



SOUTHWEST GAS CORPORATION

Donald L. Soderberg, Vice President/Pricing

April 8, 2010


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. 842

Dear Ms. Fitch:

Enclosed herewith are five (5) copies of Southwest Gas Corporation's Advice Letter No. 842, together with California Gas Tariff Sheet Nos. 7097-G through 7102-G.

Sincerely,



Donald L. Soderberg

DLS:kt
Enclosures



SOUTHWEST GAS CORPORATION

Advice Letter No. 842

April 8, 2010

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.
7097-G	Application for California Alternate - Rates for Energy (CARE) Program (Form 902.6 04/2010)	6899-G
7098-G	CARE Program Application for Tenants of Submetered Residential Facilities (Form 902.16 04/2010)	6900-G
7099-G	Application for California Alternate Rates for Energy (CARE) Program (Recertification) (Form 902.70 04/2010))	6927-G
7100-G	Table of Contents (<i>Continued</i>)	7010-G
7101-G	Table of Contents (<i>Continued</i>)	7050-G
7102-G	Table of Contents	7090-G

Purpose

The purpose of this filing is to update the California Alternate Rates for Energy (CARE) Program Application forms in Southwest's tariff.

Background

Pursuant to Section 8.5.8 of General Order 96-B, Southwest seeks to update its tariff with newly designed California Alternate Rates for Energy (CARE) Program forms. The CARE Program Application (Form 902.6), CARE Program Application for Submetered Residential Facilities (Form 902.16), and CARE Program Recertification Application (Form 902.70) have been modified to allow for improved scanning capabilities and also to incorporate Southwest's new *Smarter, Greener, Better* brand. To achieve this, redundant language has been removed and the form has been reorganized. The modifications, however, do not impose any new or delete any existing CARE Program requirements.



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April 8, 2010

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 May 8, 2010.

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

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

Southwest believes noticing requirements set forth in General Rule 4.2 of GO 96-B are not applicable since this filing will not increase any rate or charge, cause the withdrawal of service, or conflict with any other schedules or rules.

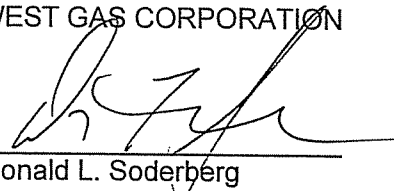
Service

In accordance with General Order 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


Donald L. Soderberg

DISTRIBUTION LIST

Advice Letter No. 842

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

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY (CARE) PROGRAM (FORM 902.6 04/2010)

Application for California Alternate Rates for Energy (CARE) Program

Get a discount on your gas bill!

CARE provides a 20% discount on your gas bill every month for income-qualified customers. This discount is available for your primary residence only. The Southwest Gas bill must be in your name. You may not be claimed as a dependent on another person's income tax return other than your spouse's. You will need to renew your application every two years or when requested by Southwest Gas.

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

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 gross annual income (from ALL sources)	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000
For each additional person, add \$7,400.					

CARE RATE APPLICATION

Entire application must be completed and signed. Please print clearly.

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 that apply):

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Wages or profit from self-employment | <input type="checkbox"/> Pensions | <input type="checkbox"/> Social Security or SSDI |
| <input type="checkbox"/> Disability or Workers' Compensation payments | <input type="checkbox"/> SSP or SSI | <input type="checkbox"/> Unemployment benefits |
| <input type="checkbox"/> Insurance or legal settlements | <input type="checkbox"/> TANF | <input type="checkbox"/> Spousal or child support |
| <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | | <input type="checkbox"/> Rental or royalty income |
| <input type="checkbox"/> Interest/dividends from: savings, stocks, bonds, or retirement accounts | | <input type="checkbox"/> Cash and/or other income |

Total combined gross annual household income:
\$,

Number of persons living in my household:
 + =
Adults Children Total

Your name

Your home address (include apartment or space number)

City

State

ZIP Code

- -

Southwest Gas account number

Contact phone number


Source Code (Southwest Gas Use Only) -

I certify that the information I have provided in this application is true and correct. I understand that Southwest Gas reserves the right to verify my household's income and I agree to provide proof of income, if asked. I agree to inform Southwest Gas within 30 days 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

Form 902.6 (04/2010) 320 Front Please moisten and seal.
Do not use tape. Do not staple.



SOUTHWEST GAS
smarter > greener > better™

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 842
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed April 8, 2010
Effective _____
Resolution No. _____

**CARE PROGRAM APPLICATION
FOR TENANTS OF SUBMETERED RESIDENTIAL FACILITIES
(FORM 902.16 04/2010)**

**CARE Program Application for Tenants
of Submetered Residential Facilities**

Get a discount on your gas bill!
CARE provides a 20% discount on your monthly gas bill for income-qualified customers.
QUALIFICATION for the CARE Program is based on your household income and household size.
REVIEW the chart below, and if you think you may qualify, complete and return entire 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 gross annual income (from ALL sources)	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000
For each additional person, add \$7,400.					

Entire application must be completed and signed. Please print clearly.

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 that apply):

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Wages or profit from self-employment | <input type="checkbox"/> Pensions | <input type="checkbox"/> Social Security or SSDI |
| <input type="checkbox"/> Disability or Workers' Compensation payments | <input type="checkbox"/> SSP or SSI | <input type="checkbox"/> Unemployment benefits |
| <input type="checkbox"/> Insurance or legal settlements | <input type="checkbox"/> TANF | <input type="checkbox"/> Spousal or child support |
| <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | | <input type="checkbox"/> Rental or royalty income |
| <input type="checkbox"/> Interest/dividends from: savings, stocks, bonds, or retirement accounts | | <input type="checkbox"/> Cash and/or other income |

Total combined gross annual household income \$,

Number of persons living in my household

<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
Adults		Children		Total

TENANT INFORMATION

Your name

Your home address (include apartment or space number)

City State ZIP Code

Mailing address (if different from home address)

City State ZIP Code

FACILITY LANDLORD OR MANAGER INFORMATION

Facility name

Southwest Gas account number (if available) - - Contact phone number - -

Facility address

City State ZIP Code

Source Code (Southwest Gas Use Only) S W G C - 7 5 0 0

I certify that I have read all information on both sides of this application and 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 and my landlord or manager within 30 days 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.

Tenant Signature _____ Date _____

Form 902.16 (04/2010) 320 Front
Seal with tape to form postage-paid reply envelope.
Do not use staples.



IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (RECERTIFICATION) (FORM 902.70 04/2010)

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

Get a discount on your gas bill!

CARE provides a 20% discount on your gas bill every month for income-qualified customers. This discount is available for your primary residence only. The Southwest Gas bill must be in your name. You may not be claimed as a dependent on another person's income tax return other than your spouse's. You will need to renew your application every two years or when requested by Southwest Gas.

Qualification for the CARE Program is based on your household income and household size. 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 gross annual income (from ALL sources)	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000

For each additional person, add \$7,400.

CARE RATE APPLICATION

Entire application must be completed and signed. Please print clearly.

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 that apply):

- | | | | |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Wages or profit from self-employment | <input type="checkbox"/> Pensions | <input type="checkbox"/> Social Security or SSDI | <input type="checkbox"/> Spousal or child support |
| <input type="checkbox"/> Disability or Workers' Compensation payments | <input type="checkbox"/> SSP or SSI | <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Rental or royalty income |
| <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | <input type="checkbox"/> TANF | <input type="checkbox"/> Insurance or legal settlements | <input type="checkbox"/> Cash and/or other income |
| <input type="checkbox"/> Interest/dividends from: savings, stocks, bonds, or retirement accounts | | | |

Total combined gross annual household income: \$

Number of persons living in my household: + =
Adults Children Total

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

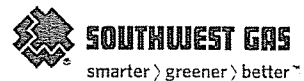
Source Code (Southwest Gas Use Only) **S|W|G|C - 8|0|0|5**

I certify that the information I have provided in this application is true and correct. I understand that Southwest Gas reserves the right to verify my household's income and I agree to provide proof of income, if asked. I agree to inform Southwest Gas within 30 days 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 _____

Seal with tape to form postage-paid reply envelope.
Do not use staples.



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Advice Letter No. 842
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Issued by
John P. Hester
Senior Vice President

Date Filed April 8, 2010
Effective _____
Resolution No. _____

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130.6	General Requirements Addendum to Contract for Extension of Gas Line (06/2006)	6491-G
130.7	Service Agreement – California (11/1992)	3957-G
130.16	Applicant Installation Cost Verification/ Statement of Refundable Costs for Applicant Installation (12/2003)	5791-G*
334.0	Gas Contract for Installation of Gas Service Facilities–Ingress/Egress Permit (12/2003)	6492-G
336.0	Agreement for Transfer of Ownership of Distribution Systems (08/1998)	5512-G
337.0	Excess Flow Valve Customer Notification For New and Replacement Service Lines (08/2006)	6493-G
402.0	Non-Interest Bearing Sales Contract (05/1997)	5514-G
415.0	Customer Trench Requirements (06/2003)	6494-G
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902.4	Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities (06/2009)	6926-G
902.70	Application for California Alternate Rates for Energy (CARE) Program (Recertification) (04/2010)	7099-G
913.45	California Low-Income Energy Efficiency (LIEE) Program Customer Agreement (06/2007)	6538-G
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860.4	Invoice/Statement (04/1991)	3447-G
925.0	Remittance Return (07/1999)	5519-G
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The following listed sheets contain all the effective rates and rules affecting rates and service and information relating thereto in effect on and after the date indicated thereon.

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