



## 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.

**1** To apply for the CAP, please check (✓) 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
<b>1</b>	<b>\$25,760</b>
<b>2</b>	<b>\$34,840</b>
<b>3</b>	<b>\$43,920</b>
<b>4</b>	<b>\$53,000</b>
<b>5</b>	<b>\$62,080</b>
<b>6</b>	<b>\$71,160</b>

**\* 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.

(Application continues on reverse)

- 3 Please complete the following information. **Incomplete information will delay your discount.** The name used to apply for the credit must match the name on the Liberty statement/account.

PLEASE PRINT LEGIBLY															
<b>Liberty Account Number</b> (As shown on statement)															
No. of persons living in household:				Household's Total Gross Annual Income: \$						Phone Number					
Name															
Address															
City						State				Zip Code					

**Proof of Income:** Provide signed IRS Income Tax Statement and proof for all sources of income for all members in the household of 18 years of age or older. Acceptable forms of proof include:

- **REQUIRED:** Signed IRS income tax statement (please note that this is required for all applicants. In the event that taxes are not filed, a statement must be provided along with another acceptable form of income documentation).
- W-2 form (for the previous tax year and must cover full year or gaps in time must be explained).
- Social Security or Disability Awards letter (for the current calendar year).
- Form 1099 – for self-employed or independent contractor (from client).
- Proof of Enrollment – for full time students with no income.
- Declaration of income statement – for those who have no income.

- 4 In addition to your proof of income, please provide: a copy of current photo identification for account holder with address matching the address on file.

**Enrollment Period:** You must submit a complete application by April 30 of the current year. The assistance period will update every June 1 and will continue through May 31 of the following year. Customers establishing new accounts after April 30 may still be eligible if they file an application prior to the third billing cycle after connection. Qualifying customers shall receive credits under the CAP commencing with the next regularly scheduled billing period that follows receipt and approval by Liberty.

### 5 Additional Enrollment Conditions

- You must renew your application every year.
- You must reapply each time you move residences.

By signing below, I certify that this information is true and correct under the laws of the state of Texas.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

**Note:** An Application for participation in the CAP must be submitted every year. Please allow 30-45 days for processing.

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Applications and copies of documents may be mailed in enclosed envelope, faxed or emailed to:

**Mail:** Liberty  
16623 FM 2493 STE. E  
Tyler, TX 75703

**Fax:** 903-509-1506

**Email:** CustomerServiceTyler@LibertyUtilities.com

Office: \_\_\_\_\_ Date Verified \_\_\_\_\_ Verified By \_\_\_\_\_ Expires \_\_\_\_\_