# 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, 2024 to May 31, 2025)

| Number of Persons in Household | Total Annual Income* |
|---|---|
| 1-2 | $40,880 |
| 3 | $51,640 |
| 4 | $62,400 |
| 5 | $73,160 |
| 6 | $83,920 |
| 7 | $94,680 |
| 8 | $105,440 |

For each additional household member, add $10,760

*Includes current household income from all sources before deductions.

Liberty
21760 Ottawa Rd.,
Apple Valley, CA 92308

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# 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.)
   - ○ 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. 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 _____

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

## See if Your Household Qualifies

www.libertyenergyandwater.com

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