

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



July 30, 2009

Advice Letter 821

John P. Hester, Sr. Vice-President
Regulatory Affairs and Energy Resources
Southwest Gas Corporation
P O Box 98510
Las Vegas, NV 89193-8510

**Subject: Filing to Extend CARE Recertification to Every Two Years
and to Include a New CARE Application Form**

Dear Mr. Hester:

Advice Letter 821 is effective June 29, 2009.

Sincerely,

A handwritten signature in blue ink, appearing to read "Julie A. Fitch".

Julie A. Fitch, Director
Energy Division



SOUTHWEST GAS CORPORATION

Roger C. Montgomery, Vice President/Pricing

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REGULATORY AFFAIRS

June 29, 2009

**PLEASE STAMP AND RETURN IN
THE ENCLOSED POSTAGE-PAID
SELF-ADDRESSED ENVELOPE**

Attention: Julie Fitch, Director
California Public Utilities Commission
Energy Division
505 Van Ness Avenue, Room 4004
San Francisco, CA 94102

Subject: Southwest Gas Corporation (U 905 G)
Advice Letter No. 821

Dear Ms. Fitch:

Enclosed herewith are five (5) copies of Southwest Gas Corporation's Advice Letter No. 821, together with: California Gas Tariff Sheet Nos. 6918-G through 6931-G.

Sincerely,

Roger C. Montgomery

RCM:kt
Enclosures



SOUTHWEST GAS CORPORATION

Advice Letter No. 821

June 29, 2009

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Southwest Gas Corporation (Southwest) (U 905 G) tenders herewith for filing the following tariff sheets.

California Gas Tariff

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
6918-G	Schedule Nos. GS-20/GN-20/SLT-20 - Multi-Family Master-Metered Gas Service (<i>Continued</i>)	6854-G
6919-G	Schedule Nos. GS-25/GN-25/SLT-25 Multi-Family Master-Metered Gas Service - Submetered (<i>Continued</i>)	6780-G
6920-G	Schedule Nos. GS-35/GN-35/SLT-35 Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service (<i>Continued</i>)	6783-G
6921-G	Schedule Nos. GS-35/GN-35/SLT-35 Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service (<i>Continued</i>)	6785-G
6922-G	Schedule Nos. GS-35/GN-35/SLT-35 Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service (<i>Continued</i>)	6787-G
6923-G	Schedule Nos. GS-35/GN-35/SLT-35 Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service (<i>Continued</i>)	6789-G
6924-G	Schedule Nos. GS-35/GN-35/SLT-35 Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service (<i>Continued</i>)	6790-G
6925-G	Application for Qualified Nonprofit Group Living Facilities for California Alternate Rates for Energy (CARE) Program (Form 902.2 6/2009)	6185-G-A



California Gas Tariff

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
6926-G	Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities (Form 902.4 6/2009)	6499-G
6927-G	Application for California Alternate Rates for Energy (CARE) Program (Recertification) (Form 902.70 5/2009)	
6928-G	Table of Contents (<i>Continued</i>)	6915-G
6929-G	Table of Contents (<i>Continued</i>)	6902-G
6930-G	Table of Contents (<i>Continued</i>)	6904-G
6931-G	Table of Contents (<i>Continued</i>)	6917-G

Purpose

This filing is submitted pursuant to Decision (D.) 08-12-019, which authorizes Southwest to require California Alternate Rates for Energy (CARE) program recertification biennially, rather than annually, for submetered customers and expanded CARE programs participants. Also included within this filing is the CARE application utilized to recertify Southwest's income-qualified residential customers.

Effective Date

Southwest believes this Advice Letter is subject to Energy Division disposition and should be classified as Tier 2 (effective after staff approval) pursuant to General Order 96-B. Southwest respectfully requests that the tariff sheets filed herein be made effective as soon as possible and no later than June 29, 2009.

Protest

Anyone wishing to protest this filing may do so by sending a letter within 20 days of the filing. The protest should set forth the grounds upon which it is based and should be submitted expeditiously. There is no restriction on who may file protest. Protests should be mailed or faxed to:

Investigation, Monitoring & Compliance Program Manager
California Public Utilities Commission, Energy Division
505 Van Ness Avenue, Room 4002
San Francisco, CA 94102
Facsimile: 415-703-2200



Advice Letter No. 821
Page 3
June 29, 2009

Copies should also be mailed to the attention of Director, Energy Division, Room 4004 at the same address as above, and mailed and faxed to:

Mr. John P. Hester, Senior Vice-President
Regulatory Affairs and Energy Resources
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, Nevada 89193-8510
Facsimile: 702-876-7037

Notice

Pursuant to Energy Industry Rule 3.1(1), Southwest is exempt from the notice requirements set forth in General Rule 4.2 in General Order (G.O.) 96-B since this advice letter is filed in compliance with D.08-12-019.

Service

In accordance with G.O. 96-B, General Rule 4.3, Southwest is mailing copies of this advice letter and related tariff sheets to the utilities and interested parties shown on the attached list.

Respectfully submitted,

SOUTHWEST GAS CORPORATION

By 
Roger C. Montgomery

Attachments

DISTRIBUTION LIST

Advice Letter No. 821

In Conformance with G.O. 96-B, General Rule 4.3

Southern California Edison Company

Pacific Gas & Electric Company

Sierra Pacific Power Company

San Diego Gas & Electric Company

Southern California Gas Company

Southern California Water Company

Duane Morris, LLP

Director/Division of Ratepayer Advocates

Schedule Nos. GS-20/GN-20/SLT-20

MULTI-FAMILY MASTER-METERED GAS SERVICE
(Continued)

RATES (Continued)

If the customer qualifying for the standard medical allowance can demonstrate to the Company's satisfaction that the 25-therm allowance is insufficient to meet the life-support and comfort requirements of the eligible resident, the Company shall make a determination as to the additional quantity required and round such quantity to the next higher 25 therms.

The number of therms shall be determined in accordance with the provisions of Rule No. 2C.

For billing purposes, the baseline quantity shall be determined by multiplying the allowable baseline quantity per residential unit by the number of qualifying residential units.

California Alternate Rates For Energy (CARE) Program Discount:

If an individual submetered tenant of a multi-family master-metered customer meets the eligibility criteria established in Schedule Nos. GS-12/GN-12/SLT-12, that tenant shall be eligible for the CARE discount.

For billing purposes, the Company will bill the master-metered customer the discounted rate for the number of eligible submetered tenants. It is the responsibility of master-metered customers to pass the CARE discount to the eligible tenant and to notify the Company when the submetered tenant moves. Recertification of eligibility will be required every two years and whenever a customer moves.

Minimum Charge:

The minimum charge per meter per month is the basic service charge.

SPECIAL CONDITIONS

1. Residential service under this schedule includes service to residential units and mobile home units, but does not include enterprises such as rooming houses, boarding houses, dormitories, rest homes, military barracks, stores, restaurants, service stations, and other similar establishments.

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Schedule Nos. GS-25/GN-25/SLT-25

MULTI-FAMILY MASTER-METERED GAS SERVICE – SUBMETERED
(Continued)

RATES (Continued)

Upon completion of an application and verification by a state licensed physician, surgeon or osteopath, an additional monthly medical allowance of 25 therms will be provided for hemiplegic/paraplegic/quadruplegic persons, multiple sclerosis/scleroderma patients and persons who are being treated for a life-threatening illness and have a compromised immune system who are full-time residents in a household served under this schedule.

If the customer qualifying for the standard medical allowance can demonstrate to the Company's satisfaction that the 25-therm allowance is insufficient to meet the life-support and comfort requirements of the eligible resident, the Company shall make a determination as to the additional quantity required and round such quantity to the next higher 25 therms.

The number of therms shall be determined in accordance with the provisions of Rule No. 2C.

For billing purposes, the baseline quantity shall be determined by multiplying the allowable baseline quantity per residential unit by the number of qualifying residential units.

California Alternate Rates For Energy (CARE) Program Discount:

If an individual submetered tenant of a multi-family master-metered customer meets the eligibility criteria established in Schedule Nos. GS-12/GN-12/SLT-12, that tenant shall be eligible for the CARE discount. All the Special Conditions set forth in Schedule Nos. GS-12/GN-12/SLT-12 shall apply. Recertification of eligibility will be required every two years and whenever a customer moves.

For billing purposes, the Company will bill the master-metered customer the discounted rate for the number of eligible submetered tenants. It is the responsibility of master-metered customers to pass the CARE discount to the eligible tenant and to notify the Company when the submetered tenant moves.

Minimum Charge:

The minimum charge per meter per month is the basic service charge.

Schedule Nos. GS-35/GN-35/SLT-35

AGRICULTURAL EMPLOYEE HOUSING AND
NONPROFIT GROUP LIVING FACILITY GAS SERVICE
(Continued)

SPECIAL CONDITIONS (Continued)

A. NONPROFIT GROUP LIVING FACILITIES (Continued)

Examples of potentially eligible nonprofit group living facilities consist of licensed or permitted homeless shelters, transitional housing, short- or long-term care facilities (hospices, nursing homes, seniors' or children's homes), group homes for mentally or physically disabled/disadvantaged persons or satellite facilities of a properly-licensed "mother ship" facility; and other nonprofit group living facilities that may not have a license or permit (homeless shelters, women's shelters or hospices) in which 100 percent of the residents would meet the residential CARE income eligibility requirements and where services are being provided for the direct benefit of eligible residents. Any for-profit entity, student housing/dormitories, military barracks and fraternities/sororities are excluded.

An approved "Application for Qualified Nonprofit Group Living Facilities for California Alternate Rates for Energy (CARE) Program" is required for service under this schedule. In addition, applicants, other than homeless shelters, shall submit an "Application for California Alternate Rates for Energy (CARE) Program" on behalf of each resident of the facility.

2. Nonprofit group living facilities must recertify their eligibility for service under this schedule every two years. Eligibility confirmation shall require demonstration by the applicant that the rate discount obtained under this schedule has been passed on to the benefit of the facility's residents.
3. Publicly-owned and government-subsidized housing facilities are not qualifying group living facilities. A group living facility that would otherwise qualify for CARE would not be ineligible because compensation for room, board or services is provided by a government agency on behalf of the resident under a disability, Supplemental Security Income (SSI), Social Security Administration (SSA) or other governmental assistance program.

A nonprofit owner/operator of a government-subsidized residential facility may be eligible for service under this schedule if services besides lodging are provided to residents and all other eligibility criteria are met.

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Schedule Nos. GS-35/GN-35/SLT-35

AGRICULTURAL EMPLOYEE HOUSING AND
NONPROFIT GROUP LIVING FACILITY GAS SERVICE
(Continued)

SPECIAL CONDITIONS (Continued)

B. MIGRANT FARMWORKER HOUSING CENTERS (Continued)

4. An approved "Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities" is required for service under this schedule. The Company shall be permitted to verify the eligibility of the facility.
5. Migrant farmworker housing facilities must reapply and recertify their eligibility for service under this schedule every two years.
6. For individually-metered dwelling units in the migrant center, 100 percent of the usage must be for residential uses, as defined in Rule No. 1 of this California Gas Tariff, in order to qualify for this CARE rate. If the migrant center is served by a master meter, then not less than 70 percent of the usage must be for residential uses in order to qualify. Natural gas usage for offices, maintenance shops or agricultural uses shall not be considered residential use. Only meters that are served under a residential or commercial rate schedule can qualify for this CARE rate.
7. Applicant must indicate on the initial application for service under this schedule how the discount from the CARE rate will be used to directly benefit the occupants of the migrant farmworker housing center. At recertification, Applicant must describe: 1) how the discount was previously used for the direct benefit of the residents, and 2) how the discount will be used for the next two years for the direct benefit of the residents. Applicants shall make a certification to the above under the penalty of perjury on the CARE application.

The Applicant will be required to demonstrate where the savings from the CARE rate will or have been reallocated and that the reallocation benefits the occupants directly. The Applicant must maintain accounting entries and retain supporting documentation in order to allow the Company to verify the benefits conferred. Supporting documentation includes, but is not limited to: dated receipts identifying items purchased; stated purposes of such purchase, and letters or memorandum to occupants indicating the benefit provided. Examples of benefits that would qualify, provided appropriate records are maintained,

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Schedule Nos. GS-35/GN-35/SLT-35

AGRICULTURAL EMPLOYEE HOUSING AND
NONPROFIT GROUP LIVING FACILITY GAS SERVICE
(Continued)

SPECIAL CONDITIONS (Continued)

C. PRIVATELY-OWNED EMPLOYEE HOUSING (Continued)

2. To be eligible for service under this schedule, the Applicant shall be responsible for determining that all households residing in the employee housing qualify for the CARE (California Alternate Rates for Energy) Residential Gas Service under the annual total household income guidelines and criteria as set forth in Schedule Nos. GS-12/GN-12/SLT-12 of this California Gas Tariff. The Applicant shall make a certification to that effect under the penalty of perjury on the CARE application. Housing for employees provided primarily for the convenience of the private employer shall not be considered eligible for the CARE rate.

An approved "Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities" is required for service under this schedule. The Company shall be permitted to verify the eligibility of the privately-owned employee housing and its tenants.

3. The Applicant must reapply and recertify their eligibility for service under this schedule every two years.
4. For privately-owned employee housing, 100 percent of the usage must be for residential uses, as defined in Rule No. 1 of this California Gas Tariff, in order to qualify for this CARE rate, whether individually- or master-metered. Natural gas usage for offices, maintenance shops or agricultural uses shall not be considered residential use. Only meters that are served under a residential or commercial rate schedule can qualify for this CARE rate.
5. Applicants must indicate on the initial application for service under this schedule how the discount from the CARE rate will be used to directly benefit the occupants of the privately-owned employee housing. At recertification, Applicant must describe: 1) how the discount was previously used for the direct benefit of the residents, and 2) how the discount will be used for the next two years for the direct benefit of the residents. Applicants shall make a certification to the above under the penalty of perjury on the CARE application.

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Schedule Nos. GS-35/GN-35/SLT-35

AGRICULTURAL EMPLOYEE HOUSING AND
NONPROFIT GROUP LIVING FACILITY GAS SERVICE
(Continued)

SPECIAL CONDITIONS (Continued)

D. AGRICULTURAL EMPLOYEE HOUSING

Agricultural Employee Housing, as defined by of Section 1140.4(b) of the California Labor Code and Section 17008(a) of the California Health and Safety Code, may be determined by the Company to be eligible for service under this schedule, subject to the following conditions.

1. Applicant shall be the customer of record.
2. To be eligible for service under this schedule, the Applicant shall be responsible for determining that all households residing in the agricultural employee housing qualify for the CARE (California Alternate Rates for Energy) Residential Gas Service under the annual total household income guidelines and criteria as set forth in Schedule Nos. GS-12/GN-12/SLT-12 of this California Gas Tariff. The Applicant shall make a certification to that effect under the penalty of perjury on the CARE application. Employees or staff of the nonprofit organization operating the agricultural employee housing who reside at the facility can be excluded for purposes of qualifying the facility for this CARE rate.

An approved "Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities" is required for service under this schedule. The Company shall be permitted to verify the eligibility of the facility and its tenants.

3. The Applicant must reapply and recertify their eligibility for service under this schedule every two years.
4. For individually-metered dwelling units for agricultural employee housing operated by nonprofit organizations, 100 percent of the usage must be for residential uses, as defined in Rule No. 1 of this California Gas Tariff, in order to qualify for this CARE rate. If the agricultural employee housing is served by a master meter, then not less than 70 percent of the usage must be for residential uses in order to qualify. Natural gas usage for offices, maintenance shops or agricultural uses shall not be considered residential use. Only meters that are served under a residential or commercial rate schedule can qualify for this CARE rate.

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Schedule Nos. GS-35/GN-35/SLT-35

AGRICULTURAL EMPLOYEE HOUSING AND
NONPROFIT GROUP LIVING FACILITY GAS SERVICE
(Continued)

SPECIAL CONDITIONS (Continued)

D. AGRICULTURAL EMPLOYEE HOUSING (Continued)

5. Applicants must indicate on the initial application for service under this schedule how the discount from the CARE rate will be used to directly benefit the occupants of the agricultural employee housing facility. At recertification, Applicant must describe: 1) how the discount was previously used for the direct benefit of the residents, and 2) how the discount will be used for the next two years for the direct benefit of the residents. Applicants shall make a certification to the above under the penalty of perjury on the CARE application.

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N/T

The Applicant will be required to demonstrate where the savings from the CARE rate will or have been reallocated and that the reallocation benefits the occupants directly. The Applicant must maintain accounting entries and retain supporting documentation in order to allow the Company to verify the benefits conferred. Supporting documentation includes, but is not limited to: dated receipts identifying items purchased; stated purposes of such purchase, and letters or memorandum to occupants indicating the benefit provided. Examples of benefits that would qualify, provided appropriate records are maintained, include: reduced energy charges to tenants from the CARE rate savings; improvements to tenant services such as day care or recreational facilities for tenants; reduced rents or reduced rent increases from offsets by the CARE rate. Other benefits may be considered by the Company as qualifying provided the Applicant can adequately demonstrate the savings will or have been used for the direct benefit of the occupants.

Items not considered direct benefits for current occupants include: physical improvements to property that do not directly benefit occupants, such as remodeling to add office space; or development of new agricultural employee housing.

6. Customers who wrongfully declare eligibility or fail to demonstrate the CARE rate savings directly benefited the agricultural employee housing occupants may be rebilled for the period of ineligibility under their otherwise applicable rate schedule.

APPLICATION FOR QUALIFIED NONPROFIT GROUP LIVING FACILITIES FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (FORM 902.2 06/2009)

SOUTHWEST GAS CORPORATION
APPLICATION FOR QUALIFIED NONPROFIT GROUP LIVING FACILITIES FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

If qualified, homeless shelters, group homes for the disabled and/or disadvantaged, nursing and long-term care facilities, senior board and care facilities, and transitional housing that are not-for-profit nonprofit may receive a discount on their utility bills. This discount is required by state law and is under the direction of the California Public Utilities Commission (CPUC).

WHO MAY QUALIFY?

A licensed or appropriately permitted nonprofit establishment providing a service, such as meals or rehabilitation, in addition to lodging and where 100% of the residents meet the Commission's CPUC eligibility requirements. Homeless shelters, women's shelters, or hospices that would otherwise qualify but are not licensed or do not possess a Conditional Use Permit may qualify. Such facilities may qualify provided adequate proof satisfactory to the Utility is submitted and approved showing that its residents meet the income eligibility requirements and that its services are being provided to benefit eligible residents. Facilities such as student housing and/or dorms, military barracks, fraternities and/or sororities, and publicly-owned and government-subsidized housing facilities are excluded. The discount cannot be used to offset any direct governmental subsidies and shall be used for the direct benefit of the eligible residents in the facility (e.g., improved quality of care or improved food service). **Any for-profit entity is ineligible.**

ELIGIBILITY REQUIREMENT

A resident whose total annual income (taxable and non-taxable) from all sources is no more than 200% of the federal poverty level income guidelines and is not claimed as a dependent on another person's income tax return.

Name on Utility Bill	Account Number																			
Service Address	City	State	ZIP Code																	
Mailing Address	City	State	ZIP Code																	
Name of Corporation/Facility	IRS Nonprofit Tax ID #	(Attach Copy of IRS Code Section 501(c)(3) Letter of Tax-Exempt Nonprofit Status)																		
Name on State Business License (Attach Copy of License) or Conditional Use Permit	Type of License																			
Name on Any Other Current License or Conditional Use Permit for the Corporation/Facility (Attach Copy of Any License or Permit or Other Proof as Requested by the Utility)	1) Is the facility operating as a satellite of a licensed, "mothership" facility? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Total Number of Residents of Facility	2) If Yes, provide name of "mothership" facility and attach a copy of current "mothership" license.																			
Total Number of Residents Who Meet Eligibility Guidelines as Stated Above		3) Name on Utility Bill																		
State the primary purpose of the facility and the services offered:		4) Address of satellite facility(ies):																		

Is at least 70% of the facility's energy used for residential purposes? Yes No
Does the facility receive any funding from a governmental agency? Yes No If yes, please explain type of funding and which governmental agency provides the funding.

As an authorized representative of the facility, I certify that the above information is true and accurate, and that I have verified the eligibility of the residents. I further certify that the discount shall be used for the direct benefit, such as improved quality of care or improved food service, of the residents in the facility. I also understand that the Utility may request additional proof of eligibility and verification.

Authorized Representative Name (please print) _____ Date Signed _____ Telephone Number _____
Authorized Representative Signature _____
Note: Facilities receiving the discount are subject to verification by the Utility. Facilities receiving the discount inappropriately will be rebilled at the correct rate.

Form 902.02 (06/2009) 320 Form - Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM
FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES (FORM 902.4 06/2009) T

SOUTHWEST GAS CORPORATION
APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM
FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

- Instructions**
1. Read all information and instructions before you complete this application.
 2. Determine if the facility meets the definition of qualified agricultural employee housing. The facility MUST meet ALL criteria to qualify for the 20% discount from the CARE Program.
 3. Complete the entire application (please print or type). Complete a separate application for each qualified facility.
 4. Attach all required documents. (Application is not considered complete without documents.)
 5. Mail to:

ATTN: CARE
SOUTHWEST GAS CORPORATION
PO BOX 1498
VICTORVILLE CA 92393-1498

If you have questions, please contact your local office listed below.
Si tiene preguntas, por favor llame a la oficina de la lista a continuación.

DISCOUNT

The CARE program provides a 20% discount on the monthly utility bill for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the facility receives and approves the application.

ELIGIBILITY CRITERIA FOR APPLICANT

Each applicant MUST meet ALL of the following criteria:

- Applicant must be the utility customer of record.
- Applicant must verify that 100% of the residents/households of Employee Housing or Housing for Agricultural Employees meet the CARE income eligibility guidelines, excluding any employee operating or managing the facility who resides at the facility. (See enclosed application for current CARE income eligibility guidelines.) Pursuant to Assembly Bill 868, all nonprofit Migrant Farmworker Housing Centers are deemed eligible for the CARE program discount.
- Applicant is required to certify CARE eligibility every two years by completing a new application, including how the discount will be used for the direct benefit of the residents.

ELIGIBLE FACILITIES

Migrant Farmworker Housing Centers, provided pursuant to Section 50710 of the Health and Safety Code:

- Supporting documentation required:
 - Provide a copy of the current contract with the office of Migrant Services, Department of Housing and Community Development. (This documentation states the center is currently authorized to provide housing.)
- Total energy used:
 - Master-metered facilities must be 70% residential use.
 - Individually-metered units must be 100% residential use.

Form 902.4 (06/2009) 320 From Microsoft Word

Employee Housing (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected by state/local agencies pursuant to Part 1 (commencing with Section 17000) of Division 13.

- Supporting documentation required:
 - Provide a copy of the current permit issued by the State Department of Housing and Community Development.
 - Total energy used must be 100% residential.
- Housing For Agricultural Employees** (operated by nonprofit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.
- Supporting documentation required:
 - Provide current copy of Federal 501 (c)(3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
 - Total energy used:
 - Master-metered facilities must be 70% residential use.
 - Individually-metered units must be 100% residential use.

APPLICANT'S RESPONSIBILITIES

The applicant is required to:

- Provide proof of the facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all households and individuals residing in the facility meet the CARE income eligibility guidelines (see Eligibility Criteria for Applicant section) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- At recertification, describe: 1) how the discount was previously used for the direct benefit of the residents, and 2) how the discount will be used for the next two years for the direct benefit of the residents.
- Maintain records of residents' income eligibility, which should come from Federal tax returns, payroll stubs, or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and for recertification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and for recertification.
- Upon request from the utility, provide documentation of the resident's income eligibility and documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.

For additional information contact the Southwest Gas office listed below, Monday through Friday, 8 a.m. to 5 p.m.:

Customer Assistance (760) 951-4045

Hearing Impaired 711

Apply online at: www.swgas.com

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 821
Decision No. 08-12-019

Issued by
John P. Hester
Senior Vice President

Date Filed June 29, 2009
Effective _____
Resolution No. _____

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (RECERTIFICATION) (FORM 902.70 05/2009)

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

CARE provides a 20% discount on your gas bill every month for income-qualified customers. This discount is available for your primary residence only.

Review the chart below, and if you think you may qualify, complete and return this application.

CARE Program Income Requirements					
Maximum Household Income: (effective June 1, 2009 through May 31, 2010)					
Number of persons living in my home	1 or 2	3	4	5	6
Total combined annual income (from ALL sources)	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000
For each additional person, add \$7,400.					

The definition of "gross (before taxes) household income" is all money and noncash benefits available for living expenses from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in your home. This includes, but is not limited to, the following:

Please check (✓) ALL sources of your income.

- | | | | | |
|--|---|---|--------------------------------------|--|
| <input type="checkbox"/> Wages or salaries | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | <input type="checkbox"/> Workers' compensation | <input type="checkbox"/> Pensions | <input type="checkbox"/> Disability payments |
| <input type="checkbox"/> Interest or dividends from: savings accounts, stocks or bonds, or retirement accounts | <input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29) | <input type="checkbox"/> Social Security or SSI | <input type="checkbox"/> TANF (AFDC) | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Unemployment benefits | | <input type="checkbox"/> Rental or royalty income | <input type="checkbox"/> Food stamps | <input type="checkbox"/> Spousal support |
| | | <input type="checkbox"/> Insurance settlements | <input type="checkbox"/> Gifts | <input type="checkbox"/> Other Income |
| | | <input type="checkbox"/> Legal settlements | | |

Total combined annual household income: \$

Number of persons living in my household: + =

Adults Children Total

See Maximum Household Income listed above.

Qualification for the CARE Program is based on your household income and household size.

CARE RATE APPLICATION

I certify:

Source Code (Southwest Gas Use Only) **SWG C - 8005**

- The Southwest Gas bill is in my name.
- I understand Southwest Gas reserves the right to verify my household's income.

- I am not claimed on another person's income tax return.
- I will renew my application every two years or when requested by Southwest Gas.

Entire application must be completed and signed.

PLEASE PRINT CLEARLY

Your name

Your home address (include apartment or space number)

City

State

ZIP Code

-

Southwest Gas account number

Contact phone number

Mailing address (if different from home address)

City

State

ZIP Code

I certify that the information I have provided in this application is true and correct. I agree to provide proof of income, if asked. I agree to inform Southwest Gas if I no longer qualify to receive the CARE discount. I understand that if I receive the CARE discount without meeting the qualifications I may be required to pay back the CARE discount I received. I understand that Southwest Gas can share my information with other utilities or their agents to enroll me in their assistance programs.

Customer Signature _____

Date _____



SOUTHWEST GAS

Do not staple

Please use tape to seal

Do not staple

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 821
Decision No. 08-12-019

Issued by
John P. Hester
Senior Vice President

Date Filed June 29, 2009
Effective _____
Resolution No. _____

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