

## PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE  
SAN FRANCISCO, CA 94102-3298



May 19, 2022

Tiffany Thong  
Manger, Rates and Regulatory Affairs  
Liberty Utilities (Park Water) Corp.  
9750 Washburn Road  
Downey, CA 90241

Dear Ms. Thong,

The Water Division of the California Public Utilities Commission has approved Liberty Utilities' (Park Water) Advice Letter No. 323, filed on April 27, 2022, regarding authorization to update the eligibility income guidelines in its rate assistance program for low-income customers, also known as Customer Assistance Program ("CAP").

Enclosed are copies of the following revised tariff sheets, effective June 1, 2022, for the utility's files:

<b>P.U.C.</b>	
<b>Sheet No.</b>	<b>Title of Sheet</b>
1565-W	Form No. 13 Customer Assistance Program (CAP) Application Solicitud para el Programa de asistencia al Cliente (CAP) Sheet 1
1566-W	Table Of Contents Sheet 1
1567-W	Table Of Contents Sheet 2

Please contact Carmen Rocha at [MDC@cpuc.ca.gov](mailto:MDC@cpuc.ca.gov) or 415-703-2162, if you have any questions.

Thank you.

Enclosures

LIBERTY UTILITIES (PARK WATER) CORP.  
9750 WASHBURN ROAD  
P. O. BOX 7002  
DOWNEY, CALIFORNIA 90241-7002

Revised Cal. P.U.C. Sheet No. 1565-W  
Cancelling Revised Cal. P.U.C. Sheet No. 1518-W

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**FORM NO. 13**  
**Customer Assistance Program (CAP) Application**  
**Solicitud para el Programa de asistencia al Cliente (CAP)**

Page 1

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Advice Letter No. 323-W  
Decision No.

Issued by  
Edward N. Jackson  
PRESIDENT

Date Filed 04/27/2022  
Effective 06/01/2022  
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 **\$7.40** 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 800-727-5987  
Or visit [libertyutilities.com](http://libertyutilities.com).

Liberty  
P.O. Box 7002  
Downey, CA 90241

\*Includes current household income from all sources before deductions.

For each additional household member, add \$9,440

Number of Persons in Household	Total Annual Income*
1-2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260

## MAXIMUM HOUSEHOLD INCOME (Effective June 1, 2022 to May 31, 2023)

2

OR

- ### 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)

## HOW TO QUALIFY

1

# 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 \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ 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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¿Necesita Ayuda?  
Solicite el Programa de Asistencia al Cliente (CAP)

Veá Si Su Hogar Califica  
[www.libertyutilities.com](http://www.libertyutilities.com)



# 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 \$7.40 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 800-727-5987  
 O visite libertyutilities.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 2022 a el 31 de mayo 2023)  
 Número de personas en el hogar      Ingreso total anual\*

1-2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260

Por cada miembro adicional en el hogar, añada \$9,440

\*Incluye los ingresos actuales del hogar de todas las fuentes de ingreso antes de deducciones.

Liberty  
 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)  
 Más de Seis (6+),

Número  +  =

Adultos

Niños

Número Total

- Cuatro (4)     Cinco (5)     Seis (6)

### 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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See if Your Household Qualifies

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





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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>C.P.U.C. Sheet No.</u></b>	
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Table of Contents .....	1566-W, 1567-W	(T)
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Service Area Map Los Angeles County .....	914-W, 499-W, 1498-W, 1410-W	

**Rate Schedules:**

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Schedule No. ME-1-R General Metered Service.....	1430-W
Schedule No. PR-1-NR Nonresidential Metered Service.....	1525-W, XXXX-W
Schedule No. PR-4F Non-Metered Fire Sprinkler Service.....	1526-W, 1512-W
Schedule No. PR-5 Fire Flow Testing Charge.....	1155-W
Schedule No. PR-6 Reclaimed Water Service.....	1527-W, 1513-W
Schedule No. PR-9CM Construction & Other Temporary Meter Service.....	1158-W
Schedule No. 14.1 Water Shortage Contingency Plan.....	1533-W through 1540-W
Schedule No. LC Late Payment Charge.....	1459-W
Schedule No. UF Surcharge to Fund PUC Reimbursement Fee.....	1462-W
Schedule No. CAP California Assistance Program.....	1519-W, 1520-W
Schedule No. CAP-SC California Assistance Program Surcharge.....	1521-W

**LIST OF CONTRACTS AND DEVIATIONS: 723-W**

**Rules:**

No. 1 Definitions .....	1432-W, 1433-W
No. 2 Description of Service .....	400-W
No. 3 Application for Service .....	345-W, 916-W
No. 4 Contracts .....	346-W
No. 5 Special Information Required on Forms .....	1453-W, 1454-W, 1434-W, 1435-W
No. 6 Establishment and Re-establishment of Credit .....	347-W
No. 7 Deposits .....	1014-W, 1161-W
No. 8 Notices 1436-W through .....	1439-W
No. 9 Rendering and Payment of Bills .....	1097-W through 1099-W, 1467-W
No. 10 Disputed Bills .....	1440-W, 1441-W
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No. 15	Main Extensions	741-W through 752-W, 1164-W, 1404-W, 1405-W
No. 16	Service Connections, Meters, and Customer Facilities	1485-W through 1495-W
No. 17	Measurement of service	475-W
No. 18	Meter Tests and Adjustment of Bills for Meter Error	931-W, 367-W, 368-W
No. 19	Service to Separate Premises and Multiple Units and Resale of Water	638-W, 639-W
No. 20	Water Conservation	477-W
No. 21	Military Family Relief Program	910-W, 911-W
No. 22	Customer Information Sharing	1042-W

**Sample Forms:**

No. 1	Application for Water Service	458-W
No. 2	Customer's Deposit Receipt	459-W
No. 3	Bill for Service	946-W, 947-W
No. 4	Main Extension Contract – Individuals	601-W
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No. 11	Uniform Fire Hydrant Service Agreement	575-W
No. 12	Connection Fee Data Form	761-W
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No. 14	Confidentiality and Non-Disclosure Agreement	1043-W through 1046-W
No. 15	Fire Flow Test Application	1166-W

(T)

# CALIFORNIA PUBLIC UTILITIES COMMISSION DIVISION OF WATER AND AUDITS

## Advice Letter Cover Sheet

<b>Utility Name:</b> Liberty Utilities (Park Water) Corp. <b>District:</b> N/A <b>CPUC Utility #:</b> U 314-W <b>Advice Letter #:</b> 323-W <b>Tier</b> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Compliance <b>Authorization</b> Energy Division Letter dated 3/11/22	<b>Date Mailed to Service List:</b> April 27, 2022  <b>Protest Deadline (20<sup>th</sup> Day):</b> May 17, 2022 <b>Review Deadline (30<sup>th</sup> Day):</b> May 27, 2022 <b>Requested Effective Date:</b> June 1, 2022  <b>Rate Impact:</b> N/A
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**Description:** Liberty Park Water submits this advice letter to update the eligibility income guidelines in its rate assistance program for low-income customers, also known as Customer Assistance Program (“CAP”).

The protest or response deadline for this advice letter is 20 days from the date that this advice letter was mailed to the service list. Please see the “Response or Protest” section in the advice letter for more information.

<b>Utility Contact:</b> Tiffany Thong <b>Phone:</b> 562.923.0711 <b>Email:</b> <a href="mailto:Tiffany.Thong@LibertyUtilities.com">Tiffany.Thong@LibertyUtilities.com</a> <b>DWA Contact:</b> Tariff Unit <b>Phone:</b> (415) 703-1133 <b>Email:</b> <a href="mailto:Water.Division@cpuc.ca.gov">Water.Division@cpuc.ca.gov</a>	<b>Utility Contact:</b> AnnMarie Sanchez <b>Phone:</b> 562.923.0711 <b>Email:</b> <a href="mailto:AnnMarie.Sanchez@libertyutilities.com">AnnMarie.Sanchez@libertyutilities.com</a>
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**DWA USE ONLY**

<u>DATE</u>	<u>STAFF</u>	<u>COMMENTS</u>

[ ] APPROVED	[ ] WITHDRAWN	[ ] REJECTED
--------------	---------------	--------------

<b>Signature:</b> _____ <b>Date:</b> _____	<b>Comments:</b> _____ _____
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Liberty Utilities (Park Water) Corp.  
9750 Washburn Road  
Downey, CA 90241-7002  
Tel: 562-923-0711  
Fax: 562-861-5902

Advice Letter No. 323-W

April 27, 2022

**TO THE PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA**

Liberty Utilities (Liberty Park Water) Corp. (U 314-W) (“Liberty Park Water”) hereby submits the attached revised tariff sheets applicable to water service in its service territory.

**Summary**

Liberty Park Water 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”). 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 Park Water’s CAP program to match the eligibility income guidelines in the energy utilities CARE program.

**Background**

On October 19, 2006, the California Public Utilities Commission (“Commission”) issued Decision 06-10-036 granting Liberty Park Water authority to establish its CAP program. The CAP program consists of a \$7.40 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 March 11, 2022, the Commission established the 2022/2023 eligibility income guidelines, effective June 1, 2022. This advice letter is being filed to reflect the updated eligibility income guidelines on Liberty Park Water’s CAP tariffs.

**Compliance**

Liberty Park Water 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	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260

Add \$9,440 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 Park Water respectfully requests approval of this advice letter allowing these tariffs to become effective June 1, 2022.

**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 April 27, 2022 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  
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  
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 (562) 923-0711.

Very truly yours,

LIBERTY UTILITIES (PARK WATER) CORP.

*/s/ Tiffany Thong* \_\_\_\_\_

TIFFANY THONG

Manager, Rates and Regulatory Affairs

[Tiffany.Thong@libertyutilities.com](mailto:Tiffany.Thong@libertyutilities.com)

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>
1565-W	FORM NO. 13 Customer Assistance Program (CAP) Application Solicitud para el Programa de asistencia al Cliente (CAP) Sheet 1	1518-W
1566-W	TABLE OF CONTENTS Sheet 1	1564-W
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LIBERTY UTILITIES (PARK WATER) CORP.  
9750 WASHBURN ROAD  
P. O. BOX 7002  
DOWNEY, CALIFORNIA 90241-7002

Revised Cal. P.U.C. Sheet No. 1565-W  
Cancelling Revised Cal. P.U.C. Sheet No. 1518-W

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**FORM NO. 13**  
**Customer Assistance Program (CAP) Application**  
**Solicitud para el Programa de asistencia al Cliente (CAP)**

Page 1

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PRESIDENT

Date Filed 04/27/2022  
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Schedule No. PR-5 Fire Flow Testing Charge.....	1155-W
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Schedule No. LC Late Payment Charge.....	1459-W
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No. 8 Notices 1436-W through .....	1439-W
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No. 18	Meter Tests and Adjustment of Bills for Meter Error	931-W, 367-W, 368-W
No. 19	Service to Separate Premises and Multiple Units and Resale of Water	638-W, 639-W
No. 20	Water Conservation	477-W
No. 21	Military Family Relief Program	910-W, 911-W
No. 22	Customer Information Sharing	1042-W

**Sample Forms:**

No. 1	Application for Water Service	458-W
No. 2	Customer's Deposit Receipt	459-W
No. 3	Bill for Service	946-W, 947-W
No. 4	Main Extension Contract – Individuals	601-W
No. 5	Main Extension Contract	602-W
No. 11	Uniform Fire Hydrant Service Agreement	575-W
No. 12	Connection Fee Data Form	761-W
No. 13	Customer Assistance Program (CAP) Application	1565-W
No. 14	Confidentiality and Non-Disclosure Agreement	1043-W through 1046-W
No. 15	Fire Flow Test Application	1166-W

(T)

# 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 **\$7.40** 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 800-727-5987  
Or visit [libertyutilities.com](http://libertyutilities.com).

Liberty  
P.O. Box 7002  
Downey, CA 90241

## 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, 2022 to May 31, 2023)

Number of Persons in Household	Total Annual Income*
1-2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260

For each additional household member, add \$9,440

\*Includes current household income from all sources before deductions.

# 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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**Veá Si Su Hogar Califica**

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

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





# 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 \$7.40 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 800-727-5987  
 O visite libertyutilities.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 2022 a el 31 de mayo 2023)

Número de personas en el hogar	Ingreso total anual*
1-2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260

Por cada miembro adicional en el hogar, añada \$9,440

\*Incluye los ingresos actuales del hogar de todas las fuentes de ingreso antes de deducciones.

Liberty  
 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+),     Niños     Adultos     Número Total

Número    +    =    \$

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:

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

See if Your Household Qualifies

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



City of Artesia  
18747 Clarkdale Avenue  
Artesia, CA 90701

City of Santa Fe Springs Water Dept.  
11710 Telegraph Road  
Santa Fe Springs, CA 90670

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

Suburban Water Systems  
Attention: Robert Kelly  
1325 N. Grand Avenue, Suite 100  
Covina, CA 91724-4044

City of Cerritos Water Department  
18125 Bloomfield Avenue  
Cerritos, CA 90703

Bellflower Somerset Mutual Water Co.  
10016 E. Flower St.  
P. O. Box 1697 (90707)  
Bellflower, CA 90706

City of Norwalk Water Department  
12700 S. Norwalk Boulevard  
Norwalk, CA 90650

City of Compton Water Department  
205 W. Willowbrook  
Compton, CA 90220

Golden State Water Company  
Ronald Moore, Regulatory Affairs  
630 E. Foothill Blvd  
San Dimas, CA 91773

City of Lynwood Water Department  
Attention: Joseph Kekula  
11330 Bullis Road  
Lynwood, CA 90262

City of Paramount Water Department  
16400 Colorado Avenue  
Paramount, CA 90723

City of Bell Gardens  
Attention: Steve Steinbrecher  
7100 Garfield Avenue  
Bell Gardens, CA 90201

Dominguez/California Water Service  
2632 W. 237<sup>th</sup> Street  
Torrance, CA 90505-5272

Calif. Public Utilities Commission  
Attention: Ting-Pong Yuen  
ORA Water  
505 Van Ness Avenue  
San Francisco, CA 94102

California Water Service Company  
Attention: Daniel Armendariz  
East Los Angeles District  
2000 S. Tubeway Avenue  
Commerce, CA 90040

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

City of Bellflower  
Attention: Jeff Stewart, City Manager  
16600 Civic Center Drive  
Bellflower, CA 90706

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

City of LaCanada Flintridge  
Mark Alexander  
City Manager  
[malexander@lcf.ca.gov](mailto:malexander@lcf.ca.gov)