



## Customer Assistance Program (CAP)

CAP is a low-income rate assistance program that provides a monthly discount, based on your monthly meter charge, on your water bill. To see if you qualify, please fill out this form and return to Liberty with the required proof of assistance.

It only takes three easy steps to see if you qualify:

- 1** Fill out step 1
- 2** Complete step 2
- 3** Sign and date this form and return to Liberty

### Step 1

#### CUSTOMER INFORMATION

Liberty Account No.

Name as shown on your Liberty bill

Home Address

City  State  Zip Code

Telephone

Mailing Address (If different from your home address)

City  State  Zip Code

Email

### Step 2 Please identify household and/or income assistance

If you or a member of your household participate in any of the following programs, please check all that apply.

- Supplemental Security Income (SSI)
- Temporary Assistance to Need Persons/Families (TA)
- Safety Net Assistance
- Medicaid and/or Child Health Plus
- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing Assistance (FHA)
- Veterans Pension and Survivors Benefit Programs
- The Federal Lifeline Program
- Bureau of Indian Affairs General Assistance
- Tribal Head Start
- Tribal Temporary Assistance to Needy Families
- Food Distribution Program on Indian Veterans Disability or Survivors
- Pension
- All Tribal Specific Programs
- Home Energy Assistance Program (HEAP)
- Low Income Household Water Assistance Program (LIHWAP)

## Step 2 (Continued)

Is the one receiving assistance the account holder or a member of the household?

- Account holder
- Member of household

If the one receiving assistance is a member of the household, please list the relationship to the account holder (spouse, parent, child, etc.) \_\_\_\_\_

If the member receiving assistance is not the account holder, are they authorized on the account?

- Yes

If yes, please provide their name and phone number

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

- No

## Step 3

I certify:

The Liberty bill is in my name.

I will notify Liberty if I no longer qualify for this rate.

I understand Liberty reserves the right to proof of eligibility documentation.

I will renew my application when requested by Liberty.

My submission of this application does not guarantee I am eligible for assistance.

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 assistance, or I will not be eligible for this program. 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 and agree that Liberty can share my information with other utilities, state agencies, or their agents to enroll me in their assistance programs or confirm eligibility.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Return to Liberty



Liberty New York  
Attn: Customer Service Dept.  
PO BOX 270  
Massena, NY 13662



**Questions? Please Call Toll Free at 1-877-426-6999.**