. 13
NOTICE AND APPLICATION FOR
CUSTOMER ASSISTANCE PROGRAM (CAP)

For our neighbors who may be in need of assistance, Liberty is proud to offer the 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.

There are two ways to qualify for CAP:

1. By participating in another utilities' low-income assistance program (such as CARE from the Southern California Gas Company) or receiving benefits from programs such as Medicare, Medi-Cal and more.
2. By providing information that household income meets program guidelines.

Enrolling is quick and easy. Just complete the attached application and return it to our office either in person or by mail.

Liberty

Questions about CAP?
Contact Customer Service at 800-481-9190
Or visit www.libertyenergyandwater.com.

HOW TO QUALIFY

1

PUBLIC ASSISTANCE PROGRAMS

If you or another person in your household receives benefits from any of the following programs:

- Medi-Cal/Medicaid
- Healthy Families Categories A & B
- Women, Infants & Children (WIC)
- CalWORKS (TANF) or Tribal TANF
- Head Start Income Eligible--Tribal Only
- Bureau of Indian Affairs General Assistance (BIA GA)
- CalFresh / SNAP (Food Stamps)
- National School Lunch Program (NSLP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

OR

2

MAXIMUM HOUSEHOLD INCOME

(Effective June 1, 2025 to May 31, 2026)

Number of Persons in Household	Total 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

*Includes current household income from all sources before deductions.

Liberty
21760 Ottawa Rd.,
Apple Valley, CA 92308

Customer Assistance Program (CAP) Application

Account Number _____ Customer Number _____

1. I currently participate in the following program(s):
   - ○ Southern California Edison (C.A.R.E.)
   - ○ Medi-Cal/Medicaid
   - ○ CalFresh/SNAP
   - ○ TANF/Tribal TANF
   - ○ Southern California Gas Company (C.A.R.E.)
   - ○ WIC
   - ○ Healthy Families A&B
   - ○ LIHEAP
   - ○ SSI
   - ○ National School Lunch (NSLP)
   - ○ Bureau of Indian Affairs General Assistance
   - ○ Head Start Income Eligible (Tribal Only)
2. Check the total number of persons in your household.
   - ○ One (1)
   - ○ Two (2)
   - ○ Three (3)
   - ○ Four (4)
   - ○ Five (5)
   - ○ Six (6)
   - ○ More than Six (6+), Number _____

   _____ Adults + _____ Children = _____ Total Number
3. Write the total yearly household income for all persons in your household. This is income before deductions from all sources: $ _____
4. Check all sources of income for your household:
   - ○ Wages or Salaries
   - ○ Unemployment Benefits
   - ○ Disability Payments
   - ○ CalWORKs (TANF/AFDC)
   - Interest or Dividends from:
     - ○ Rental or Royalty Income
     - ○ Workers Compensation
     - ○ CalFresh/SNAP
     - ○ Savings Account
     - ○ Scholarships, Grants, or other
     - ○ Social Security, SSI, SSP
     - ○ Child Support
     - ○ Stocks or Bonds
     - ○ Aid Used for Living Expenses
     - ○ Pensions
     - ○ Cash and/or Other Income
     - ○ Retirement Accounts
     - ○ Profit from Self-Employment (IRS Form 1040, Form C, Line 29)
     - ○ Insurance Settlements
     - ○ Legal Settlements
     - ○ Alimony
5. **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 _____ Print Name _____ Date _____

Address _____ City _____

Phone _____

Need a Helping Hand? Apply for the Customer Assistance Program (CAP)

See if Your Household Qualifies

www.libertyenergyandwater.com

Liberty

Para nuestros vecinos que tal vez necesiten ayuda, Liberty tiene el orgullo de ofrecer el Programa de Asistencia al Cliente (CAP).

CAP es un programa de asistencia tarifaria para clientes de bajos ingresos que ofrece un descuento mensual de $10.00 en la factura de agua a los clientes residenciales que cumplen con los requisitos.

Hay dos formas para calificar a CAP:

1. Si participa en un programa de asistencia para clientes de bajos ingresos de otra empresa de servicios públicos (como CARE de Southern California Gas Company) o si recibe beneficios de programas como Medicare, Medi-Cal y otros.
2. Si proporciona información de que el ingreso en el hogar cumple con los lineamientos del programa.

Inscribirse es rápido y fácil. Sólo llene el formulario de solicitud adjunto y tráigalo personalmente a nuestra oficina o envíelo por correo.

Liberty

Tiene alguna pregunta sobre CAP?
Llame a la oficina de Servicio al Cliente al 800-481-9190
O visite www.libertyenergyandwater.com

COMO PUEDE CALIFICAR

1

PROGRAMAS DE ASISTENCIA PUBLICA
Si usted u otra persona que vive en su hogar recibe beneficios de cualquiera de los siguientes programas:

- Medi-Cal/Medicaid
- Healthy Families Categories A & B
- Women, Infants & Children (WIC)
- CalWORKS (TANF) or Tribal TANF
- Head Start Income Eligible-Solamente Tribal
- Bureau of Indian Affairs General Assistance (BIA GA)
- CalFresh/SNAP (Estampillas para comida)
- National School Lunch Program (NSLP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

O

2

INGRESO MÁXIMO EN EL HOGAR:

(En vigor del 1 de junio de 2025 a el 31 de mayo 2026)

Número de personas en el hogar	Ingreso total anual*
1-2	$42,300
3	$53,300
4	$64,300
5	$75,300
6	$86,300
7	$97,300
8	$108,300

Por cada miembro adicional en el hogar, añade $11,000

*Incluye los ingresos actuales del hogar de todas las fuentes de ingreso antes de deducciones.

Liberty
21760 Ottawa Rd.,
Apple Valley, CA 92308

Solicitud para El Programa de Asistencia al Cliente (CAP)

Número de cuenta_____ Número de cliente_____

1. Actualmente participo en el siguiente programa(s):
   - ○ Southern California Edison (C.A.R.E.)
   - ○ Medi-Cal/Medicaid
   - ○ CalFresh/SNAP
   - ○ TANF/Tribal TANF
   - ○ Southern California Gas Company (C.A.R.E.)
   - ○ WIC
   - ○ Healthy Families A&B
   - ○ LIHEAP
   - ○ SSI
   - ○ National School Lunch (NSLP)
   - ○ Bureau of Indian Affairs General Assistance
   - ○ Head Start Income Eligible (Tribal Only)
2. Marque el número de personas que viven en su hogar:
   - ○ Uno (1)
   - ○ Dos (2)
   - ○ Tres (3)
   - ○ Cuatro (4)
   - ○ Cinco (5)
   - ○ Seis (6)
   - ○ Más de Seis (6+), Número _____

   _____ Adultos + _____ Niños = _____ Número Total
3. Escriba el total del ingreso familiar anual para todas las personas en su hogar. Este es el ingreso antes de las deducciones de todas las fuentes: $_____
4. Marque todas las fuentes de ingresos de su hogar:
   - ○ Sueldos
   - ○ Beneficios de Desempleo
   - ○ Pagos de Discapacitación
   - ○ CalWORKs (TANF/AFDC)
   - Interés o Dividendos de:
     - ○ Cuentas de Ahorros
     - ○ Acciones o Bonos
     - ○ Cuentas de Jubilación
   - ○ Ingresos de Alquiler o Regalías
   - ○ Becas, Subvenciones, u Otra Ayuda
   - ○ Ayuda Utilizada para gastos de subsistencia
   - ○ Ganancias de Autoempleo (Forma 1040, Tabla C Linea 29 del IRS)
   - ○ Compensación al Trabajador
   - ○ Seguro Social, SSI, SSP
   - ○ Pensiones
   - ○ Indemnizaciones de Seguro
   - ○ Indemnizaciones Legales
   - ○ CalFresh/SNAP
   - ○ Manutención de los Hijos
   - ○ Dinero en Efectivo y/u Otros Ingresos
   - ○ Apoyo de Cónyuge
5. **Declaración y afirmación de autocertificación:** Yo declaro que la información procista en esta solicitud es verdadera y correcta. Estoy de acuerdo con proveer comprobantes de mis ingresos si me lo piden. Si en algún momento no califico para recibir el descuento, notificaré a Liberty. Si ya no califico pero sigo recibiendo el descuento, tal vez tendré que pagar la cantidad del descuento que recibí. Entiendo que Liberty puede compartir mi información con otras compañías de servicios públicos o sus representantes, para registrarme en sus programas de asistencia.

Firma_____ Nombre en letra de molde_____ Fecha_____

Dirección_____ Ciudad_____

Teléfono_____

¿Necesita Ayuda? Solicite el Programa de Asistencia al Cliente (CAP)

Vea Si Su Hogar Califica

www.libertyenergyandwater.com

Liberty

TABLE OF CONTENTS

The following listed tariff sheets contain all effective rates and rules affecting the charges and service of the utility, together with other pertinent information:

(Continued)

TABLE OF CONTENTS

Jim Hansen
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Apple Valley, CA 92307
jhansenjr@email.com

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Best Best & Krieger LLP
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joshua.nelson@bbklaw.com

Town of Apple Valley
Attention: Frank Robinson
14955 Dale Evans Parkway
Apple Valley, CA 92307
dcron@applevalley.org

California Public Utilities Commission
Attention: Ting-Pong Yuen
ORA Water
505 Van Ness Avenue
San Francisco, CA 94102
tpy@cpuc.ca.gov

Samuel Martinez
Executive Officer
Local Agency Formation Commission
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