

Customer Assistance Program

Liberty is committed to being a local, responsive and caring utility service provider and we are pleased to offer the **Customer Assistance Program (CAP)** for qualifying customers of (Tall Timbers Sewer) Corp. ("Liberty Tall Timbers") and Liberty (Woodmark Sewer) Corp. ("Liberty Woodmark").

The CAP is available to qualifying residential customers of Liberty in the Tall Timbers and Woodmark service areas on a first-come, first-serve basis. Customer must apply to be considered for the CAP.

To be considered for 2021 assistance, CAP applications must be received by: April 30, 2021.

Customers must apply annually. For assistance in 2021 and forward, please see the application for Enrollment Period Section of the application for important deadlines.

If you qualify for the CAP, Liberty will notify you, along with the amount you qualify for and when you can expect to see a change in your bill based on your qualification.

If you have any questions concerning this program, please contact us at: **844-367-2032** and we will be happy to assist you.

Customer Assistance Program Application

The Customer Assistance Program (CAP) shall be available to qualifying residential customers of Liberty (Tall Timbers Sewer) Corp. and Liberty (Woodmark Sewer) Corp. on a first-come, first serve-basis.

U	To apply for the CAP, please check (\checkmark) all that apply and return this application:
	☐ I am a Liberty residential customer and the account is in my name.
	My household income is at or below the income levels in the listing below.

Household Size	Total Gross Annual Income from All Sources
1	\$25,760
2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160

* Qualifying annual incomes are set at 200 percent of the 2021 federal poverty levels

2	For each additional person residing in the household, add \$4,540. Income levels will be reset to
	applicable federal poverty guidelines every two years.
	☐ I am not claimed as a dependent on another person's tax return.
	☐ My account has been active and in good standing for at least three months without any
	delinquencies or disconnects.
	☐ I can provide proof of residency for additional household members, as may be required.

PLEASE PRINT LEGIBLY													
Liberty Account Number (As shown on statement)							-						
No. of persons living in household:	Household's Annual Incon \$		ross		Phone Number								
Name	Name												
Address	Address												
City		State			Zip	Cod	е						
 W-2 form (for the preexplained). Social Security or Discense of Form 1099 – for self-explained. Proof of Enrollment – Declaration of income of account holder with addrest explained. Arollment Period: You must see assistance period will upder. Customers establishing oplication prior to the third bid edits under the CAP commenceipt and approval by Libert 	ability Awards letemployed or indefer full time stude statement – for income, please is matching the submit a compleate every June 1 new accounts af lling cycle after ancing with the near	eter (for epende lents wi r those provide addres te appl and wil ter Apri connec	the nt co ith no who e: a co ss on licati Il cor il 30 tion.	currontro o inco o have copy file. on k ntinu Qu	ent co actor (come. ve no i v of cu by Apr ue thro y still b alifyin	alend (fron inco irren il 30 bugh be el g cu	dar yon clie me. t pho of the May igible	ear) onto ic e cu 31 o e if the	den rrer of th ney sho	tificent years for file of the	atior ear. Illow an eceiv	n for ing	
Additional Enrollment Cond	•												
☐ You must renew your ☐ You must reapply ea	• •			es.	6								
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