



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.

To apply for the CAP, please check (✓) all that apply:

- 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	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300

*** Qualifying annual incomes are set at 200 percent of the 2025 federal poverty levels**

For each additional person residing in the household, add \$11,000. 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 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													
Liberty Account Number (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.

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

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 30-60 days for processing.

Office Use Only: Date Verified _____ Verified By _____ Expires _____