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**SOUTHWEST GAS CORPORATION**

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ENERGY DIVISION

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Donald L. Soderberg, Vice President/Pricing

**PLEASE STAMP AND RETURN IN  
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ADDRESSED ENVELOPE**

May 13, 2010

Attention: Julie A. 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. 844

Dear Ms. Fitch:

Enclosed herewith are five (5) copies of Southwest Gas Corporation's Advice Letter No. 844, together with California Gas Tariff Sheet Nos. 7115-G through 7124-G.

Sincerely,

Donald L. Soderberg

DLS:vo  
Enclosures



# SOUTHWEST GAS CORPORATION

Advice Letter No. 844

May 13, 2010

## PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Southwest Gas Corporation (Southwest) (U 905 G) tenders herewith for filing revisions to its tariff, which affect the following tariff sheets:

### California Gas Tariff

Cal P.U.C. Sheet No.	Title of Sheet	Canceling Cal P.U.C. Sheet No.
7115-G	Schedule No. GS-12/GN-12/SLT-12 - CARE Residential Gas Service ( <i>Continued</i> )	6897-G
7116-G	Schedule No. GS-35/GN-35/SLT-35 – Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service	6898-G
7117-G	Application for California Alternate Rates for Energy (CARE) Program (Form 902.6 05/2010)	6899-G
7118-G	CARE Program Application for Tenants of Submetered Residential Facilities (Form 902.16 05/2010)	6900-G
7119-G	Application for California Alternate Rates for Energy (CARE) Program (Recertification) (Form 902.70 05/2010)	6927-G
7120-G	Table of Contents ( <i>Continued</i> )	7088-G
7121-G	Table of Contents ( <i>Continued</i> )	6929-G
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7123-G	Table of Contents ( <i>Continued</i> )	6930-G
7124-G	Table of Contents	7090-G

### Purpose

The purpose of this filing is to comply with Commission Resolution E-2524 and the April 23, 2010, notice from the Energy Division. The notice directs all energy utilities to revise their respective tariffs and applicable forms to reflect the Commission's annual adjustment of income criteria for the California Alternate Rates for Energy (CARE) and Low Income Energy Efficiency (LIEE) programs eligibility.



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May 13, 2010

**Effective Date**

Southwest believes this Advice Letter is subject to Energy Division disposition and should be classified as Tier 1 (effective pending disposition) pursuant to General Order (GO) 96-B. Southwest respectfully requests that the tariff sheets filed herein be made effective June 1, 2010, pursuant to the April 23, 2010 notice.

**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 a 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 or 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 GO 96-B since this advice letter is filed in compliance with Resolution E-3524 and the April 23, 2010 notice.

**Service**

In accordance with GO 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

Attachments

DISTRIBUTION LIST

Advice Letter No. 844

In Conformance with GO 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-12/GN-12/SLT-12

CARE RESIDENTIAL GAS SERVICE  
*(Continued)*

SPECIAL CONDITIONS

1. To be eligible for service under this schedule, the total gross annual income, both taxable and nontaxable, from all sources for all persons in the applicant's household may not exceed the income limits shown below.

These income limits are effective from June 1, 2009 through May 31, 2010.

<u>Number of Persons In Household</u>	<u>Total Gross Annual Income</u>
1 or 2	\$31,300
3	36,800
4	44,400
5	52,000
6	59,600

For households with more than six persons, add \$7,600 annually for each additional person residing in the household.

A person who is claimed as a dependent on another person's income tax return is not eligible for service under this schedule.

An approved application and declaration of eligibility form is required from each customer for service under this schedule. Recertification will be required every two years and whenever a customer moves.

Service under this schedule is for residential purposes at only one residential location at any one time and is applicable only to a customer's permanent primary residence.

2. Eligible customers shall be billed on this schedule commencing with the next regularly scheduled billing period after receipt and approval of application by the Company.
3. Eligibility information provided by the customer on the application form may be subject to verification by the Company. Refusal or failure of a customer to provide documentation of eligibility acceptable to the Company, upon request of the Company, shall result in removal from this schedule.

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

AGRICULTURAL EMPLOYEE HOUSING AND  
NONPROFIT GROUP LIVING FACILITY GAS SERVICE

APPLICABILITY

Applicable to gas service for nonprofit group living facilities, as defined in Rule No. 1, where a minimum of 70 percent of the gas consumed under this schedule is for residential purposes, and to qualified migrant housing centers; privately-owned employee housing; or agricultural employee housing operated by nonprofit organizations.

TERRITORY

Throughout the Company's certificated California service areas, except as may hereafter be provided.

RATES

The commodity charges and basic service charge are set forth in the currently-effective Statement of Rates of this California Gas Tariff and are incorporated herein by reference.

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

Minimum Charge:

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

SPECIAL CONDITIONS

A. NONPROFIT GROUP LIVING FACILITIES

1. To be eligible for service under this schedule, the total gross annual income, both taxable and nontaxable, from all sources for each resident residing in the nonprofit group living facility may not exceed the Commission's CARE eligibility income level shown below for a single-person household, and each resident may not be claimed as a dependent on another person's income tax return.

	<u>Total Gross Annual Income</u>
Each Resident	\$31,300

The above income limit is effective from June 1, 2009 through May 31, 2010

APPLICATION FOR CALIFORNIA ALTERNATE RATES  
FOR ENERGY (CARE) PROGRAM (FORM 902.6 05/2010)

**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, 2010 through May 31, 2011)

Number of persons living in my home	1 or 2	3	4	5	6
<b>Total combined gross annual income (from ALL sources)</b>	<b>\$31,300</b>	<b>\$36,800</b>	<b>\$44,400</b>	<b>\$52,000</b>	<b>\$59,600</b>

**For each additional person, add \$7,600.**

**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

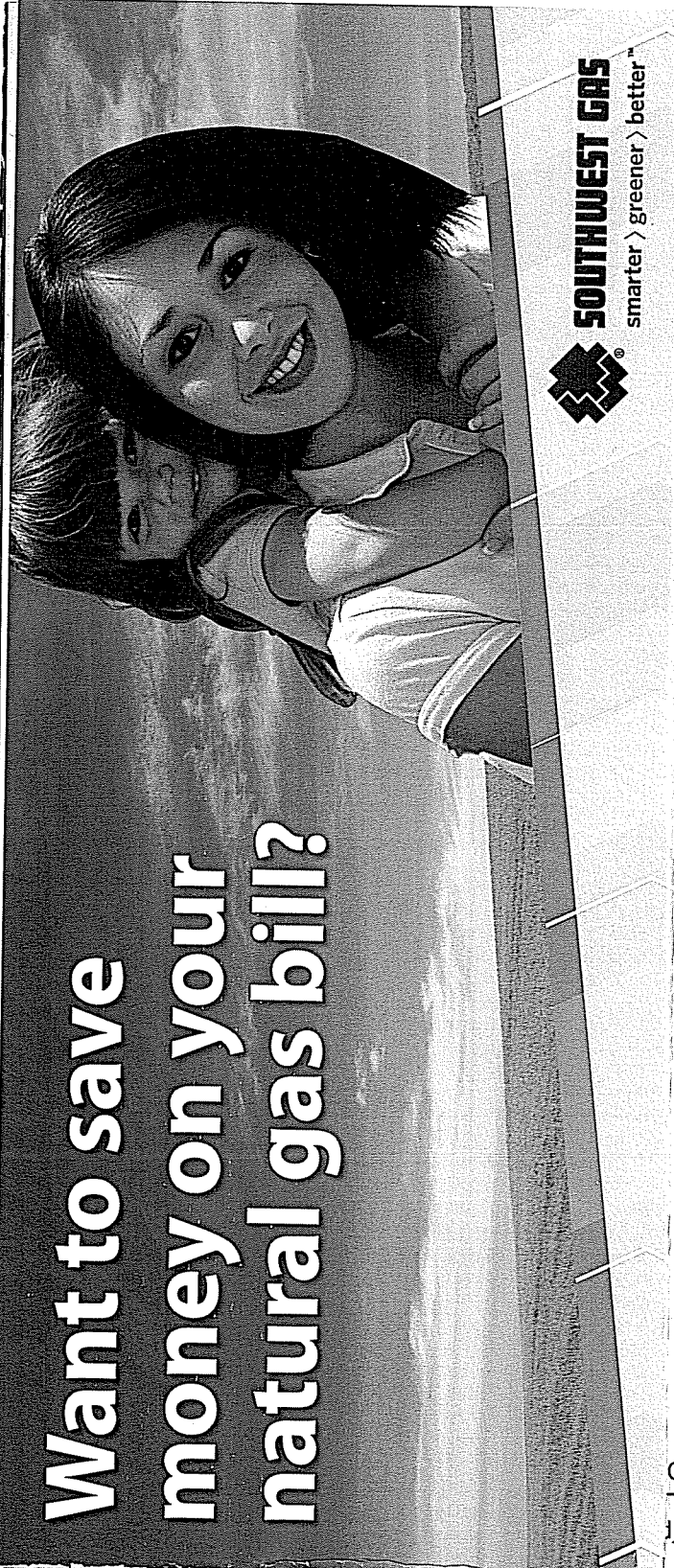
Southwest Gas account number

Contact phone number





APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR  
ENERGY (CARE) PROGRAM (RECERTIFICATION) (FORM 902.70 05/2010)



IF A

COMPANY

Advice Letter No. \_\_\_\_\_  
Decision No. \_\_\_\_\_

Senior Vice President

Resolution No. \_\_\_\_\_

May 13, 2010  
June 1, 2010  
E-3524

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