

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



September 7, 2016

Advice Letter 1015

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

**Subject: Annual Adjustment of Income Guidelines for CARE and
ESA Programs Eligibility**

Dear Mr. Brown:

Advice Letter 1015 is effective as of August 9, 2016.

Sincerely,

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

Edward Randolph
Director, Energy Division



SOUTHWEST GAS CORPORATION

August 9, 2016

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. 1015

Enclosed herewith is one (1) copy of Southwest Gas Corporation's Advice Letter No. 1015, together with California Gas Tariff Sheet Nos. 6, 296, 298, and 299.

Sincerely,

Valerie J. Ontiveroz
Regulatory Manager/California

jjp
Enclosures



SOUTHWEST GAS CORPORATION

Advice Letter No. 1015

August 9, 2016

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.
17th Revised Sheet No. 6	Table of Contents (Continued)	16th Revised Sheet No. 6
8th Revised Sheet No. 296	Application for California Alternate Rates for Energy (CARE) program (New and Recertification) (FORM 902.6 – 06/2016)	7th Revised Sheet No. 296
8th Revised Sheet No. 298	CARE Program Application for Tenants of Submetered Residential Facilities program (New and Recertification) (FORM 902.16 – 06/2016)	7th Revised Sheet No. 298
8th Revised Sheet No. 299	Application for California Alternate Rates for Energy (CARE) program (Re-Enrollment) (FORM 902.70 – 06/2016)	7th Revised Sheet No. 299

Purpose

The purpose of this filing is to update the enclosed California Alternate Rates for Energy (CARE) program forms approved in Advice Letter No. 1009, effective June 1, 2016. The CARE program forms included in this filing have been revised to conform with Southwest Gas' current color branding. No other revisions have been made to the forms.

Effective Date

Southwest Gas believes this Advice Letter is subject to Energy Division disposition and should be classified as Tier 1 (effective pending Energy Division approval) pursuant to General Order (G.O.) 96-B. Southwest Gas respectfully requests that the tariff sheets filed herein be made effective August 9, 2016, which is the date filed.



Advice Letter No. 1015
Page 2
August 9, 2016

Protest

Anyone may protest this Advice Letter to the Commission. The protest must state the grounds upon which it is based with specificity. 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

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

Southwest Gas is exempt from the notice requirements set forth in General Rule 4.2 in GO 96-B since this Advice Letter is not requesting higher rates or charges, or more restrictive terms or conditions, than those currently in effect.

Service

In accordance with G.O. 96-B, General Rule 7.2, Southwest Gas is mailing copies of this advice letter and related tariff sheets to the utilities and interested parties shown on the attached list.



Advice Letter No. 1015
Page 3
August 9, 2016

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. 1015

In conformance with GO 96-B, General Rule 4.3.

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

Elizabeth Echols, 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
PGETariffs@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

Nika Rogers
Office of Ratepayer Advocates
California Public Utilities Commission
nika.rogers@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 905 G)**

Utility type: <input type="checkbox"/> ELC <input checked="" type="checkbox"/> GAS <input type="checkbox"/> PLC <input type="checkbox"/> HEAT <input type="checkbox"/> WATER	Contact Person: Valerie J. Ontiveroz Phone #: (702) 876-7323 E-mail: valerie.ontiveroz@swgas.com
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EXPLANATION OF UTILITY TYPE ELC = Electric GAS = Gas PLC = Pipeline HEAT = Heat WATER = Water	(Date Filed/ Received Stamp by CPUC)
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Advice Letter (AL) #: **1015**

Subject of AL: **Annual adjustment of income guidelines for CARE and ESA Programs eligibility**

Keywords (choose from CPUC listing): **CARE program forms**

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: **August 9, 2016** No. of tariff sheets: **9**

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

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.

TABLE OF CONTENTS
(Continued)

<u>FORM NO.</u>	<u>AGREEMENTS, APPLICATIONS & CONTRACTS</u>	<u>CAL. P.U.C. SHEET NOS.</u>
902.6	Application for California Alternate Rates for Energy (CARE) Program (New and Recertification) (06/2016)	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 (New and Recertification) (06/2016)	298
902.70	Application for California Alternate Rates for Energy (CARE) Program (Re-Enrollment) (06/2016)	299
912.0	California Micro-Business Declaration (12/2010)	300
913.1	Mobilehome Park Utility Upgrade Program Application (11/2014)	300.1
913.2	Mobilehome Park Utility Upgrade Program Agreement (12/2015)	300.2
913.9	Certification of Health and/or Disability Condition (01/2014)	301
923.0	Automatic Payment Plan Application and Agreement (10/2009)	302
	Held for Future Use	303/304
<u>BILLS AND INVOICES</u>		
860.4	Invoice/Statement (04/1991)	305
925.0	Remittance Return (03/2010)	306
927.0	Customer Bill (03/2015)	307
936.0	Excess Service Statement (08/2008)	308
941.0	Invoice – Gas Sales and Transportation (10/2010)	309

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY
 (CARE) PROGRAM (NEW AND RECERTIFICATION) (FORM 902.6 - 06/2016)

**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, 2016 through May 31, 2017)
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)	\$32,040	\$40,320	\$48,600	\$56,880	\$65,160	\$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) SWGC - 7000

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 _____



IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

**CARE PROGRAM APPLICATION FOR TENANTS OF SUBMETERED
RESIDENTIAL FACILITIES (NEW AND RECERTIFICATION) (FORM 902.16 - 06/2016)**

**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, 2016 through May 31, 2017)

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)	\$32,040	\$40,320	\$48,600	\$56,880	\$65,160	\$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) **SWG C - 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 (06/2016) 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. 1015
Decision No. _____

Issued by
Justin Lee Brown
Vice President

Date Filed August 9, 2016
Effective August 9, 2016
Resolution No. _____

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (RE-ENROLLMENT) (FORM 902.70 - 06/2016)

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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This includes, but is not limited to, the following (please check (✓) ALL that apply):

- Wages or profit from self-employment
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- Pensions
- SSP or SSI
- TANF
- Social Security or SSDI
- Unemployment benefits
- Insurance or legal settlements
- 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

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) **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 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 902.70 (05/2016) 105

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



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