



SOUTHWEST GAS CORPORATION

NOTICE AND APPLICATION FOR CALIFORNIA

ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

To apply for a 20% discount at your residence, please complete this application and mail it to your utility. You will receive the discount on the next bill after the utility receives and approves your completed and signed application.

INCOME REQUIREMENTS <i>(Effective 06/01/2003)</i>	
Number of Persons Living in My Home	Total Combined Income from ALL Sources
1 or 2	\$23,000
3	27,000
4	32,500
5	38,000
6	43,500
7	49,000
For each additional person, add \$5,500	

WHAT ARE THE QUALIFICATIONS?

To qualify for the discount I understand:

- The energy utility bill will be in my name.
- I may not be claimed as a dependent on another person's tax return.
- My total annual income cannot exceed the chart above. *Total income means the gross income of ALL persons living in my home.*
- I will reapply each time I move.
- I will renew my application every two (2) years, or sooner if requested.
- I will renew my application every year if I am a submetered tenant, or sooner if requested.
- I will notify the utility within 30 days when I become ineligible for CARE.
- I will provide verification of my household income, if requested.

I understand that for this program, "gross household income" means all money and non-cash benefits, available for living expenses, from all sources, both taxable and non-taxable, before deductions for all people who live in my home. This includes, but is not limited to: wages, salaries and commissions; income from self-employment and all employment-related, non-cash income; child and/or spousal support; interest or dividends from savings accounts, stocks and bonds, or retirement accounts such as IRA and 401K accounts; gains realized from the sale of assets; stocks; bonds; business or rental income; support from family or friends; cash gifts; lottery winnings; tax refunds and money from insurance policies or legal settlements; Social Security; retirement, veterans, disability or unemployment benefits and workers' compensation; Temporary Assistance to Needy Families (TANF, formerly AFDC); supplemental security income (SSI); supplemental security payments (SSP); cash public assistance; food stamps and free housing or utilities; and school grants, loans, scholarships, or other aid. Income from self-employment to determine eligibility for this program shall include the net business income shown on Internal Revenue Service Form 1040, Schedule C, Line 29. Proof of income acceptable to the utility will be provided when requested.

I understand that upon enrollment in this program and for periodically re-certifying my continued eligibility for the program discount, the utility may verify my eligibility to participate in the program; if ineligibility is established, I will be removed from the program and may be billed for previous discounts which I should not have received.

APPLICATION INFORMATION (please type or print):

Applicant Name _____ Source Code (Outreach Agency Only) _____

Service Address _____ City _____ ZIP _____
(as shown on bill)

Mailing Address _____ City _____ ZIP _____
(if different from service address)

Telephone No. (home) _____ Telephone No. (work) _____

I am a primary residential customer of Southwest Gas Corporation (Southwest Gas)

Southwest Gas Account Number _____

OR a submetered tenant of a mobile home park or apartment complex

Master-Metered Account Number _____

Electric Company _____

Electric Company Account Number _____

Number of People Living in Household _____

Gross Annual Income of Household _____

By signing below, I certify under penalty of perjury that this information is true and correct under the laws of the state of California. I will provide proof of income upon request and I will notify my energy utility of any changes that affect my eligibility. I understand that this information may be shared with my other energy utility, if applicable.

Customer Signature _____ **Date Signed** _____

FOR SOUTHWEST GAS CORPORATION USE ONLY		
Date Received _____	Date Verified/By _____	Date Effective _____

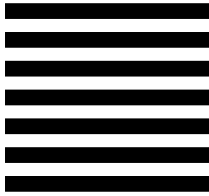
Seal with tape. Do not staple.



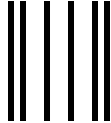
SOUTHWEST GAS CORPORATION
ATTN: C.A.R.E., LVA-170
P.O. BOX 98510
LAS VEGAS, NV 89195-0028

POSTAGE WILL BE PAID BY ADDRESSEE:

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 478 LAS VEGAS NV



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



SOUTHWEST GAS CORPORATION
NOTICE AND APPLICATION FOR CALIFORNIA
ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

YOU MAY QUALIFY FOR A DISCOUNT ON YOUR ENERGY BILL

If you meet the CARE requirements, please complete the application. Postage has been prepaid by Southwest Gas. If you need help completing the application, or would like more information about the program, employees in these offices can assist you. Call or visit our nearest office for assistance.

SOUTHWEST GAS OFFICE LOCATIONS

Barstow	751 E. Main Street, Barstow, CA 92311	(760) 256-3571
Big Bear Lake	PO Box 2807 (mailing address) or 40844 Big Bear Boulevard, Big Bear Lake, CA 92315	(909) 866-4656
Incline Village/Tahoe	218 Incline Court, Incline Village, NV 89451	(800) 832-2555
Needles (Bullhead City for Customer Assistance)	1705 Langford Drive, Bullhead City, AZ 86442	(928) 763-7766
	or toll-free	(800) 446-4642
Truckee	10960 West River Street, Suite 101, Truckee, CA 96161	(530) 582-7200
	Customers outside of Truckee can call toll-free	(800) 277-8008
Victorville	13471 Mariposa Road, Victorville, CA 92392	(760) 241-9321
	or toll-free	(800) 443-8093

Other California utilities offer similar bill discounts. You can request CARE information from the electric utility serving your locale at the telephone number below:

- Southern California Edison Company:** 1-800-447-6620
- Sierra Pacific Power Company:** 1-800-782-2506
- Bear Valley Electric Company:** 1-909-866-4678

Home Energy Assistance Program (HEAP)

You may also be eligible for energy bill assistance under HEAP which is administered by the State of California Department of Economic Opportunity (DEO). Eligibility requirements and additional information on the HEAP program can be obtained by calling DEO at 1-866-675-6623. TDD/TDY (916) 327-6318.