

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



March 10, 2026

Tiffany Thong
Manager, Rates and Regulatory Affairs
Liberty Utilities (Apple Valley Ranchos Water) Corp.
21760 Ottawa Road
Apple Valley, CA 92308-6533

Dear Ms. Thong,

The Water Division of the California Public Utilities Commission has approved Liberty Utilities' (Apple Valley Ranchos Water) Advice Letter No. 290, filed on February 17, 2026, regarding authorization to revise Form 13.

Enclosed are copies of the following revised tariff sheets, effective February 17, 2026, for the utility's files:

P.U.C.	
Sheet No.	Title of Sheet
1278-W	Form No. 13 Notice And Application For Customer Assistance Program (CAP) Sheet 1
1279-W	Table Of Contents Sheet 1
1280-W	Table Of Contents Sheet 2

Please contact Van Harting at VH4@cpuc.ca.gov, if you have any questions.

Thank you.

Enclosures



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. 290-W

February 17, 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 attached revised tariff sheets applicable to water service in its service territory.

Summary

Liberty Apple Valley submits this advice letter to update the Form 13 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.

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. On June 9, 2025, the Commission approved Liberty Apple Valley Advice Letter 285-W, effective June 1, 2025.

Request

This advice letter is being filed to update the submission address listed on Form No. 13, CAP Application. Liberty Apple Valley proposes revising the mailing address to: Liberty CAP, P.O. Box 7002, Downey, CA 90241. This change is necessary due to the permanent closure of Liberty’s Apple Valley walk-in payment center and the subsequent centralization of customer service operations. Centralizing CAP application processing will allow Liberty Apple Valley to streamline administrative functions, improve internal workflows, and continue providing timely and consistent service to all customers. Liberty Apple Valley requests Commission approval of this update to ensure program materials accurately reflect the designated processing location.

Compliance

Liberty Apple Valley has revised its Form No. 13 to reflect the change in the submission address listed on Form No. 13.

Tier Designation

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

Requested Effective Date

Liberty Apple Valley respectfully requests approval of this advice letter allowing these tariffs to become effective February 17, 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 February 13, 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, 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 Water Division 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.

Sincerely,

LIBERTY UTILITIES (APPLE VALLEY RANCHOS WATER) CORP.

/s/ Tiffany Thong

TIFFANY THONG

Manager, Rates and Regulatory Affairs

TT/as

Attachments

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
1278-W	FORM NO. 13 NOTICE AND APPLICATION FOR CUSTOMER ASSISTANCE PROGRAM (CAP) Sheet 1	1262-W
1279-W	TABLE OF CONTENTS Sheet 1	1277-W
1280-W	TABLE OF CONTENTS Sheet 2	1264-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. 1278-W
Cancelling Revised Cal. P.U.C. Sheet No. 1262-W

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

Page 1

Advice Letter No. 290-W
Decision No.

Issued by
Moses Thompson
PRESIDENT

Date Filed 02/17/2026
Effective 02/17/2026
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.

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 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



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

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 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

*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 _____

- Actualmente participo en el siguiente programa(s):

<input type="checkbox"/> Southern California Edison (C.A.R.E.) <input type="checkbox"/> Southern California Gas Company (C.A.R.E.) <input type="checkbox"/> Medi-Cal/Medicaid <input type="checkbox"/> WIC <input type="checkbox"/> CalFresh/SNAP <input type="checkbox"/> Healthy Families A&B <input type="checkbox"/> TANF/Tribal TANF <input type="checkbox"/> LIHEAP	<input type="checkbox"/> SSI <input type="checkbox"/> National School Lunch (NSLP) <input type="checkbox"/> Bureau of Indian Affairs General Assistance <input type="checkbox"/> Head Start Income Eligible (Tribal Only)
--	---
- Marque el número de personas que viven en su hogar:

<input type="radio"/> Uno (1) <input type="radio"/> Dos (2) <input type="radio"/> Más de Seis (6+),	<input type="radio"/> Tres (3) <input type="radio"/> Cuatro (4) <input type="radio"/> Cinco (5) <input type="radio"/> Seis (6)	Número <input style="width: 50px;" type="text"/> + <input style="width: 50px;" type="text"/> = <input style="width: 50px;" type="text"/> Niños <input style="width: 50px;" type="text"/> Número Total <input style="width: 50px;" type="text"/>
--	--	---
- 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:

\$ <input style="width: 150px;" type="text"/>

- Marque todas las fuentes de ingresos de su hogar:

<input type="checkbox"/> Sueldos <input type="checkbox"/> Beneficios de Desempleo <input type="checkbox"/> Interés o Dividendos de: <input type="checkbox"/> Ingresos de Alquiler o Regalías <input type="checkbox"/> Cuentas de Ahorros <input type="checkbox"/> Becas, Subvenciones, u Otra Ayuda <input type="checkbox"/> Acciones o Bonos <input type="checkbox"/> Ayuda Utilizada para gastos de subsistencia <input type="checkbox"/> Cuentas de Jubilación <input type="checkbox"/> Ganancias de Autoempleo (Forma 1040, Tabla C Línea 29 del IRS)	<input type="checkbox"/> Pagos de Discapitación <input type="checkbox"/> CalWORKs (TANF/AFDC) <input type="checkbox"/> Compensación al Trabajador <input type="checkbox"/> CalFresh/SNAP <input type="checkbox"/> Seguro Social, SSI, SSP <input type="checkbox"/> Manutención de los Hijos <input type="checkbox"/> Pensiones <input type="checkbox"/> Dinero en Efectivo y/u Otros Ingresos <input type="checkbox"/> Indemnizaciones de Seguro <input type="checkbox"/> Apoyo de Cónyuge <input type="checkbox"/> Indemnizaciones Legales
---	--
- Declaración y afirmación de autocertificación:** Yo declaro que la información prociata 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 _____



Ve a Si Su Hogar Califica

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	\$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

Upper Limit Calculation = 200% of Federal Poverty Guidelines.

CAP Income Guidelines - Effective June 1, 2025 to May 31, 2026

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	\$42,300	<input type="checkbox"/> Wages or Salaries	<input type="checkbox"/> Disability payments
<input type="checkbox"/> 3	\$53,300	<input type="checkbox"/> Interest or dividends from: Savings accounts, stocks or bonds, or retirement accounts	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> 4	\$64,300	<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Social Security, SSI, SSP
<input type="checkbox"/> 5	\$75,300	<input type="checkbox"/> Rental or royalty income	<input type="checkbox"/> Pensions
<input type="checkbox"/> 6	\$86,300	<input type="checkbox"/> Scholarships, grants, or other aid used for living expenses	<input type="checkbox"/> Insurance settlements
<input type="checkbox"/> 7	\$97,300	<input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29)	<input type="checkbox"/> Legal settlements
<input type="checkbox"/> 8	\$108,300		<input type="checkbox"/> CalWORKS(TANF)
Each Additional Person Add	\$11,000		<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	\$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

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

Pautas de ingresos de CAP: vigentes desde el 1 de Junio de 2025 hasta el 31 de Mayo de 2026.

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 Suplementario (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 | \$42,300 |
| <input type="checkbox"/> 3 | \$53,300 |
| <input type="checkbox"/> 4 | \$64,300 |
| <input type="checkbox"/> 5 | \$75,300 |
| <input type="checkbox"/> 6 | \$86,300 |
| <input type="checkbox"/> 7 | \$97,300 |
| <input type="checkbox"/> 8 | \$108,300 |

Cada Persona Adicional Agregue \$11,000

- | | |
|--|---|
| <input type="checkbox"/> Sueldos o Salarios | <input type="checkbox"/> Pagos por discapacidad |
| <input type="checkbox"/> Intereses o dividendos de:
Cuentas de ahorro, acciones
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
utilizada para gastos de manutención | <input type="checkbox"/> Liquidación de seguro |
| <input type="checkbox"/> Beneficio por trabajo autónomo
(Formulario 1040 del IRS, Anexo C,
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:

<u>Subject Matter of Sheet:</u>		<u>CPUC Sheet No.</u>
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Advice Letter No. 290-W
 Decision No.

Issued by
 Moses Thompson
 PRESIDENT

Date Filed 02/17/2026
 Effective 02/17/2026
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