

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY ENERGY UTILITY

MUST BE COMPLETED BY LSE (Attach additional pages as needed)

Company name/CPUC Utility No. **Liberty Utilities (CalPeco Electric) LLC (U 933-E)**

Utility type:

ELC GAS
 PLC HEAT WATER

Contact Person for questions and approval letters: **Dan Marsh**

Phone #: **562-299-5104**

E-mail: **Dan.Marsh@libertyutilities.com**

EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas
PLC = Pipeline HEAT = Heat WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: **77-E**

Subject of AL: Revised Liberty Utilities Tariff Reflecting Updated Income Eligibility Levels for the California Alternate Rates for Energy Program and the Energy Savings Assistance Program.

Tier Designation: 1 2 3

Keywords (choose from CPUC listing):

AL filing type: Monthly Quarterly Annual One-Time Other _____

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution

Decision 12-08-44 BS General Order 96B

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL _____

Summarize differences between the AL and the prior withdrawn or rejected AL¹: _____

Resolution Required? Yes No

Requested effective date: June 1, 2017

No. of tariff sheets: 4

Estimated system annual revenue effect: (%):

Estimated system average rate effect (%):

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: **Schedule No. CARE-CARE DOMESTIC SERVICE, Form No. 98-2100, Form No. 98-2150, Form No. 98-2200.**

Service affected and changes proposed¹:

Pending advice letters that revise the same tariff sheets: n/a

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:

**CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Ave.,
San Francisco, CA 94102
edtariffunit@cpuc.ca.gov**

**Utility Info (including e-mail)
Liberty Utilities (CalPeco Electric) LLC
Attention: Advice Letter Protests
933 Eloise Avenue
South Lake Tahoe, CA 96150
Email: Dan.Marsh@libertyutilities.com**

¹ Discuss in AL if more space is needed.



Liberty Utilities (CalPeco Electric) LLC
933 Eloise Avenue
South Lake Tahoe, CA 96150
Tel: 800-782-2506
Fax: 530-544-4811

VIA EMAIL AND HAND-DELIVERY

April 18, 2017

**Advice Letter 77-E
(U 933-E)**

Edward Randolph, Director, Energy Division
California Public Utilities Commission
Energy Division, Tariff Unit
505 Van Ness Avenue, 4th Floor
San Francisco, CA 94102-3298

Subject: Revised Liberty Utilities Tariff Reflecting Updated Income Eligibility Levels for the California Alternate Rates for Energy Program and the Energy Savings Assistance Program

Pursuant to Decision 12-08-044, Liberty Utilities (CalPeco Electric) LLC (U 933-E) ("Liberty Utilities") requests California Public Utilities Commission ("Commission") approval to revise its tariffs to update the income eligibility guidelines for the California Alternate Rates for Energy ("CARE") Program and the Energy Savings Assistance ("ESA") Program.

Background

In a letter dated **March 1, 2017**, Director Randolph requested that energy utilities file revised tariffs with Energy Division reflecting the new income levels described in the letter.

Proposed Changes

Liberty Utilities seeks to implement the new income levels provided in the letter from Director Randolph. All tariffs, internet sites and printed materials about CARE and ESA Programs will display the revised income eligibility guidelines and their effective dates, for household sizes of 1-8 persons in alignment with Federal Poverty Guidelines.

Effective Date

Liberty Utilities requests that this Tier 1 advice filing become effective **June 1, 2017**.

Protests

Anyone wishing to protest this filing may do so by letter sent via U.S. mail, by facsimile or by email, any of which must be received no later than **May 8, 2016**, which is 20 days after the date of this filing. The protest shall set forth the grounds upon which it is based and shall be

Energy Division Tariff Unit
California Public Utilities Commission
April 18, 2017
Page 2

submitted expeditiously. There is no restriction on who may file a protest. Protests should be mailed to:

California Public Utilities Commission
Energy Division, Tariff Unit
505 Van Ness Avenue, 4th Floor
San Francisco, CA 94102-3298
Facsimile: (415) 703-2200
Email: edtariffunit@cpuc.ca.gov

The protest also should be sent via email and U.S. Mail (and by facsimile, if possible) to Liberty Utilities at the addresses show below on the same date it is mailed or delivered to the Commission.

Liberty Utilities (CalPeco Electric) LLC
Attn.: Advice Letter Protests
933 Eloise Avenue
South Lake Tahoe, CA 96150
Fax: 530-544-4811
Email: Dan.Marsh@libertyutilities.com

With a copy to:
Steven F. Greenwald
Vidhya Prabhakaran
Davis Wright Tremaine LLP
505 Montgomery Street, Suite 800
San Francisco, CA 94111
Fax: 415-276-6599
Email: stevegreenwald@dwt.com
Email: vidhyaprabhakaran@dwt.com

Notice

In accordance with General Order 96-B, Section 4.3, a copy of this advice letter is being sent electronically and via U.S. mail to parties shown on the attached list.

If additional information is required, please do not hesitate to contact me.

Sincerely,

/s/

Dan Marsh
Manager, Rates and Regulatory Affairs
Liberty Utilities (CalPeco Electric) LLC

Attachments

cc: Liberty Utilities General Order 96 –B Advice Letter Service List

Liberty Utilities (CalPeco Electric) LLC
Advice Letter Filing Service List
General Order 96-B, Section 4.3

VIA EMAIL

gbinge@ktminc.com
emello@sppc.com
epoole@adplaw.com
cem@newsdata.com
rmccann@umich.edu
sheila@wma.org
abb@eslawfirm.com
cbk@eslawfirm.com
bhodgeusa@yahoo.com
chilen@nvenergy.com
phanschen@mofo.com
liddell@energyattorney.com
cem@newsdata.com
dietrichlaw2@earthlink.net
abb@eslawfirm.com
glw@eslawfirm.com
clerk-recorder@sierracounty.ws
plumascoco@gmail.com
marshall@psln.com
stephenhollabaugh@tdpud.org
gross@portersimon.com
mccluretahoe@yahoo.com
catherine.mazzeo@swgas.com
Theresa.Faegre@libertyutilities.com
Dan.Marsh@libertyutilities.com
SDG&ETariffs@semprautilities.com
Alain.Blunier@libertyutilities.com
Dennis.Lipnisky@libertyutilities.com

AdviceTariffManager@sce.com
edtariffunit@cpuc.ca.gov
jrw@cpuc.ca.gov
rmp@cpuc.ca.gov
jaime.gannon@cpuc.ca.gov
mas@cpuc.ca.gov
txb@cpuc.ca.gov
efr@cpuc.ca.gov
tlg@cpuc.ca.gov
dao@cpuc.ca.gov
ljt@cpuc.ca.gov
mmg@cpuc.ca.gov
kjl@cpuc.ca.gov
denise.tyrrell@cpuc.ca.gov
fadi.daye@cpuc.ca.gov
winnie.ho@cpuc.ca.gov
usrb@cpuc.ca.gov
Rob.Oglesby@energy.ca.gov
stevegreenwald@dwt.com
vidhyaprabhakaran@dwt.com
judypau@dwt.com
dwtcpucdockets@dwt.com
patrickferguson@dwt.com
travis.ritchie@sierraclub.org

SCHEDULE NO. CARE
CARE DOMESTIC SERVICE
(Continued)

SPECIAL CONDITIONS (Continued)

2. Baseline Quantities. (Continued)

(3) Life support devices means those devices which utilize mechanical or artificial means to sustain, restore, or supplant a vital function, or mechanical equipment which is relied upon for mobility both within and outside building. Life support devices or equipment include those listed in PUC Section 739.2.

D. Limitation. Space heating quantities shall be available only where a minimum of 80% of available living area is heated by permanently installed electric space heating equipment. Partial quantities will not be offered.

3. CARE Program. The California Alternate Rates for Energy ("CARE") is a program of assistance to low-income electric customers. The assistance is in the form of discounted rates that are listed above.

i) Eligibility for CARE. A household eligible for CARE is one in which the total annual gross income from all sources is not more than what is shown on the following table that is based on the number of persons living in the household. For the period of June 1, 2017 (T) to May 31, 2018 (T) the combined income of all persons from all sources, both taxable and non-taxable, shall be no more than:

<u>Number of Persons Living in Household</u>	<u>Total Annual Gross Income</u>
1 or 2	\$32,480 (I)
3	\$40,840 (I)
4	\$49,200 (I)
5	\$57,560 (I)
6	\$65,920 (I)
7	\$74,280 (I)
8	\$82,640 (I)

For households with more than six persons, add \$8,360 (!) for each additional person. A person who is claimed as a dependent on another person's income tax return is not eligible for service under this rate schedule. Pursuant to CPUC 739.4, the above

Advice Letter No. 77-E

Issued by

Gregory S. Sorensen Date Filed April 18., 2017 (T)

Name

Decision No. _____

President Effective June 1, 2017 (T)

Title

Resolution No. _____

annual gross income levels are subject to revision subsequent to the Commission's establishment of new rates on or before May 1 of each year.

- A. Application and Eligibility Declaration. An application and eligibility declaration on a form authorized by the Commission is required for each request for service under this rate schedule. Renewal of a Customer's eligibility declaration will be required on an annual basis.

(Continued)

Advice Letter No. 77-E

Issued by

Gregory S. Sorensen

Date Filed

April 18., 2017 (T)

Name

Decision No. _____

President

Effective

June 1, 2017 (T)

Title

Resolution No. _____



CARE ofrece un descuento mensual de su servicio eléctrico Liberty

1-866-675-6627 Toll-Free

Para participar en tarifaria de CARE, debe presentar una copia de su ingreso mensual bruto para todos los que viven en su hogar. También debe presentar una copia de la parte superior de su factura actual de Liberty. **TENGA EN CUENTA: El nombre en la factura y el nombre de esta solicitud deben coincidir. NO PRESENTE DOCUMENTOS ORIGINALES. NO SERÁN DEVUELTOS.**

Si su nombre o la dirección ha cambiado, debe informar a Liberty. No hay cargo por cambiar o agregar un nombre a su cuenta

Liberty. **Su nombre (como aparece en su factura Liberty):**

Nombre _____ Segundo Nombre _____ Apellido _____

dirección de correo

Número y calle _____ Número de apartamento _____

Ciudad _____ estado _____ código de zip _____

Teléfono durante el día

() _____

ENTRE TOTAL BRUTO MENSUAL INCOME para todas las personas que viven en su casa y adjuntar la prueba actual de ingresos. (La prueba debe coincidir con la cantidad total de la línea de ingresos.)

CalWORKS \$ _____
SSI/SSP \$ _____
SSA \$ _____
Pensions \$ _____
GA/GR \$ _____
Wages \$ _____
Interest Income \$ _____
Other Income \$ _____

TOTAL DE INGRESOS \$ _____

INCLUYENDO A USTED MISMO, entre el número de personas que viven en su casa

Los solicitantes sólo submedidores - Escriba el nombre de parquet de casos móviles _____

La información en esta solicitud será utilizada para determinar y verificar mi elegibilidad para asistencia. Entiendo que Liberty puede compartir mi información con otros servicios públicos y sus agentes para inscribirme en sus programas de asistencia. Si elegible para el descuento de CARE, autorizo el cambio correcto a mi lista de tarifas y doy mi consentimiento para la verificación de elegibilidad anual. Declaro, bajo pena de perjurio, que la información en esta solicitud es verdadera y correcta.

X _____
Firma del solicitante _____ fecha _____ Testigo Firma (si el solicitante firmó con una marca) _____

SU APLICACIÓN no está completa sin TODO LO SIGUIENTE:

Solicitud completa Copia de la factura actual Liberty Copia (s) de la prueba actual de ingresos firma

Incluya una prueba actual de ingresos para todos en su casa? Firmar y fechar su solicitud?

SOLICITANTE CUESTIONARIO

Liberty realiza actualmente la conducción de una encuesta para medir la eficacia de los esfuerzos de su alcance. Las siguientes preguntas son opcionales. Responder a las preguntas no tendrá ningún efecto sobre la tramitación de su solicitud de CARE o participación en CARE.

Por favor, marque la casilla correspondiente (s).

GRUPO DE EDAD DEL SOLICITANTE:

18-39 40-59 60 o más

ETNICIDAD DEL SOLICITANTE:

African-American Caucasian Hispanic/Latino Native American
 Asian Other _____

CÓMO SE ENTERO DE CARE DE Liberty?

Organizaciones de la Comunidad Agencia Pública Periódico / radio
 Boca-a-boca Otros

Por favor devuelva la solicitud completa CARE A:

Liberty Utilities (CalPeco Electric) LLC
Attention: CARE Program
933 Eloise Avenue
South Lake Tahoe, CA 96150

FOR LIBERTY USE ONLY

Date Received _____
Employee Initials _____

CONSERVE ESTA HOJA DE INFORMACIÓN

1-866-675-6627 LLAMADA GRATUITA

FAVOR DE PROPORCIONAR TODA LA INFORMACIÓN SOLICITADA PARA NO TARDAR EL PROCESO DE SU APLICACION

USTED PUEDE SER elegible a la tarifa alternativa de Energía de California (CARE) si:

Usted es un cliente residencial permanente de Liberty Utilities (CalPeco Electric) LLC (Liberty y pague el costo de la energía directamente a Liberty

-y-

Su ingreso bruto mensual, antes de las deducciones para todas las personas que viven en su hogar, no es más de las Directrices de Ingresos de CARE.

Véase la Prueba de Ingresos y las normas de ingresos a continuación.

EJEMPLOS DE LA PRUEBA DE LAS INGRESOS

Todas las pruebas de ingresos debe ser actual y mostrar el una cantidad de ingresos.

- Asistencia Temporal para Familias Necesitadas (TANF): Notificación de Acción, o impresión de computadora, o carta de beneficio, copia de un cheque, o
- Cupones para Alimentos: Notificación de Acción o carta de beneficios del trabajador de elegibilidad que indique el monto en dólares de la asistencia, o
- Seguridad de Ingreso Suplementario: Aviso de Acción Planificada o Formulario 2458, impresión de la computadora de la Seguridad Social, copia del extracto bancario que muestre el depósito directo de SSI: copia de cheque de SSI, o
- Beneficios del Seguro Social: copia de cheque reciente (s); Formulario SSA 1099, 4926 o 2458; impresión de la computadora de la Seguridad Social Oficina de Administración, Banco Estado que muestre el depósito directo, o
- Pensión y: copia de un cheque reciente verificación por carta o declaración anual del plan de pensiones, o
- Salarios: copia del recibo de sueldo actual (s) que cubren un período de un mes y que muestren los ingresos brutos, o
- Ingreso por interés: estado de cuenta bancario mensual o trimestral; estado de los ingresos por intereses de la agencia bancaria, o
- Compensación por incapacidad: copia de un cheque actual copia impreza o carta de la agencia o compañía de seguro que verifique la cantidad de la remuneración, o
- Beneficios de desempleo: copia de cheque reciente (s), copia impresa del Departamento de Desarrollo Laboral, o
- Apoyo de niño y lo conyuge: copia de cheque reciente o
- Apoyo de un individuo: copia de un cheque y declaración firmada por persona que presta el apoyo, o
- Ayuda General: Aviso de Acción de Servicios Sociales del Condado; copia de un cheque reciente o
- Ayuda Estudiantil: declaración de ayuda financiera de un Colegio o Universidad, o
- recibo carta de indicación de Pensiones de los Veteranos; copia de un cheque la Administración de Veteranos, o bien: • Beneficios de Veteranos
- Firmado el Formulario 1040 de Impuestos Federales, o
- Formas W2.

CAUIDADO Directrices sobre la renta – Efectivo el 1 junio de 2017 (C)al 31 de mayo de 2018 (C)		
Tomano de los hogares	cada mes	cada ano
1-2	\$2,707. (I)	\$32,480. (I)
3	\$3,403. (I)	\$40,840. (I)
4	\$4,100. (I)	\$49,200. (I)
5	\$4,797. (I)	\$57,560. (I)
6	\$5,493. (I)	\$65,920. (I)
7	\$6,190. (I)	\$74,280. (I)
8	\$6,887. (I)	\$82,640. (I)

NOTA: Para los hogares con más de seis miembros, aumentar los ingresos por el importe por debajo de cada miembro adicional.

Las cantidades adicionales de los miembros de la familia: \$8,360. (I)

Usted no es elegible para CARE si usted:

- Es reclamado como dependiente en la declaración de otra persona de ganancia;
- No es residente permanente con una casa de recreacion o de vacaciones.



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

CARE provides a monthly discount on your Liberty electric service.
1-866-675-6627 Toll-Free

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

Submetered 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
933 Eloise Avenue
South Lake Tahoe, CA 96150

LIBERTY USE ONLY

Date Received _____
Employee Initials _____

PLEASE KEEP THIS INFORMATION SHEET

1-866-675-6627 TOLL FREE

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

MAY BE ELIGIBLE FOR THE California Alternative 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 2017 (C) to May 31, 2018 (C)		
Size of Household	Monthly	Yearly
1-2	\$2,707 (I)	\$32,480 (I)
3	\$3,403 (I)	\$40,840 (I)
4	\$4,100 (I)	\$49,200 (I)
5	\$4,797 (I)	\$57,560 (I)
6	\$5,493 (I)	\$65,920 (I)
7	\$6,190 (I)	\$74,280 (I)
8	\$6,887 (I)	\$82,640 (I)

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

Additional Family Members Amounts:	\$8,360 (I)
------------------------------------	-------------

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.

SCHEDULE NO. CARE
CARE DOMESTIC SERVICE
(Continued)

SPECIAL CONDITIONS (Continued)

2. Baseline Quantities. (Continued)

(3) Life support devices means those devices which utilize mechanical or artificial means to sustain, restore, or supplant a vital function, or mechanical equipment which is relied upon for mobility both within and outside building. Life support devices or equipment include those listed in PUC Section 739.2.

D. Limitation. Space heating quantities shall be available only where a minimum of 80% of available living area is heated by permanently installed electric space heating equipment. Partial quantities will not be offered.

3. CARE Program. The California Alternate Rates for Energy ("CARE") is a program of assistance to low-income electric customers. The assistance is in the form of discounted rates that are listed above.

A.i Eligibility for CARE. A household eligible for CARE is one in which the total annual gross income from all sources is not more than what is shown on the following table that is based on the number of persons living in the household. For the period of June 1, 2017 (T) to May 31, 2018 (T) the combined income of all persons from all sources, both taxable and non-taxable, shall be no more than:

Formatted: OutHead7, Right: 0", No bullets or numbering, Tab stops: Not at 0.56" + 3.81" + 7"

Number of Persons Living in Household	Total Annual Gross Income
1 or 2	\$32,040,480 (I)
3	\$40,320,840 (I)
4	\$48,600,200 (I)
5	\$56,880,560 (I)
6	\$65,160,920 (I)
7	\$73,440,280 (I)
8	\$81,720,640 (I)

For households with more than six persons, add \$8,320,360 (I) for each additional person. A person who is claimed as a dependent on another person's income tax return is not

Issued by

Advice Letter No. 5877-E Gregory S. Sorensen Date Filed April 18, May 20, 2016-2017 (T)

Decision No. _____ Name President Effective June 1, 2017 (T)
Title _____

Resolution No. _____

LIBERTY UTILITIES (CALPECO ELECTRIC)
SOUTH LAKE TAHOE, CALIFORNIA

~~6th-7th~~ Revised

CPUC Sheet No. 87

Canceling ~~5th-6th~~ Revised

CPUC Sheet No. 87

eligible for service under this rate schedule. Pursuant to CPUC 739.4, the above annual gross income levels are subject to revision subsequent to the Commission's establishment of new rates on or before May 1 of each year.

~~B.A.~~ Application and Eligibility Declaration. An application and eligibility declaration on a form authorized by the Commission is required for each request for service under this rate schedule. Renewal of a Customer's eligibility declaration will be required on an annual basis.

(Continued)

Issued by

Advice Letter No. 5877-E
~~2016-2017 (T)~~

Gregory S. Sorensen

Date Filed April 18, May 20,

Decision No. _____

Name
President
Title

Effective June 1, 2017 (T)

Resolution No. _____



CARE ofrece un descuento mensual de su servicio eléctrico Liberty

1-866-675-6627 Toll-Free

Para participar en tarifaria de CARE, debe presentar una copia de su ingreso mensual bruto para todos los que viven en su hogar. También debe presentar una copia de la parte superior de su factura actual de Liberty. **TENGA EN CUENTA: El nombre en la factura y el nombre de esta solicitud deben coincidir. NO PRESENTE DOCUMENTOS ORIGINALES. NO SERÁN DEVUELTOS.**

Si su nombre o la dirección ha cambiado, debe informar a Liberty. No hay cargo por cambiar o agregar un nombre a su cuenta

Liberty. **Su nombre (como aparece en su factura Liberty):**

Nombre _____ Segundo Nombre _____ Apellido _____

dirección de correo

Número y calle _____ Número de apartamento _____

Ciudad _____ estado _____ código de zip _____

Teléfono durante el día

() _____

ENTRE TOTAL BRUTO MENSUAL INCOME para todas las personas que viven en su casa y adjuntar la prueba actual de ingresos. (La prueba debe coincidir con la cantidad total de la línea de ingresos.)

CalWORKS \$ _____
SSI/SSP \$ _____
SSA \$ _____
Pensions \$ _____
GA/GR \$ _____
Wages \$ _____
Interest Income \$ _____
Other Income \$ _____

TOTAL DE INGRESOS \$ _____

INCLUYENDO A USTED MISMO, entre el número de personas que viven en su casa

Los solicitantes sólo submedidores - Escriba el nombre de parquet de casos móviles _____

La información en esta solicitud será utilizada para determinar y verificar mi elegibilidad para asistencia. Entiendo que Liberty puede compartir mi información con otros servicios públicos y sus agentes para inscribirme en sus programas de asistencia. Si elegible para el descuento de CARE, autorizo el cambio correcto a mi lista de tarifas y doy mi consentimiento para la verificación de elegibilidad anual. Declaro, bajo pena de perjurio, que la información en esta solicitud es verdadera y correcta.

X _____
Firma del solicitante _____ fecha _____ Testigo Firma (si el solicitante firmó con una marca) _____

SU APLICACIÓN no está completa sin TODO LO SIGUIENTE:

Solicitud completa Copia de la factura actual Liberty Copia (s) de la prueba actual de ingresos firma

Incluya una prueba actual de ingresos para todos en su casa? Firmar y fechar su solicitud?

SOLICITANTE CUESTIONARIO

Liberty realiza actualmente la conducción de una encuesta para medir la eficacia de los esfuerzos de su alcance. Las siguientes preguntas son opcionales. Responder a las preguntas no tendrá ningún efecto sobre la tramitación de su solicitud de CARE o participación en CARE.

Por favor, marque la casilla correspondiente (s).

GRUPO DE EDAD DEL SOLICITANTE:

n18-39 n40-59 n60 o más

ETNICIDAD DEL SOLICITANTE:

nAfrican-American nCaucasian nHispanic/Latino nNative American nAsian nOther _____

CÓMO SE ENTERO DE CARE DE Liberty?

n Organizaciones de la Comunidad n Agencia Pública n Periódico / radio n Boca-a-boca n Otros

Por favor devuelva la solicitud completa CARE A:

Liberty Utilities (CalPeco Electric) LLC
Attention: CARE Program
933 Eloise Avenue
South Lake Tahoe, CA 96150

FOR LIBERTY USE ONLY

Date Received _____
Employee Initials _____

CONSERVE ESTA HOJA DE INFORMACIÓN

1-866-675-6627 LLAMADA GRATUITA

FAVOR DE PROPORCIONAR TODA LA INFORMACIÓN SOLICITADA PARA NO TARDAR EL PROCESO DE SU APPLICACION

USTED PUEDE SER elegible a la tarifa alternativa de Energía de California (CARE) si:

Usted es un cliente residencial permanente de Liberty Utilities (CalPeco Electric) LLC (Liberty y pague el costo de la energía directamente a Liberty

-y-

Su ingreso bruto mensual, antes de las deducciones para todas las personas que viven en su hogar, no es más de las Directrices de Ingresos de CARE.

Véase la Prueba de Ingresos y las normas de ingresos a continuación.

EJEMPLOS DE LA PRUEBA DE LAS INGRESOS

Todas las pruebas de ingresos debe ser actual y mostrar el una cantidad de ingresos.

- Asistencia Temporal para Familias Necesitadas (TANF): Notificación de Acción, o impresión de computadora, o carta de beneficio, copia de un cheque, o
- Cupones para Alimentos: Notificación de Acción o carta de beneficios del trabajador de elegibilidad que indique el monto en dólares de la asistencia, o
- Seguridad de Ingreso Suplementario: Aviso de Acción Planificada o Formulario 2458, impresión de la computadora de la Seguridad Social, copia del extracto bancario que muestre el depósito directo de SSI: copia de cheque de SSI, o
- Beneficios del Seguro Social: copia de cheque reciente (s); Formulario SSA 1099, 4926 o 2458; impresión de la computadora de la Seguridad Social Oficina de Administración, Banco Estado que muestre el depósito directo, o
- Pensión y: copia de un cheque reciente verificación por carta o declaración anual del plan de pensiones, o
- Salarios: copia del recibo de sueldo actual (s) que cubren un período de un mes y que muestren los ingresos brutos, o
- Ingreso por interés: estado de cuenta bancario mensual o trimestral; estado de los ingresos por intereses de la agencia bancaria, o
- Compensación por incapacidad: copia de un cheque actual copia impreza o carta de la agencia o compañía de seguro que verifique la cantidad de la remuneración, o
- Beneficios de desempleo: copia de cheque reciente (s), copia impresa del Departamento de Desarrollo Laboral, o
- Apoyo de niño y lo conyuge: copia de cheque reciente o
- Apoyo de un individuo: copia de un cheque y declaración firmada por persona que presta el apoyo, o
- Ayuda General: Aviso de Acción de Servicios Sociales del Condado; copia de un cheque reciente o
- Ayuda Estudiantil: declaración de ayuda financiera de un Colegio o Universidad, o
- recibo carta de indicación de Pensiones de los Veteranos; copia de un cheque la Administración de Veteranos, o bien: • Beneficios de Veteranos
- Firmado el Formulario 1040 de Impuestos Federales, o
- Formas W2.

CUIDADO Directrices sobre la renta – Efectivo el 1 junio de 2017 (C) al 31 de mayo de 2018 (C)		
Tomano de los hogares	cada mes	cada ano
1-2	\$2,707. (I)	\$32,480. (I)
3	\$3,403. (I)	\$40,840. (I)
4	\$4,100. (I)	\$49,200. (I)
5	\$4,797. (I)	\$57,560. (I)
6	\$5,493. (I)	\$65,920. (I)
7	\$6,190. (I)	\$74,280. (I)
8	\$6,887. (I)	\$82,640. (I)

NOTA: Para los hogares con más de seis miembros, aumentar los ingresos por el importe por debajo de cada miembro adicional.

Las cantidades adicionales de los miembros de la familia: \$8,360. (I)

Usted no es elegible para CARE si usted:

- Es reclamado como dependiente en la declaración de otra persona de ganancia;
- No es residente permanente con una casa de recreación o de vacaciones.



CARE ofrece un descuento mensual de su servicio eléctrico Liberty

1-866-675-6627 Toll-Free

Para participar en tarifaria de CARE, debe presentar una copia de su ingreso mensual bruto para todos los que viven en su hogar. También debe presentar una copia de la parte superior de su factura actual de Liberty. **TENGA EN CUENTA: El nombre en la factura y el nombre de esta solicitud deben coincidir. NO PRESENTE DOCUMENTOS ORIGINALES. NO SERÁN DEVUELTOS.**

Si su nombre o la dirección ha cambiado, debe informar a Liberty. No hay cargo por cambiar o agregar un nombre a su cuenta

Liberty. **Su nombre (como aparece en su factura Liberty):**

Nombre _____ Segundo Nombre _____ Apellido _____

dirección de correo

Número y calle _____ Número de apartamento _____

Ciudad _____ estado _____ código de zip _____

Teléfono durante el día

() _____

ENTRE TOTAL BRUTO MENSUAL INCOME para todas las personas que viven en su casa y adjuntar la prueba actual de ingresos. (La prueba debe coincidir con la cantidad total de la línea de ingresos.)

CalWORKS \$ _____
SSI/SSP \$ _____
SSA \$ _____
Pensions \$ _____
GA/GR \$ _____
Wages \$ _____
Interest Income \$ _____
Other Income \$ _____

TOTAL DE INGRESOS \$ _____

INCLUYENDO A USTED MISMO, entre el número de personas que viven en su casa

Los solicitantes sólo submedidores - Escriba el nombre de parquet de casos móviles _____

La información en esta solicitud será utilizada para determinar y verificar mi elegibilidad para asistencia. Entiendo que Liberty puede compartir mi información con otros servicios públicos y sus agentes para inscribirme en sus programas de asistencia. Si elegible para el descuento de CARE, autorizo el cambio correcto a mi lista de tarifas y doy mi consentimiento para la verificación de elegibilidad anual. Declaro, bajo pena de perjurio, que la información en esta solicitud es verdadera y correcta.

X _____
Firma del solicitante _____ fecha _____ Testigo Firma (si el solicitante firmó con una marca) _____

SU APLICACIÓN no está completa sin TODO LO SIGUIENTE:

Solicitud completa Copia de la factura actual Liberty Copia (s) de la prueba actual de ingresos firma

Incluya una prueba actual de ingresos para todos en su casa? Firmar y fechar su solicitud?

SOLICITANTE CUESTIONARIO

Liberty realiza actualmente la conducción de una encuesta para medir la eficacia de los esfuerzos de su alcance. Las siguientes preguntas son opcionales. Responder a las preguntas no tendrá ningún efecto sobre la tramitación de su solicitud de CARE o participación en CARE.

Por favor, marque la casilla correspondiente (s).

GRUPO DE EDAD DEL SOLICITANTE:

n18-39 n40-59 n60 o más

ETNICIDAD DEL SOLICITANTE:

nAfrican-American nCaucasian nHispanic/Latino nNative American nAsian nOther _____

CÓMO SE ENTERO DE CARE DE Liberty?

n Organizaciones de la Comunidad n Agencia Pública n Periódico / radio n Boca-a-boca n Otros

Por favor devuelva la solicitud completa CARE A:

Liberty Utilities (CalPeco Electric) LLC
Attention: CARE Program
933 Eloise Avenue
South Lake Tahoe, CA 96150

FOR LIBERTY USE ONLY

Date Received _____
Employee Initials _____

CONSERVE ESTA HOJA DE INFORMACIÓN

1-866-675-6627 LLAMADA GRATUITA

FAVOR DE PROPORCIONAR TODA LA INFORMACIÓN SOLICITADA PARA NO TARDAR EL PROCESO DE SU APLICACION

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-y-

Su ingreso bruto mensual, antes de las deducciones para todas las personas que viven en su hogar, no es más de las Directrices de Ingresos de CARE.

Véase la Prueba de Ingresos y las normas de ingresos a continuación.

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Todas las pruebas de ingresos debe ser actual y mostrar el una cantidad de ingresos.

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- Cupones para Alimentos: Notificación de Acción o carta de beneficios del trabajador de elegibilidad que indique el monto en dólares de la asistencia, o
- Seguridad de Ingreso Suplementario: Aviso de Acción Planificada o Formulario 2458, impresión de la computadora de la Seguridad Social, copia del extracto bancario que muestre el depósito directo de SSI: copia de cheque de SSI, o
- Beneficios del Seguro Social: copia de cheque reciente (s); Formulario SSA 1099, 4926 o 2458; impresión de la computadora de la Seguridad Social Oficina de Administración, Banco Estado que muestre el depósito directo, o
- Pensión y: copia de un cheque reciente verificación por carta o declaración anual del plan de pensiones, o
- Salarios: copia del recibo de sueldo actual (s) que cubren un período de un mes y que muestren los ingresos brutos, o
- Ingreso por interés: estado de cuenta bancario mensual o trimestral; estado de los ingresos por intereses de la agencia bancaria, o
- Compensación por incapacidad: copia de un cheque actual copia impreza o carta de la agencia o compañía de seguro que verifique la cantidad de la remuneración, o
- Beneficios de desempleo: copia de cheque reciente (s), copia impresa del Departamento de Desarrollo Laboral, o
- Apoyo de niño y lo conyuge: copia de cheque reciente o
- Apoyo de un individuo: copia de un cheque y declaración firmada por persona que presta el apoyo, o
- Ayuda General: Aviso de Acción de Servicios Sociales del Condado; copia de un cheque reciente o
- Ayuda Estudiantil: declaración de ayuda financiera de un Colegio o Universidad, o
- recibo carta de indicación de Pensiones de los Veteranos; copia de un cheque la Administración de Veteranos, o bien: • Beneficios de Veteranos
- Firmado el Formulario 1040 de Impuestos Federales, o
- Formas W2.

CUIDADO Directrices sobre la renta – Efectivo el 1 junio de 2016-2017 (C) al 31 de mayo de 2017-2018 (C)		
Tomano de los hogares	cada mes	cada año
1-2	\$2,670.707 (I)	\$32,040.480 (I)
3	\$3,360.403 (I)	\$40,320.840 (I)
4	\$4,050.100 (I)	\$48,600.49,200. (I)
5	\$4,740.797 (I)	\$56,880.7,560. (I)
6	\$5,430.493 (I)	\$65,160.920 (I)
7	\$6,122.190 (I)	\$73,460.4,280 (I)
8	\$6,815.887 (I)	\$81,780.2,640 (I)

NOTA: Para los hogares con más de seis miembros, aumentar los ingresos por el importe por debajo de cada miembro adicional.

Las cantidades adicionales de los miembros de la familia: **\$8,320-8,360. (I)**

Usted no es elegible para CARE si usted:

- Es reclamado como dependiente en la declaración de otra persona de ganancia;
- No es residente permanente con una casa de recreación o de vacaciones.



LIBERTY UTILITIES (CALPECO ELECTRIC) LLC (LIBERTY UTILITIES) CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE) EXPANDED CARE FOR GROUP-LIVING FACILITIES

INSTRUCTIONS:

- 1. READ the information on the attached sheet.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group-living facility. The facility MUST meet all Criteria to quality for the 20% Low-Income discount.
3. COMPLETE the entire application (please print or type). Nonprofit corporations must complete application for all qualified satellite facilities.
4. ATTACH all required documents. (Application is not considered complete without documents.)
5. MAIL to: Liberty Utilities (CalPeco Electric) LLC
Billing - CARE Program
933 Eloise Ave.
South Lake Tahoe, CA 96150
6. For assistance, call 1-866-675-6627, toll free.

Name (as it appears on your Liberty Utilities bill): _____

Name of Facility (if different): _____

Account Number(s): _____

Service Address:

Number and Street Apt# City State Zip Code

Mailing Address (if different):

Number and Street Apt# City State Zip Code

Corporate operation facility has IRS 501(C)(3) tax exempt status. [] Yes [] No (Required attachment IRS letter)
At least 70% of facility's energy use is for residential purposes. [] Yes [] No
Is facility government-owned or operated? [] Yes [] No

FOR NONPROFIT GROUP-LIVING FACILITIES

Primary purpose and services offered by facility: [] Lodging [] Meals [] Rehabilitation [] Training [] Counseling [] Other
If other, please explain: _____
Total Number of Residents of facility: _____ Total Number of Residents who qualify as low income: _____

FOR HOMELESS SHELTERS

Number of beds: _____ Number of days occupied each year: _____
Name of Conditional Use Permit (Required attachment: Use Permit); or IRS 501(C)(3) tax exempt letter.

ANNUAL RECERTIFICATION: Total amount of discount received last year: \$ _____
What was the discount used for?: _____

FOR LIBERTY UTILITIES USE ONLY

Date Received: _____ Date Certified: _____
Denied: _____ Employee Initials: _____

A nonprofit group-living facility may consist of a licensed "parent" facility AND related non-licensed "satellite" facilities at other locations.

The non-licensed satellite facilities are eligible for the discount provided:

- The parent facility is licensed by the appropriate state agency and meets all other criteria.
- At least 70% of the energy consumed by the satellite facility MUST be used for residential purposes. In addition, each satellite facility for homeless shelters must provide at least 6 beds for at least 180 days per year.
- The parent facility must appear as the customer of record on the energy bill for the satellite facility.

The nonprofit parent corporation must complete the following information for all qualified satellite facilities. If you are a satellite facility, contact your corporate facility.

70 % of energy used
For Residential Purpose

For Nonprofit Group-Living Facilities:

Service Address: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Address: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Address: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Address: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Address: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Address: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	<u>70% of Res. Energy</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>No. Beds</u>	<u>Days/Yrs. Occupied</u>
For Homeless Shelters: Service Address: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	
Service Address: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	
Service Address: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	

I certify under penalty of perjury, under the laws of the State of California, that the information on this application is true and accurate. I have verified the low income eligibility of all residents (not required for homeless shelters). I am responsible for the annual renewal of the facility's license from the appropriate State licensing department or for the Conditional Use Permit. I understand that Liberty Utilities may verify the accuracy of this information and confirm the direct benefits to the residents through random sampling. Errors in the information provided may cause the account(s) to be rebilled without the discount. My signature gives my consent for this information to be shared with any other utility companies, if applicable.

Authorized Representative's Name (please print) Title

Authorized Representative's Signature Date

Daytime Phone Number: _____

PLEASE KEEP THIS INFORMATION SHEET

LOW-INCOME RATEPAYER ASSISTANCE PROGRAM FOR NONPROFIT GROUP-LIVING FACILITIES

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

DISCOUNT: Your facility may qualify for a 20% discount on your electric rates.

ELIGIBILITY CRITERIA: The Facility Must Meet All of the Following Criteria:

For transitional housing (drug rehabilitation, half-way house), short- or long-term care facility (hospice), nursing homes, seniors' or children's home, or group home for physically or mentally disabled:

- Corporation operation facility must have IRS tax exempt status under Code 501(C)(3).
- Facility must be licensed by the State Department of Social Services, Department of Drug and Alcohol Programs, Department of Health Services, or other appropriate state agency.
- Facility must provide service, such as meals or rehabilitation, in addition to lodging.
- 100% of residents must meet current CARE eligibility guidelines for a single-person household. (See below)
- 70% of the electricity supplied to the facility must be used for residential purposes.
- Satellite facilities in the name of the licensed parent facility, where 70% of the energy supplied is for residential purposes, are also eligible.

For Homeless Shelters:

- Corporation operating facility must have IRS tax exempt status under Code 501(C)(3)
- Facility must have a Conditional Use Permit.
- Facility must provide at least six beds each night for a minimum of 180 days each year for persons who have no alternative residence.
- Primary function of facility is to provide lodging.
- 70% of electricity supplied to the facility must be used for residential purposes.

Facilities Not Eligible:

- A group-living facility offering only a place to live.
- Government-subsidized facility providing lodging only.
- Government-owned housing.
- Student housing, dormitories, fraternities, sororities, etc.

INDIVIDUAL ELIGIBILITY GUIDELINES:

Each resident's annual gross income does not exceed ~~\$31,860~~ \$32,480 OR resident is receiving one of the following types of assistance:

- Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), State Supplementary Payment (SSP) benefits.
- Social Security, Veteran's, Disability, Unemployment or Retirement benefits.

ATTACHMENTS REQUIRED:

- A copy of IRS letter determining tax-exempt status or corporation operating the facility under IRS Code 501(C)(3).
- A copy of license from appropriate State agency, or a copy of Conditional Use Permit for each facility.

ANNUAL RECERTIFICATION:

Facility is required to re-certify annually and provide amount of discount received in prior year and an explanation of how the discount funds were used for the direct benefit of low-income residents. An application will be automatically sent to you each year.



LIBERTY UTILITIES (CALPECO ELECTRIC) LLC (LIBERTY UTILITIES) CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE) EXPANDED CARE FOR GROUP-LIVING FACILITIES

INSTRUCTIONS:

- 1. READ the information on the attached sheet.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group-living facility. The facility MUST meet all Criteria to quality for the 20% Low-Income discount.
3. COMPLETE the entire application (please print or type). Nonprofit corporations must complete application for all qualified satellite facilities.
4. ATTACH all required documents. (Application is not considered complete without documents.)
5. MAIL to: Liberty Utilities (CalPeco Electric) LLC
Billing - CARE Program
933 Eloise Ave.
South Lake Tahoe, CA 96150
6. For assistance, call 1-866-675-6627, toll free.

Name (as it appears on your Liberty Utilities bill): _____

Name of Facility (if different): _____

Account Number(s): _____

Service Address:

Number and Street Apt# City State Zip Code

Mailing Address (if different):

Number and Street Apt# City State Zip Code

Corporate operation facility has IRS 501(C)(3) tax exempt status. [] Yes [] No (Required attachment IRS letter)
At least 70% of facility's energy use is for residential purposes. [] Yes [] No
Is facility government-owned or operated? [] Yes [] No

FOR NONPROFIT GROUP-LIVING FACILITIES

Primary purpose and services offered by facility: [] Lodging [] Meals [] Rehabilitation [] Training [] Counseling [] Other
If other, please explain: _____
Total Number of Residents of facility: _____ Total Number of Residents who qualify as low income: _____

FOR HOMELESS SHELTERS

Number of beds: _____ Number of days occupied each year: _____
Name of Conditional Use Permit (Required attachment: Use Permit); or IRS 501(C)(3) tax exempt letter.

ANNUAL RECERTIFICATION: Total amount of discount received last year: \$ _____
What was the discount used for?: _____

FOR LIBERTY UTILITIES USE ONLY

Date Received: _____ Date Certified: _____
Denied: _____ Employee Initials: _____

A nonprofit group-living facility may consist of a licensed "parent" facility AND related non-licensed "satellite" facilities at other locations.

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The nonprofit parent corporation must complete the following information for all qualified satellite facilities. If you are a satellite facility, contact your corporate facility.

70 % of energy used
For Residential Purpose

For Nonprofit Group-Living Facilities:

Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		

	<u>70% of Res. Energy</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>No. Beds</u>	<u>Days/Yrs. Occupied</u>
For Homeless Shelters:					
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____	_____
Account Number(s): _____					
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____	_____
Account Number(s): _____					
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____	_____
Account Number(s): _____					

I certify under penalty of perjury, under the laws of the State of California, that the information on this application is true and accurate. I have verified the low income eligibility of all residents (not required for homeless shelters). I am responsible for the annual renewal of the facility's license from the appropriate State licensing department or for the Conditional Use Permit. I understand that Liberty Utilities may verify the accuracy of this information and confirm the direct benefits to the residents through random sampling. Errors in the information provided may cause the account(s) to be rebilled without the discount. My signature gives my consent for this information to be shared with any other utility companies, if applicable.

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- A group-living facility offering only a place to live.
- Government-subsidized facility providing lodging only.
- Government-owned housing.
- Student housing, dormitories, fraternities, sororities, etc.

INDIVIDUAL ELIGIBILITY GUIDELINES:

Each resident's annual gross income does not exceed \$32,480 OR resident is receiving one of the following types of assistance:

- Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), State Supplementary Payment (SSP) benefits.
- Social Security, Veteran's, Disability, Unemployment or Retirement benefits.

ATTACHMENTS REQUIRED:

- A copy of IRS letter determining tax-exempt status or corporation operating the facility under IRS Code 501(C)(3).
- A copy of license from appropriate State agency, or a copy of Conditional Use Permit for each facility.

ANNUAL RECERTIFICATION:

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