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

CARE provides a monthly discount on your Liberty Utilities electric service.
1-800-782-2506 Toll-Free

To participate in the CARE rate, you must submit a copy of your current gross annual 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 _____

TOTAL GROSS ANNUAL INCOME:

$_____

You must attach proof of income to support reported total gross annual income.

Total income reported is for everyone living in your home.

Examples of income include Wages, TANF, CalWORKS, SSI/SSP, SSA, Pensions, GA/GR, Interest Income and other income.

See page two of this document for more examples and explanations.

Sub-metered 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
P.O. Box 19
Tahoe Vista, CA 96148-9905

PLEASE KEEP THIS INFORMATION SHEET

1-800-782-2506 TOLL FREE

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

MAY BE ELIGIBLE FOR THE California Alternate 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, 2024 to May 31, 2025		
Size of Household	**Monthly**	**Yearly**
1-2	$3,407	$40,880
3	$4,303	$51,640
4	$5,200	$62,400
5	$6,097	$73,160
6	$6,993	$83,920
7	$7,890	$94,680
8	$8,787	$105,440

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

Additional Family Members Amounts:	$10,760

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.