

Donald L. Soderberg, Vice President/Pricing

May 13, 2011

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. 867

Dear Ms. Fitch:

Enclosed herewith are five (5) copies of Southwest Gas Corporation's Advice Letter No. 867, together with California Gas Tariff Sheet Nos. 7315-G through 7324-G.

Sincerely

Donald L. Soderberg

DLS:kt Enclosures



Advice Letter No. 867

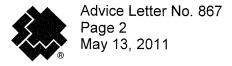
May 13, 2011

### 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**

	California Gas Tariff							
Cal P.U.C. Sheet No.	Title of Sheet	Canceling Cal P.U.C. Sheet No.						
7315-G	Schedule No. GS-12/GN-12/SLT-12 - CARE Residential Gas Service (Continued)	7115-G*						
7316-G	Schedule No. GS-35/GN-35/SLT-35 – Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service	7116-G*						
7317-G	Application for California Alternate Rates for Energy (CARE) Program (Form 902.6 05/2011)	7117-G						
7318-G	CARE Program Application for Tenants of Submetered Residential Facilities (Form 902.16 05/2011)	7118-G						
7319-G	Application for California Alternate Rates for Energy (CARE) Program (Recertification) (Form 902.70 05/2011)	7119-G						
7320-G	Table of Contents (Continued)	7312-G						
7321-G	Table of Contents (Continued)	7121-G*						
7322-G	Table of Contents (Continued)	7248-G						
7323-G	Table of Contents (Continued)	7123-G						
7324-G	Table of Contents	7314-G						



#### Purpose

The purpose of this filing is to comply with Commission Resolution E-3524 and the April 27, 2011, 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 eligibility for the California Alternate Rates for Energy Program (CARE) and the Energy Savings Assistance Program (formerly known as the Low Income Energy Efficiency/LIEE).

In addition to updating the income eligibility guidelines, the forms have been updated with the following: 1) ".00" and "per year" were included under the "Total Combined Gross Annual Household Income" section, 2) "/gas service" was inserted under the boxes where the applicant provides their home address, and 3) Low Income Energy Efficiency (LIEE) was replaced with the new program name, Energy Savings Assistance Program

#### **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, 2011, pursuant to the April 27, 2011 notice.

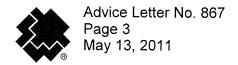
#### **Protest**

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 27, 2011 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

Donald L Soderberg

Attachments

#### **DISTRIBUTION LIST**

Advice Letter No. 867
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

	Revised	Cal. P.U.C. Sheet No.	7315-G
Canceling	Original	Cal. P.U.C. Sheet No.	7115-G*

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Schedule Nos. GS-12/GN-12/SLT-12

# <u>CARE RESIDENTIAL GAS SERVICE</u> (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, 2011 through May 31, 2012.

Number of Persons <u>In Household</u>	Total Gross <u>Annual Income</u>
1 or 2	\$31,800
3	37,400
4	45,100
5	52,800
6	60,500

For households with more than six persons, add \$7,700 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.

	Issued by	Date Filed	<u>May 13,</u> 2011	
Advice Letter No. 867	John P. Hester	Effective	June 1, 2011	
Decision No	Senior Vice President	Resolution No	E-3524	

	Revised	Cal. P.U.C.	Sheet No.	7316-G
Canceling	Original	Cal. P.U.C.	Sheet No.	

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.

Total Gross Annual Income

Each Resident

\$31,800

The above income limit is effective from June 1, 2011 through May 31, 2012.

Advice Letter No. 867 | Issued by Date Filed May 13, 2011 |
Decision No. Senior Vice President Resolution No. E-3524

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Revised Cal. P.U.C. Sheet No. 7317-G Revised Cal. P.U.C. Sheet No. 7117-G

#### APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (FORM 902.6 05/2011)

#### **Application for California Alternate** Rates for Energy (CARE) Program

7/27/49 - 20 20 20 20 20 20 20 20 20 20 20 20 20		7			
discount is available for your primary reside	ence only. T	ne Southwes	st Gas bill m	iust be in vou	r name. You
You will need to renew your application ev	ery two yea	rs or when re	equested b	v Southwest	Gas.
Review the chart below, and if you think	you may q	ualify, com	plete and r	eturn this a	pplication.
Maximum Household Income: (effective )					
ARE provides a 20% discount on your gas bill every month for income-qualified customers. This scount is available for your primary residence only. The Southwest Gas bill must be in your name. You are not be claimed as a dependent on another person's income tax return other than your spouse's, uselfication for the CARE Program is based on your household income and household size, which the chart below, and if you think you may qualify, complete and return this application.  CARE Program Income Requirements  Taximum Household Income: reflective June 1, 2011 through May 31, 2012)  Taximum Household Income: reflective June 1, 2011 through May 31, 2012)  Taximum Household Income: sale reflective June 1, 2011 through May 31, 2012)  Taximum Household Income: S31,800 S37,400 S45,100 S52,800 S60,500 For each additional person, add \$7,700.  CARE RATE APPLICATION  Three application must be completed and signed. Please print clearly.  **cefinition of "gross (before taxes) household income" is all money and noneash benefits available for living expenses and is ources, both taxable and nontaxable, before deductions, including expenses, for all people who live in your home. It includes, but is not limited to, the following (please chack (c) ALL that apply):  Wages or profit from self-employment   Pensions   Social Security or SSDI   Unemployment benefits   Insurance or legal settlement   Scholarships, grants, or other aid used for living expenses   TANE   Spousal or child support   Rental or royalty income   Taximum   Rental or royalty income   Taximum					
(from ALL sources)	3 10 2 2	A.B. (A.E.)			Sec. 15 (1997) (2)
CARE	RATEAPP	LICATION	6 7 8		5 1 1 2 1
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For

		Issued by	Date Filed	May 13, 2011
Advice Letter No	867	John P. Hester	Effective	June 1, 2011
Decision No		Senior Vice President	Resolution No	E-3524

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	 Revised	Cal. P.U.C.	Sheet No
Canceling	Original	Cal. P.U.C.	Sheet No

7318-G 7118-G

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# CARE PROGRAM APPLICATION

FOR TENANTS OF SUBMETERED RESIDENTIAL FACILITIES (FORM 902.16 05/2011)
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, 2011 through May 31, 2012)
Number of persons living in my home 1 or 2 3 4 5 6  Total combined gross annual income \$31,800 \$37,400 \$45,100 \$52,800 \$60,500 (from ALL sources)  For each additional person, add \$7,700.
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):
Wages or profit from self-employment
Total combined gross annual household income:  Number of persons living in my household  Adults Children Total
TENANT INFORMATION  Your name
Your home address (include apartment or space number)
Mailing address (if different from home address)
City State ZIP code FACILITY LANDLORD OR MANAGER INFORMATION
Facility name
Southwest Gas facility account number (if available)  Contact phone number
Facility address
City State ZIP code
Source Code (Southwest Gas Use Only) SWGC - 7500
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 (05/20) 11320
Seal with tape to form postage-paid reply envelope, Do not use staples.  SOUTHWEST GAS smarter \( \) greener \( \) better \( \)
IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY
Issued by Date Filed May 13, 2011

	Issued by	Date Filed	May 13, 2011	
Advice Letter No. 867	John P. Hester	Effective	June 1, 2011	
Decision No	Senior Vice President	Resolution No.	E-3524	

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Revised Cal. P.U.C. Sheet No. 7319-G

California Gas Tariff

Original/Revised Cal. P.U.C. Sheet No.

#### APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (RECERTIFICATION) (FORM 902.70 05/2011)

#### 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

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Advice Letter No.\_\_\_\_\_867 Decision No.

Issued by John P. Hester Senior Vice President

May 13, 2011 Date Filed June 1, 2011 Effective Resolution No.\_\_\_

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Revised Cal. P.U.C. Sheet No. <u>7320-G</u> Revised Cal. P.U.C. Sheet No. <u>7312-G</u> Revised

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Advice Letter No.\_\_\_\_\_867 Decision No.\_\_\_\_

Issued by John P. Hester Senior Vice President

May 13, 2011 June 1, 2011 Date Filed Effective\_ E-3524 Resolution No.\_\_

Revised Cal. P.U.C. Sheet No. 7321-G
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Revised Cal. P.U.C. Sheet No. 7322-G Revised Cal. P.U.C. Sheet No. 7248-G

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130.16	Applicant Installation Cost Verification/ Statement of Refundable Costs for Applicant Installation (12/2003)	5791-G*
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902.6	Application for California Alternate Rates for Energy (CARE) Program (05/2009)	7317-G

	Issued by	Date Filed	<u>IMay 13, 2011</u>	
Advice Letter No. 867	John P. Hester	Effective	June 1, 2011	
Decision No	Senior Vice President	Resolution No.	E-3524	

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Revised Cal. P.U.C. Sheet No. 7323-G
Canceling Revised Cal. P.U.C. Sheet No. 7123-G

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941.0	Invoice Gas Sales and Transportation (02/2001)	5522-G

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Cal. P.U.C. Sheet No. 7314-G

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	issued by	Date Filed	May 13, 2011
Advice Letter No. 867	John P. Hester	Effective	June 1, 2011
Decision No	Senior Vice President	Resolution No	E-3524