

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



January 10, 2014

Advice Letter 926-G

Don Soderberg, Vice-President/Pricing
Southwest Gas Corporation
P O Box 98510
Las Vegas, NV 89193-8510

**SUBJECT: ADJUSTMENT OF INCOME CRITERIA FOR CARE PROGRAM
ELIGIBILITY PURSUANT TO AB 327**

Dear Mr. Soderberg:

Advice Letter 926-G is effective January 1, 2014.

Sincerely,

A handwritten signature in cursive script that reads "Edward F. Randolph".

Edward F. Randolph, Director
Energy Division



SOUTHWEST GAS CORPORATION

Justin Lee Brown, Vice President/Pricing

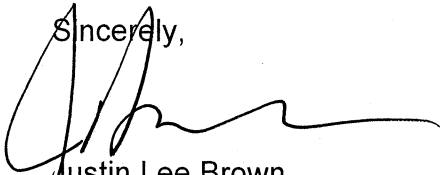
November 27, 2013

ATTN: Tariff Unit
Energy Division
California Public Utilities Commission
505 Van Ness Avenue, Room 4005
San Francisco, CA 94102

Subject: Southwest Gas Corporation (U 905 G)
Advice Letter No. 926

Enclosed herewith is one (1) copy of Southwest Gas Corporation's Advice Letter No. 926, together with California Gas Tariff Sheet Nos. 6, 85, 94, 296, 298, and 299.

Sincerely,



Justin Lee Brown

JLB:kt
Enclosures



SOUTHWEST GAS CORPORATION

® Advice Letter No. 926

November 27, 2013

**PUBLIC UTILITIES COMMISSION
OF THE STATE OF CALIFORNIA**

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

California Gas Tariff

<u>Cal P.U.C. Sheet No.</u>	<u>Title of Sheet</u>	<u>Canceling Cal P.U.C. Sheet No.</u>
6th Revised Sheet No. 6	Table of Contents (<i>Continued</i>)	5th Revised Sheet No. 6
4th Revised Sheet No. 85	Schedule No. GS-12/GN-12/SLT-12 - CARE Residential Gas Service (<i>Continued</i>)	3rd Revised Sheet No. 85
4th Revised Sheet No. 94	Schedule No. GS-35/GN-35/SLT-35 – Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service	3rd Revised Sheet No. 94
4th Revised Sheet No. 296	Application for California Alternate Rates for Energy (CARE) Program (Form 902.6 01/2014)	3rd Revised Sheet No. 296
4th Revised Sheet No. 298	CARE Program Application for Tenants of Submetered Residential Facilities (Form 902.16 01/2014)	3rd Revised Sheet No. 298
4th Revised Sheet No. 299	Application for California Alternate Rates for Energy (CARE) Program (Recertification) (Form 902.70 01/2014)	3rd Revised Sheet No. 299

Purpose

The purpose of this filing is to revise the above listed tariff sheets in compliance with Assembly Bill (AB) 327, which revises Section 739.1 (a) of the Public Utilities (PU) Code to require that the California Alternate Rates for Energy Program (CARE) eligibility for a one-person household be based on income guidelines for a two-person household. AB 327 was approved by the Governor on October 7, 2013, and becomes effective January 1, 2014.

In addition to updating the CARE income guidelines, the contractor phone number for the Energy Savings Assistance Program has been changed to Richard Heath and Associates (RHA) contact information. RHA is now administering the contractors for both Southern and Northern California to provide customers with one point of contact. Doing so will ensure that customers enroll with the appropriate contractor in their area.



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November 27, 2013

Effective Date

Southwest Gas 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 (GO) 96-B. Southwest Gas respectfully requests that the tariff sheets filed herein be made effective January 1, 2014.

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. Justin Lee Brown
Vice President/Pricing
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, Nevada 89193-8510
Facsimile: 702-222-1475

Notice

Pursuant to Energy Industry Rule 3.1(1), Southwest Gas 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 AB 327.

Service

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



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November 27, 2013

Communications regarding this filing should be directed to:

Ed Giesecking
Director/Pricing and Tariffs
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, NV 89193-8510
Telephone: 702-364-3271
E-mail: ed.giesecking@swgas.com

Debra S. Gallo
Director/Government and State Regulatory
Affairs
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, NV 89193-8510
Telephone: 702-876-7163
E-mail: debra.gallo@swgas.com

Respectfully submitted,

SOUTHWEST GAS CORPORATION

By

A handwritten signature in black ink, appearing to read "Justin Lee Brown", written over a horizontal line.

Justin Lee Brown

Attachments

DISTRIBUTION LIST

Advice Letter No. 926

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

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<u>SAMPLE FORMS</u> <u>FORM NO.</u>	<u>AGREEMENTS, APPLICATIONS & CONTRACTS</u>	<u>CAL. P.U.C.</u> <u>SHEET NOS.</u>
902.6	Application for California Alternate Rates for Energy (CARE) Program (01/2014)	296
902.15	Customer Declaration of Eligibility for Baseline Rates (California) (06/2010)	297
902.16	CARE Program Application for Tenants of Submetered Residential Facilities (01/2014)	298
902.70	Application for California Alternate Rates for Energy (CARE) Program (Recertification) (01/2014)	299
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860.4	Invoice/Statement (04/1991)	305
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927.0	Customer Bill (01/2010)	307
936.0	Excess Service Statement (08/2008)	308
941.0	Invoice – Gas Sales and Transportation (10/2010)	309

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 January 1, 2014 through May 31, 2014.

<u>Number of Persons In Household</u>	<u>Total Gross Annual Income</u>	<u>Number of Persons In Household</u>	<u>Total Gross Annual Income</u>
1 - 2	\$31,020	6	\$63,180
3	\$39,060	7	\$71,220
4	\$47,100	8	\$79,260
5	\$55,140		

For households with more than six persons, add \$8,040 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 of this California Gas Tariff, 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 of this California Gas Tariff.

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 program 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>
1 – 2 Persons	\$31,020

The above income limit is effective from January 1, 2014 through May 31, 2014.

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (FORM 902.6 01/2014)

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.

Number of persons living in my home	1 - 2	3	4	5	6	7	8
Total combined gross annual income (from ALL sources)	\$31,020	\$39,060	\$47,100	\$55,140	\$63,180	\$71,220	\$79,260

For each additional person, add \$8,040.

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: \$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . 00 per year	Number of persons living in my household: <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td><input style="width: 20px;" type="text"/></td> <td>+</td> <td><input style="width: 20px;" type="text"/></td> <td>=</td> <td><input style="width: 20px;" type="text"/></td> </tr> <tr> <td style="text-align: center;">Adults</td> <td></td> <td style="text-align: center;">Children</td> <td></td> <td style="text-align: center;">Total</td> </tr> </table>	<input style="width: 20px;" type="text"/>	+	<input style="width: 20px;" type="text"/>	=	<input style="width: 20px;" type="text"/>	Adults		Children		Total
<input style="width: 20px;" type="text"/>	+	<input style="width: 20px;" type="text"/>	=	<input style="width: 20px;" type="text"/>							
Adults		Children		Total							

Your name (as shown on Southwest Gas bill)

Your home / gas service address (include apartment or space number)

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
City	State	ZIP Code	

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Southwest Gas account number	-	-	-	-	-	-

Southwest Gas account number

Contact phone number

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

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 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 (01/2014) 320 Front

*Please moisten and seal.
Do not use tape. Do not staple.*



IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 926
 Decision No. _____

Issued by
 John P. Hester
 Senior Vice President

Date Filed November 27, 2013
 Effective January 1, 2014
 Resolution No. _____

**CARE PROGRAM APPLICATION FOR TENANTS OF
SUBMETERED RESIDENTIAL FACILITIES (FORM 902.16 01/2014)**

**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 (effective January 1, 2014 through May 31, 2014)

Maximum Household Income (current household income from all sources before deductions):

Number of persons living in my home	1-2	3	4	5	6	7	8
Total combined gross annual income (from ALL sources)	\$31,020	\$39,060	\$47,100	\$55,140	\$63,180	\$71,220	\$79,260

For each additional person, add \$8,040.

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
- Disability or Workers' Compensation payments
- Insurance or legal settlements
- Scholarships, grants, or other aid used for living expenses
- Interest/dividends from: savings, stocks, bonds, or retirement accounts
- Pensions
- SSP or SSI
- TANF
- Social Security or SSDI
- Unemployment benefits
- Spousal or child support
- Rental or royalty income
- Cash and/or other income

Total combined gross annual household income: \$, .00 per year

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

TENANT INFORMATION

Your name (as shown on Southwest Gas bill)

Your home address (include apartment or space number)

- -

City ZIP code Contact phone 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 (01/2014) 320
Seal with tape to form postage-paid reply envelope.
Do not use staples.



IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY ENERGY UTILITY

MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No. **Southwest Gas Corporation (U 905 G)**

Utility type:

ELC GAS

PLC HEAT WATER

Contact Person: **Edward Gieseking**

Phone #: **(702) 364-3271**

E-mail: **ed.gieseking@swgas.com**

EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas
PLC = Pipeline HEAT = Heat WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: **926**

Subject of AL: **Adjustment of income criteria for CARE Program eligibility pursuant to AB 327**

Keywords (choose from CPUC listing): **CARE.**

AL filing type: Monthly Quarterly Annual One-Time Other _____

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #: **AB 327**

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL **Not applicable**

Summarize differences between the AL and the prior withdrawn or rejected AL¹: **Not applicable**

Resolution Required? Yes No

Requested effective date: **January 1, 2014**

No. of tariff sheets: **6**

Estimated system annual revenue effect (%): **Not applicable**

Estimated system average rate effect (%): **Not applicable**

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: **Schedule Nos. GS-12/GN-12/SLT-12 and GS-35/GN-35/SLT-35**

Service affected and changes proposed¹: **See 'Subject of AL' above**

Pending advice letters that revise the same tariff sheets: **Not applicable**

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:

**CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Ave.,
San Francisco, CA 94102
mas@cpuc.ca.gov and jnj@cpuc.ca.gov**

**Utility Info (including e-mail)
Mr. John P. Hester, Sr. Vice-Pres.
Reg. Affairs & Energy Resources
Southwest Gas Corporation
P. O. Box 98510
Las Vegas, NV 89193-8510
john.hester@swgas.com
Facsimile: 702-876-7037**

¹ Discuss in AL if more space is needed.