



## **Application for Rate Relief Credit (FY 2025/26)**

North Tahoe Public Utility District (NTPUD) residential customers meeting the eligibility requirements will receive a monthly credit to their account. The program is administered on a first-come, first-served basis. The program is in effect until program funds are fully expended on an annual July 1<sup>st</sup> to June 30<sup>th</sup> basis.

### **1. Qualifications for all applications**

\_\_\_ Reside as a primary resident in a single-family or multi-family residential property at an NTPUD service address.

### **2. Tier 1 Rate Assistance - \$\_\_\_ Rate Reduction**

Are you able to show proof of active enrollment in the Liberty CARE program at the same address as your NTPUD service address?

\_\_\_ Yes, please provide the most recent Liberty Utility Bill with evidence of participation in Liberty Utilities CARE program.

\_\_\_ No, continue to Step 3.

### **3. Tier 2 Rate Assistance - \$\_\_\_ Rate Reduction**

Your combined household income before taxes cannot be more than the limits provided in the table.

Household Size: \_\_\_ Annual Income: \_\_\_\_\_

Is your combined household annual income less than the limits shown in the table?

\_\_\_ Yes, continue to Step 4.

\_\_\_ No, you are not eligible for rate assistance at this time.

Household Size	Total Combined Annual Income
1	\$66,050
2	\$75,450
3	\$84,900
4	\$94,300
5	\$101,850
6+	\$109,400

### **4. Customer Information**

Requested By: ☐ Property Owner ☐ Tenant

NTPUD Account Number: \_\_\_\_\_ Applicant's Legal Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **5. Certification – Please Read Before Signing**

*I, the undersigned, under penalty of perjury of the laws of the State of California do hereby declare and certify:*

- That I have read and understood all of the Rate Relief Credit Program guidelines provided with this application and that all of the information provided by me on this application is accurate, complete, and true to the best of my knowledge.
- That I understand that submitting the required documentation does not guarantee participation in the program. Such information will, however, be used to determine if I qualify for benefits under the program.
- Proof of continued eligibility must be provided each year by August 1st.
- That I understand the credit will be applied to the account. In the event I am not the account holder of record, the NTPUD encourages the account holder of record/landlord and tenant to work together to provide a rent or similar credit to the tenant qualifying for the program.

That I understand that any attempt to falsify my information will result in my disqualification from the program and may subject me repayment of the benefits received and further civil or criminal penalties.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Holder Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\* If different from Applicant*

**For Internal Use Only** Date Received: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Denial Reason: \_\_\_\_\_