

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



June 2, 2015

Advice Letter 972-G

Justin Lee Brown
Vice-President/Regulatory Affairs
Southwest Gas Corporation
PO Box 98510
Las Vegas, NV 89193-8510

**SUBJECT: ANNUAL ADJUSTMENT OF INCOME CRITERIA FOR CARE AND
ESA PROGRAM ELIGIBILITY**

Dear Mr. Brown:

Advice Letter 972-G is effective as of June 1, 2015.

Sincerely,

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

Edward Randolph
Director, Energy Division



SOUTHWEST GAS CORPORATION

Justin Lee Brown, Vice President/Regulation and Public Affairs

May 1, 2015

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. 972

Enclosed herewith is one (1) copy of Southwest Gas Corporation's Advice Letter No. 972, together with California Gas Tariff Sheet Nos. 5, 6, 85, 94, 294 – 296, 298, and 299.

Sincerely,

Justin Lee Brown
Vice President/Regulation & Public Affairs

JLB:kml
Enclosures



SOUTHWEST GAS CORPORATION

Advice Letter No. 972

May 1, 2015

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

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

Cal. P.U.C. Sheet No.	California Gas Tariff Title of Sheet	Canceling Cal. P.U.C. Sheet No.
10th Revised Sheet No. 5	Table of Contents (Continued)	9th Revised Sheet No. 5
13th Revised Sheet No. 6	Table of Contents (Continued)	12th Revised Sheet No. 6
6th Revised Sheet No. 85	Schedule Nos. GS-12/GN-12/SLT-12 - CARE Residential Gas Service (Continued)	5th Revised Sheet No. 85
6th Revised Sheet No. 94	Schedule Nos. GS-35/GN-35/SLT-35 - Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service	5th Revised Sheet No. 94
1st Revised Sheet No. 294	Application for Qualified Nonprofit Group Living Facilities for California Alternate Rates for Energy (CARE) Program (FORM 902.2 – 04/2015)	Original Sheet No. 294
1st Revised Sheet No. 295	Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities (FORM 902.4 – 04/2015)	Original Sheet No. 295
6th Revised Sheet No. 296	Application for California Alternate Rates for Energy (CARE) Program (New and Recertification) (FORM 902.6 – 05/2015)	5th Revised Sheet No. 296
6th Revised Sheet No. 298	CARE Program Application for Tenants of Submetered Residential Facilities (CARE) Program (New and Recertification) (FORM 902.16 – 05/2015)	5th Revised Sheet No. 298
6th Revised Sheet No. 299	Application for California Alternate Rates for Energy (CARE) Program (Re-Enrollment) (FORM 902.70 – 05/2015)	5th Revised Sheet No. 299



Purpose

The purpose of this filing is to comply with Energy Division's March 2, 2015, Annual Income Guidelines Letter that directs all investor owned and small multi-jurisdictional utilities to update the income guidelines for the California Alternate Rates for Energy (CARE) and Energy Savings Assistance (ESA) Programs. The utilities were requested to update their respective tariffs and applicable forms to reflect the Public Utility (PU) Code §739.1(a) annual household income guideline requirement, which are no greater than 200 percent of the Federal poverty guideline levels.

Additionally, Southwest Gas has included the following revisions to CARE Program forms:

- Updated to conform with other CARE Program materials.
 - Form No. 902.2 - Application for Qualified Nonprofit Group Living Facilities for CARE Program
 - Form No. 902.4 - Application for CARE Program for Qualified Agricultural Employee Housing Facilities

Southwest Gas also updated its Tariff to clarify the use of its CARE forms for new enrollees, recertifying existing participants and the re-enrollment of participants previously removed from the program.

- Form No. 902.6 - Application for CARE Program (New and Recertification)
- Form No. 902.16 - CARE Program Application for Tenants of Submetered Residential Facilities (New and Recertification)
- Form No. 902.70 - Application for CARE Program (Re-Enrollment)

Effective Date

Southwest Gas believes this Advice Letter is subject to Energy Division disposition and should be classified as Tier 2 (effective after Energy Division approval) pursuant to General Order (G.O.) 96-B. Southwest Gas respectfully requests that the tariff sheets filed herein be made effective June 1, 2015, pursuant to the Energy Division's notice dated March 2, 2015.

Protest

Anyone may protest this Advice Letter to the Commission. The protest must state the grounds upon which it is based with specificity, and should be submitted expeditiously. The protest must be sent no later than 20 days after the date of this Advice Letter filing and shall be sent by letter via U.S. Mail, facsimile, or electronically mailed. The address for mailing or delivering a protest to the Commission is:

Energy Division
California Public Utilities Commission
Attention: Investigation, Monitoring & Compliance Program Manager
505 Van Ness Avenue, Room 4002
San Francisco, CA 94102
E-mail: edtariffunit@cpuc.ca.gov
Facsimile: 415-703-2200



Advice Letter No. 972
Page 3
May 1, 2015

Protest (Continued)

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

Mr. Justin Lee Brown
Vice President/Regulation & Public Affairs
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, NV 89193-8510
Facsimile: 702-364-3452

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 G.O. 96-B since this advice letter is filed in accordance with the Energy Division's March 2, 2015, Annual Income Guidelines notice.

Service

In accordance with G.O. 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.

Communications regarding this filing should be directed to:

Valerie J. Ontiveroz
Regulatory Manager/California
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, NV 89193-8510
Telephone: 702-876-7323
E-mail: valerie.ontiveroz@swgas.com

Respectfully submitted,

SOUTHWEST GAS CORPORATION

By: 

Justin Lee Brown

Attachments

Distribution List

Advice Letter No. 972

In conformance with General Order 96-B, General Rule 4.3

The following individual has been served by regular, first-class mail:

Joe Como, Acting Director
Office of Ratepayer Advocates
California Public Utilities Commission
505 Van Ness Avenue, 4th Floor
San Francisco, CA 94105

The following individuals or entities have been served by electronic mail:

Pacific Gas & Electric Company
PG&ETariffs@pge.com

Southern California Gas Company
SNewsom@semprautilities.com

San Diego Gas & Electric Company
SDG&ETariffs@SempraUtilities.com

Robert M. Pocta
Office of Ratepayer Advocates
California Public Utilities Commission
rmp@cpuc.ca.gov

Nathaniel Skinner
Office of Ratepayer Advocates
California Public Utilities Commission
nws@cpuc.ca.gov

Pearlie Sabino
Office of Ratepayer Advocates
California Public Utilities Commission
pzs@cpuc.ca.gov

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 905G)**

Utility type:

ELC **GAS**
 PLC HEAT WATER

Contact Person: **Valerie Ontiveroz**

Phone #: **(702) 876-7323**

E-mail: **valerie.ontiveroz@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) #: **972**

Subject of AL: **Annual adjustment of income criteria for CARE and ESA Program eligibility**

Keywords (choose from CPUC listing): **CARE/ESA Compliance Filing**

AL filing type: Monthly Quarterly Annual One-Time Other

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

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: **June 1, 2015**

No. of tariff sheets: **7**

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
E-mail: edtariffunit@cpuc.ca.gov

Utility Info (including e-mail)
Mr. Justin Lee Brown,
Vice-President/Regulation & Public Affairs
Southwest Gas Corporation
P. O. Box 98510
Las Vegas, NV 89193-8510
E-mail: justin.brown@swgas.com
Facsimile: 702-364-3452

¹ Discuss in AL if more space is needed.

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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, 2015 through May 31, 2016.

<u>Number of Persons in Household</u>	<u>Total Gross Annual Income</u>
1 - 2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780

For households with more than six persons, add \$8,320 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>Household Size</u>	<u>Total Gross Annual Income</u>
1 - 2	\$31,860

The above income limit is effective from June 1, 2015 through May 31, 2016.

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**APPLICATION FOR QUALIFIED NONPROFIT GROUP
LIVING FACILITIES FOR CALIFORNIA ALTERNATE
RATES FOR ENERGY (CARE) PROGRAM (FORM 902.2 - 04/2015)**



SOUTHWEST GAS CORPORATION

**APPLICATION FOR QUALIFIED NONPROFIT GROUP LIVING FACILITIES
FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM**

Discount

If qualified, a nonprofit group living facility will be eligible for a 20% discount on all rate elements of that portion of its bill for energy serving the residential end-users.

Instructions

1. **Read** the information provided in this application.
2. **Determine** if the facility meets the eligibility criteria for a nonprofit group living facility. The facility must meet ALL criteria in order to qualify for the 20% discount.
3. **Complete** the entire application (please print or type). Nonprofit corporations must complete this application for all qualified satellites.
4. **Attach** all required documents. The application is not considered complete without documents.
5. **Mail to:**
ATTN CARE
Southwest Gas Corporation
PO Box 1498
Victorville, CA 92393-1498

Eligibility Criteria

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 and/or disadvantaged persons or satellite facilities of a properly licensed "mothership" facility; and other nonprofit group living facilities that may not have a license or permit (homeless shelters, women's shelters or hospices).

The facility **MUST** meet all of the following criteria:

- The discount shall be used for the direct benefit of the income eligible residents in the facility (e.g., improved quality of care or improved food service).
- A licensed or appropriately permitted nonprofit establishment where 100% of the residents meet the Commission's existing CARE income eligibility standard for a single-person household.
- A minimum of 70% of the energy consumed on site must be used for residential purposes.
- 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 Southwest Gas is submitted and approved showing that its residents meet the CARE income eligibility requirements,

and that its services are being provided to benefit income eligible residents.

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

For Homeless Shelters

- Homeless shelters must provide verification to Southwest Gas that they provide at least 6 beds for a minimum of 180 days out of the year for persons who have no alternative residence.
- Homeless shelters operated in a government-owned or subsidized building by a nonprofit organization may qualify for CARE so long as the nonprofit entity is the Southwest Gas customer of record for the site, and a minimum of 70% of the energy consumed on site is used for residential purposes (eating or sleeping).

Individual Eligibility Guidelines

- Each resident whose total gross 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.

Form 902.2 (04/2015) 320 Page 1 of 3 - Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 972
Decision No. _____

Issued by
Justin Lee Brown
Vice President

Date Filed May 1, 2015
Effective June 1, 2015
Resolution No. _____

**APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY (CARE) PROGRAM FOR QUALIFIED
AGRICULTURAL EMPLOYEE HOUSING FACILITIES (FORM 902.4 - 04/2015)**



SOUTHWEST GAS CORPORATION

**APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)
PROGRAM FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES**

Discount

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

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. **Mall 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.

Eligibility Criteria for Applicant

Each applicant MUST meet all of the following criteria:

- Applicant must be the Southwest Gas 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.

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.

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 I (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.

Form 902.4 (04/2015) 320 Page 1 of 4 - Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 972
Decision No. _____

Issued by
Justin Lee Brown
Vice President

Date Filed May 1, 2015
Effective June 1, 2015
Resolution No. _____

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**APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY
 (CARE) PROGRAM (NEW AND RECERTIFICATION) (FORM 902.6 - 05/2015)**

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 (effective June 1, 2015 through May 31, 2016)							
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)	\$31,860	\$40,180	\$48,500	\$56,820	\$65,140	\$73,460	\$81,780
For each additional person, add \$8,320.							

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:
 \$, .00 per year

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

Your name (as shown on Southwest Gas bill)

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

City State ZIP Code

- - - -
 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 (05/2015) 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. 972
 Decision No. _____

Issued by
 Justin Lee Brown
 Vice President

Date Filed May 1, 2015
 Effective June 1, 2015
 Resolution No. _____

**CARE PROGRAM APPLICATION FOR TENANTS OF
SUBMETERED RESIDENTIAL FACILITIES (FORM 902.16 - 05/2015)**

**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 June 1, 2015 through May 31, 2016)

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)	\$31,860	\$40,180	\$48,500	\$56,820	\$65,140	\$73,460	\$81,780

For each additional person, add \$8,320.

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) **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 (05/2015) 320

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



IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 972
Decision No. _____

Issued by
Justin Lee Brown
Vice President

Date Filed May 1, 2015
Effective June 1, 2015
Resolution No. _____

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (RE-ENROLLMENT) (FORM 902.70 - 05/2015)

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 (effective June 1, 2015 through May 31, 2016)							
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)	\$31,860	\$40,180	\$48,500	\$56,820	\$65,140	\$73,460	\$81,780

For each additional person, add \$8,320.

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: \$, .00 per year

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

Your name (as shown on Southwest Gas bill)

Your home / gas service 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) SWGC - 8005

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 _____

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



IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 972
 Decision No. _____

Issued by
 Justin Lee Brown
 Senior Vice President

Date Filed May 1, 2015
 Effective June 1, 2015
 Resolution No. _____