

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



May 30, 2017

Advice Letter 1039

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 1039 is effective as of June 1, 2017.

Sincerely,

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

Edward Randolph
Director, Energy Division



SOUTHWEST GAS CORPORATION

May 1, 2017

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. 1039

Enclosed herewith are an original and one (1) copy of Southwest Gas Corporation's Advice Letter No. 1039, together with California Gas Tariff Sheet Nos. 6, 85, 94, 296, 298, and 299.

Sincerely,


Valerie J. Ontiveroz
Regulatory Manager/California

jjp
Enclosures



SOUTHWEST GAS CORPORATION

Advice Letter No. 1039

May 1, 2017

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.
19th Revised Sheet No. 6	Table of Contents (Continued)	17th Revised Sheet No. 6
8th Revised Sheet No. 85	Schedule Nos. GS-12/GN-12/SLT-12 - CARE Residential Gas Service (Continued)	7th Revised Sheet No. 85
8th Revised Sheet No. 94	Schedule Nos. GS-35/GN-35/SLT-35 - Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service	7th Revised Sheet No. 94
9th Revised Sheet No. 296	Application for California Alternate Rates for Energy (CARE) Program (New and Recertification) (FORM 902.6 – 06/2017)	8th Revised Sheet No. 296
9th Revised Sheet No. 298	CARE Program Application for Tenants of Submetered Residential Facilities (CARE) Program (New and Recertification) (FORM 902.16 – 06/2017)	8th Revised Sheet No. 298
9th Revised Sheet No. 299	Application for California Alternate Rates for Energy (CARE) Program (Re-Enrollment) (FORM 902.70 – 04/2017)	8th Revised Sheet No. 299

Purpose

The purpose of this filing is to comply with the Energy Division March 1, 2017, "Notice to Investor Owned and Small Multi-Jurisdictional Utilities Providing Service Under California Alternate Rates for Energy (CARE), Family Electric Rate Assistance (FERA) and Energy Savings Assistance (ESA) Programs" (Notice). The Notice directs utilities to update the income guidelines for the CARE and ESA Programs in accordance with Public Utility (PU) Code §739.1(a). The revised income guidelines will be effective from June 1, 2017 through May 31, 2018 for all new CARE and ESA Program enrollments, as well as CARE post enrollment verifications and recertifications.



Advice Letter No. 1039
Page 2
May 1, 2017

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, 2017, pursuant to the Energy Division Notice referenced herein.

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

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 Notice referenced herein.

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. 1039
Page 3
May 1, 2017

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. 1039

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
EXPLANATION OF UTILITY TYPE ELC = Electric GAS = Gas PLC = Pipeline HEAT = Heat WATER = Water	(Date Filed/ Received Stamp by CPUC)
Advice Letter (AL) #: 1039	
Subject of AL: Annual adjustment of income guidelines for CARE and ESA Programs eligibility	
Keywords (choose from CPUC listing): CARE/ESA Compliance Filing AL filing type: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annual <input type="checkbox"/> One-Time <input type="checkbox"/> 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 AL ¹ : Not applicable	
Resolution Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Requested effective date: June 1, 2017	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 proposed ¹ : 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>	
902.4	Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities (05/2016)	295	
902.6	Application for California Alternate Rates for Energy (CARE) Program (New and Recertification) (06/2017)	296	N
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) (06/2017)	298	N
902.70	Application for California Alternate Rates for Energy (CARE) Program (Re-Enrollment) (04/2017)	299	N
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	

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, 2017 through May 31, 2018.

<u>Number of Persons in Household</u>	<u>Total Gross Annual Income</u>
1 - 2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640

For households with more than eight persons, add \$8,360 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

- 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	\$32,480

The above income limit is effective from June 1, 2017 through May 31, 2018.

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (NEW AND RECERTIFICATION) (FORM 902.6 - 06/2017)

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, 2017 through May 31, 2018)

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)	\$32,480	\$40,840	\$49,200	\$57,560	\$65,920	\$74,280	\$82,640

For each additional person, add \$8,360.

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 _____



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 - 06/2017)**

**CARE Program Application for
 Master-Meter Tenants**

Get a discount on your gas bill!
 CARE provides a 20% discount on your monthly gas bill for income-qualified master meter tenants.
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, 2017 through May 31, 2018)
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)	\$32,480	\$40,840	\$49,200	\$57,560	\$65,920	\$74,280	\$82,640

For each additional person, add \$8,360.

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

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 _____

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (RE-ENROLLMENT) (FORM 902.70 - 04/2017)



SOUTHWEST GAS
 PO Box 98510
 Las Vegas, NV 89193-8510

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 than your spouse. 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, 2017 through May 31, 2018)

Household Income	1	2	3	4	5	6	7	8
Total combined gross annual income	\$32,480	\$40,440	\$48,280	\$57,560	\$66,830	\$74,380	\$82,440	\$84,440

For each additional person, add \$8,560.

Entire application must be completed and signed. Please print clearly. The definition of "gross (before taxes) household income" is all money and non-cash benefits available for living expenses from all sources for the calendar year, before deductions, including expenses for all people who live in your home. This includes, but is not limited to, the following (please check if all that apply):

- Wages or profit from self-employment
- Disability or Workers' Compensation payments
- Scholarships, grants or other aid used for living expenses
- Interest/dividends/rental/stocks/bonds/other income
- Pension
- SSI or SSDI
- Social Security or SSI
- Insurance or legal settlements
- Spouse's military support
- Rental or other income
- Child or other income

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

Number of persons living in my household: 00

Adults: 00 Children: 00 Total: 00

Your name: SUZY

Your home (if it is a rental address, include apartment or house number) 1000

Direction of the driveway / Avenida de gas / Indique el número del departamento o espacio 1000

City/Estado: Las Vegas, NV

Southwest Gas account number / Número de cuenta de servicio de Southwest Gas: 1000

Contact phone number / Número de teléfono: 1000

Mailing address (if different from home address) / Dirección postal (si es diferente de la dirección de su domicilio): 1000

City/Estado: Las Vegas, NV

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 pay for the cost of this verification. If I am not qualified for the CARE discount, I understand that 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: [Signature] Date: 05/01/17

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

SOUTHWEST GAS (number 1) (green) better

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY