





Liberty Utilities (Apple Valley Ranchos Water) Corp.  
21760 Ottawa Road  
Apple Valley, CA 92308-6533  
Tel: 760-247-6484  
Fax: 760-247-1654

Advice Letter No. 291-W

May 4, 2026

**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 following 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 1<sup>st</sup>. On April 2, 2026, the Commission established the 2026/2027 eligibility income guidelines, effective June 1, 2026. 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	\$ 43,280
3	\$ 54,640
4	\$ 66,000
5	\$ 77,360
6	\$ 88,720
7	\$100,080
8	\$111,440

Add \$11,360 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, 2026.

**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 May 4, 2026 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, 3<sup>rd</sup> Floor  
California Public Utilities Commission  
505 Van Ness Avenue, Third Floor  
San Francisco, CA 94102  
[water.division@cpuc.ca.gov](mailto: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](mailto: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](mailto: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

<b>Cal P.U.C. Sheet No.</b>	<b>Title of Sheet</b>	<b>Cancelling Cal P.U.C. Sheet No.</b>
1281-W	FORM NO. 13 NOTICE AND APPLICATION FOR CUSTOMER ASSISTANCE PROGRAM (CAP) Sheet 1	1278-W
1282-W	TABLE OF CONTENTS Sheet 1	1279-W
1283-W	TABLE OF CONTENTS Sheet 2	1280-W

LIBERTY UTILITIES  
(APPLE VALLEY RANCHOS WATER) CORP.  
21760 OTTAWA ROAD  
P. O. BOX 7005  
APPLE VALLEY, CALIFORNIA 92307-7005

Revised Cal. P.U.C. Sheet No. 1281-W  
Cancelling Revised Cal. P.U.C. Sheet No. 1278-W

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

Page 1

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Advice Letter No. 291-W  
Decision No.

Issued by  
Moses Thompson  
PRESIDENT

Date Filed  
Effective  
Resolution No.

# 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:

- 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.
- 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.



Questions about CAP?  
Contact Customer Service at 800-481-9190  
Or visit [www.libertyenergyandwater.com](http://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, 2026 to May 31, 2027)

Number of Persons in Household	Total Annual Income*
1-2	\$43,280
3	\$54,640
4	\$66,000
5	\$77,360
6	\$88,720
7	\$100,080
8	\$111,440

For each additional household member, add \$11,360  
\*Includes current household income from all sources before deductions.

Liberty CAP  
P.O. Box 7002  
Downey, CA 90241

# 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
- Interest or Dividends from:
- Savings Account
- Stocks or Bonds
- Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- Scholarships, Grants, or other
- Aid Used for Living Expenses
- Profit from Self-Employment (IRS Form 1040, Form C, Line 29)
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- CalWORKs (TANF/AFDC)
- CalFresh/SNAP
- Child Support
- Cash and/or Other Income
- 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 \_\_\_\_\_

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See if Your Household Qualifies

[www.libertyenergyandwater.com](http://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:

- 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.
- 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.



Tiene alguna pregunta sobre CAP?  
 Llame a la oficina de Servicio al Cliente al 800-481-9190  
 O visite [www.libertyenergyandwater.com](http://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)

2

**INGRESO MÁXIMO EN EL HOGAR:**  
 (En vigor del 1 de junio de 2026 a el 31 de mayo 2027)

Número de personas en el hogar	Ingreso total anual*
1-2	\$43,280
3	\$54,640
4	\$66,000
5	\$77,360
6	\$88,720
7	\$100,080
8	\$111,440

Por cada miembro adicional en el hogar, añada \$11,360  
 \*Incluye los ingresos actuales del hogar de todas las fuentes de ingreso antes de deducciones.

Liberty CAP  
 P.O. Box 7002  
 Downey, CA 90241

## 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.)     Southern California Gas Company (C.A.R.E.)     SSI  
 Medi-Cal/Medicaid     WIC     National School Lunch (NSLP)  
 CalFresh/SNAP     Healthy Families A&B     Bureau of Indian Affairs General Assistance  
 TANF/Tribal TANF     LIHEAP     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  +  =  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:     Ingresos de Alquiler o Regalías     Compensación al Trabajador     CalFresh/SNAP  
 Cuentas de Ahorros     Becas, Subvenciones, u Otra Ayuda     Seguro Social, SSI, SSP     Manutención de los Hijos  
 Acciones o Bonos     Ayuda Utilizada para gastos de subsistencia     Pensiones     Dinero en Efectivo y/u Otros Ingresos  
 Cuentas de Jubilación     Ganancias de Autoempleo (Forma 1040, Tabla C Línea 29 del IRS)     Indemnizaciones de Seguro     Apoyo de Cónyuge  
 Indemnizaciones Legales

5. **Declaración y afirmación de autocertificación:** Yo declaro que la información precista 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 \_\_\_\_\_

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

**Vea Si Su Hogar Califica**

[www.libertyenergyandwater.com](http://www.libertyenergyandwater.com)



# 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	\$43,280
3	\$54,640
4	\$66,000
5	\$77,360
6	\$88,720
7	\$100,080
8	\$111,440

For each additional household member add \$11,360

Upper Limit Calculation = 200% of Federal Poverty Guidelines.

CAP Income Guidelines - Effective June 1, 2026 to May 31, 2027

## 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	\$43,280	<input type="checkbox"/> Wages or Salaries	<input type="checkbox"/> Disability payments
<input type="checkbox"/> 3	\$54,640	<input type="checkbox"/> Interest or dividends from: Savings accounts, stocks or bonds, or retirement accounts	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> 4	\$66,000	<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Social Security, SSI, SSP
<input type="checkbox"/> 5	\$77,360	<input type="checkbox"/> Rental or royalty income	<input type="checkbox"/> Pensions
<input type="checkbox"/> 6	\$88,720	<input type="checkbox"/> Scholarships, grants, or other aid used for living expenses	<input type="checkbox"/> Insurance settlements
<input type="checkbox"/> 7	\$100,080	<input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29)	<input type="checkbox"/> Legal settlements
<input type="checkbox"/> 8	\$111,440		<input type="checkbox"/> CalWORKS(TANF)
Each Additional Person Add	\$11,360		<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  
P.O. Box 7002  
Downey, CA 90241



**Questions? Please Call Toll Free at 800-481-9190.**

## 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 cumple con los requisitos.

**Solo se requieren 3 pasos para saber si usted califica:**

- 1** Llene el paso 1
- 2** Llene el paso 2A o el 2B
- 3** Firme y feche este formulario y regréselo a Liberty

### Paso 1

#### INFORMACIÓN DEL CLIENTE

No. de Cuenta Liberty

Nombre como se muestra en su factura de Liberty

Domicilio

Ciudad  Estado  Código Postal

Teléfono

Dirección Postal (si es diferente de la dirección de su casa)

Ciudad  Estado  Código Postal

Correo electrónico

**Paso 2** - Elija la opción 1 o 2 a continuación y llene el reverso de este formulario.

#### Opción 1: Programa de Asistencia

**Pública:** Usted o alguien en su hogar participa en al menos uno de los siguientes programas de asistencia pública:

- 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
- Seguridad de Ingreso Suplementario (SSI)
- Agencia de Asistencia General de Asuntos Indígenas
- Elegible para Ingreso Head Start (Únicamente Tribal)
- National School Lunch Program

#### Opción 2: Ingreso del Hogar

El ingreso bruto anual de su hogar se encuentra dentro de los rangos que se enumeran a continuación: Eso significa que el ingreso familiar combinado (antes de impuestos) de todas las fuentes no debe ser más que el siguiente:

Ingreso Máximo Anual Bruto del Hogar	
Número de Personas en el Hogar	Ingreso Anual Total Combinado
1 - 2	\$43,280
3	\$54,640
4	\$66,000
5	\$77,360
6	\$88,720
7	\$100,080
8	\$111,440
Por cada miembro adicional en el hogar añade	\$11,360

Cálculo del Limite Superior = 200% de las Pautas Federales de Pobreza.

Pautas de ingresos de CAP: vigentes desde el 1 de Junio de 2026 hasta el 31 de Mayo de 2027.

## Paso 2 - Elija 2A o 2B

### 2A Opción 1: Programa de Asistencia Pública

¿Usted o alguien en su hogar participa en alguno de los siguientes programas? Si es así, marque la casilla correspondiente.

- |   |  |
|---|--|
| <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"/> Seguridad de Ingreso <b>Suplementario</b> (SSI)         |
| <input type="checkbox"/> CalFresh/SNAP                              | <input type="checkbox"/> Agencia de Asistencia General de Asuntos Indígenas      |
| <input type="checkbox"/> TANF/Tribal TANF                           | <input type="checkbox"/> Elegible por Ingresos de Head Start (Únicamente Tribal) |
| <input type="checkbox"/> WIC  | <input type="checkbox"/> National School Lunch Program                           |

### 2B Opción 2: Ingresos del Hogar y Fuentes de Ingresos

Llene los espacios en blanco y seleccione (Marque X) para su ingreso familiar anual antes de las deducciones y los miembros del hogar a continuación, incluir a todos los miembros del hogar. Marque (X) para todas las fuentes de ingresos aplicables.

\_\_\_\_\_ Número de Personas en el Hogar

\_\_\_\_\_ Ingreso Anual Total Combinado

<input type="checkbox"/> 1 - 2	\$43,280
<input type="checkbox"/> 3	\$54,640
<input type="checkbox"/> 4	\$66,000
<input type="checkbox"/> 5	\$77,360
<input type="checkbox"/> 6	\$88,720
<input type="checkbox"/> 7	\$100,080
<input type="checkbox"/> 8	\$111,440

Cada Persona Adicional Agregue \$11,360

- |  |   |
|--|---|
| <input type="checkbox"/> Sueldos o Salarios  | <input type="checkbox"/> Pagos por discapacidad       |
| <input type="checkbox"/> Intereses o dividendos de:<br>Cuentas de ahorro, acciones<br>o bonos, o cuentas de jubilación | <input type="checkbox"/> Compensación de trabajadores |
| <input type="checkbox"/> Prestaciones por desempleo ingresos   | <input type="checkbox"/> Seguro Social, SSI, SSP      |
| <input type="checkbox"/> Por alquiler o regalías   | <input type="checkbox"/> Pensiones                    |
| <input type="checkbox"/> Becas, subvenciones u otra ayuda<br>utilizada para gastos de manutención                      | <input type="checkbox"/> Liquidación de seguro        |
| <input type="checkbox"/> Beneficio por trabajo autónomo<br>(Formulario 1040 del IRS, Anexo C,<br>línea 29)             | <input type="checkbox"/> Acuerdos legales             |
|  | <input type="checkbox"/> CalWORKS(TANF)               |
|  | <input type="checkbox"/> CalFresh/SNAP                |
|  | <input type="checkbox"/> Manutención infantil         |
|  | <input type="checkbox"/> Efectivo y/u Otros Ingresos  |
|  | <input type="checkbox"/> Apoyo de Cónyuge             |

## Paso 3

Certifico que:


- La factura de Liberty está a mi nombre.
- Notificare a Liberty si ya no califico para esta tarifa.
- No se me reclama en la declaración de impuestos de otra persona.
- Entiendo que Liberty se reserva el derecho de prueba de documentación de elegibilidad.
- Renovare mi solicitud cuando Liberty lo solicite.

Declaración y afirmación de autocertificación: Yo declaro que la información prociesta es verdadera y correcta. Estoy de acuerdo con proveer comprobantes de mis ingresos si me lo piden. Si en algun momento no califico para recibir el descuento, notificare a Liberty. Si ya no califico pero sigo recibiendo el descuento, tal vez tendre 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 X \_\_\_\_\_

Fecha: \_\_\_\_\_

### Regresar a Liberty:

 US Mail Liberty CAP  
P.O. Box 7002  
Downey, CA 90241



¿Preguntas? Favor Llame Gratis al 800-481-9190.

**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:

<b><u>Subject Matter of Sheet:</u></b>		<b><u>CPUC Sheet No.</u></b>
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City of Artesia  
18747 Clarkdale Avenue  
Artesia, CA 90701  
[jalderete@cityofartesia.us](mailto:jalderete@cityofartesia.us)

City of Santa Fe Springs Water Dept.  
11710 Telegraph Road  
Santa Fe Springs, CA 90670  
[janetmartinez@santafesprings.org](mailto:janetmartinez@santafesprings.org)

Suburban Water Systems  
Attention: Kiki Carlson  
1325 N. Grand Avenue, Suite 100  
Covina, CA 91724-4044  
[kcarlson@swwc.com](mailto:kcarlson@swwc.com)

City of Cerritos Water Department  
Jose Gutierrez  
18125 Bloomfield Avenue  
Cerritos, CA 90703  
[jgutierrez@cerritos.gov](mailto:jgutierrez@cerritos.gov)

Bellflower Somerset Mutual Water Co.  
10016 E. Flower St.  
P. O. Box 1697 (90707)  
Bellflower, CA 90706  
[customerservice@bsmwc.com](mailto:customerservice@bsmwc.com)

City of Norwalk Water Department  
12700 S. Norwalk Boulevard  
Norwalk, CA 90650  
[jkoontz@norwalkca.gov](mailto:jkoontz@norwalkca.gov)  
[mramirez2@norwalkca.gov](mailto:mramirez2@norwalkca.gov)

City of Compton Water Department  
205 W. Willowbrook  
Compton, CA 90220  
[ccornwell@comptoncity.org](mailto:ccornwell@comptoncity.org)

Golden State Water Company  
Ronald Moore, Regulatory Affairs  
630 E. Foothill Blvd  
San Dimas, CA 91773  
[regulatoryaffairs@gswater.com](mailto:regulatoryaffairs@gswater.com)

City of Lynwood Water Department  
11330 Bullis Road  
Lynwood, CA 90262  
[rmontalvo@lynwoodca.gov](mailto:rmontalvo@lynwoodca.gov)  
[jpreciado@lynwoodca.gov](mailto:jpreciado@lynwoodca.gov)

City of Paramount Water Department  
16400 Colorado Avenue  
Paramount, CA 90723  
[cssupport@paramountcity.com](mailto:cssupport@paramountcity.com)

City of Bell Gardens  
Attention: Steve Steinbrecher  
7100 Garfield Avenue  
Bell Gardens, CA 90201  
[ssimonian@bellgardens.org](mailto:ssimonian@bellgardens.org)  
[joropeza@bellgardens.org](mailto:joropeza@bellgardens.org)  
[aclark@bellgardens.org](mailto:aclark@bellgardens.org)

Dominguez/California Water Service  
2632 W. 237<sup>th</sup> Street  
Torrance, CA 90505-5272  
[hwind@calwater.com](mailto:hwind@calwater.com)

California Water Service Company  
East Los Angeles District  
2000 S. Tubeway Avenue  
Commerce, CA 90040  
[cwsrates@calwater.com](mailto:cwsrates@calwater.com)

Central Basin Municipal Water District  
6252 Telegraph Road  
Commerce, CA 90040

City of Bellflower  
Attention: Ryan Smoot, City Manager  
16600 Civic Center Drive  
Bellflower, CA 90706  
[rsmoot@bellflower.ca.gov](mailto:rsmoot@bellflower.ca.gov)

San Gabriel Valley Water Company  
Christina Sluss, Rate Analyst  
[csluss@sgvwater.com](mailto:csluss@sgvwater.com)

Nina Jazmadarian  
General Manager  
Foothill Municipal Water District  
4536 Hampton Road  
La Canada Flintridge, CA 91011  
[Nina.jaz@fmwd.com](mailto:Nina.jaz@fmwd.com)

City of LaCanada Flintridge  
Dan Jordan  
City Manager  
[DJordan@lcf.ca.gov](mailto:DJordan@lcf.ca.gov)

Syreeta Gibbs  
The Public Advocates Office  
[Syreeta.gibbs@cpuc.ca.gov](mailto:Syreeta.gibbs@cpuc.ca.gov)