

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



May 24, 2018

Advice Letter 1070-G

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

**SUBJECT: Annual Adjustment of Income Guidelines for CARE and ESA Programs
Eligibility and to Consolidate English and Spanish CARE Program
Enrollment Forms into a Single English/Spanish Form.**

Dear Mr. Brown:

Advice Letter 1070-G is effective as of June 1, 2018.

Sincerely,

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

Edward Randolph
Director, Energy Division



SOUTHWEST GAS CORPORATION

May 1, 2018

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. 1070

Enclosed herewith are an original and one (1) copy of Southwest Gas Corporation's Advice Letter No. 1070, 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. 1070

May 1, 2018

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.
20th Revised Sheet No. 6	Table of Contents (Continued)	19th Revised Sheet No. 6
9th Revised Sheet No. 85	Schedule Nos. GS-12/GN-12/SLT-12 - CARE Residential Gas Service (Continued)	8th Revised Sheet No. 85
9th Revised Sheet No. 94	Schedule Nos. GS-35/GN-35/SLT-35 - Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service	8th Revised Sheet No. 94
10th Revised Sheet No. 296	Application for California Alternate Rates for Energy (CARE) Program (New and Recertification) (FORM 902.6 – 03/2018)	9th Revised Sheet No. 296
10th Revised Sheet No. 298	CARE Program Application for Tenants of Submetered Residential Facilities (CARE) Program (New and Recertification) (FORM 902.16 – 03/2018)	9th Revised Sheet No. 298
10th Revised Sheet No. 299	Application for California Alternate Rates for Energy (CARE) Program (Re-Enrollment) (FORM 902.70 – 03/2018)	9th Revised Sheet No. 299

Purpose

The purpose of this filing is to comply with the Energy Division March 1, 2018, "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 are effective from June 1, 2018 through May 31, 2019 for all new CARE and ESA Program enrollments, as well as CARE post enrollment verifications and recertifications.

This filing also requests authorization to consolidate the following Southwest Gas English and Spanish CARE program enrollment forms into single English/Spanish forms:



Purpose *(continued)*

1. Application for California Alternate Rates for Energy Program (New and Recertification) (FORM 902.6)
2. CARE Program Application for Tenants of Submetered Residential Facilities Program (New and Recertification) (FORM 902.16)
3. Application for California Alternate Rates for Energy Program (Re-Enrollment) (FORM 902.70)

The above forms maintain all existing language and now also include information regarding the following payment and assistance programs:

1. Equal Payment Plan (EPP);
2. Medical Baseline,
3. Low Income Home Energy Assistance Program (LIHEAP); and
4. Universal Lifeline Telephone Service (ULTS).

Southwest Gas has consolidated the above forms to maximize cost and processing efficiencies.

This Advice Letter will not increase any rate or charge, cause the withdrawal of service, or conflict with any other schedule or rule.

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, 2018.

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
Email: edtariffunit@cpuc.ca.gov
Facsimile: 415-703-2200



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
Email: justin.brown@swgas.com
Facsimile: 702-364-3452

Notice and Service

In accordance with GO 96-B, General Rules 4.2 and 7.2, a copy of this Advice Letter is being sent either electronically or via overnight express mail delivery to parties shown on the attached distribution list. Address changes to the GO 96-B distribution list should be directed to Southwest Gas at email address RRA@swgas.com. For changes to the service list, please contact the Commission's Process Office at (415) 703-2021 or at Process.Officer@cpuc.ca.gov. Southwest Gas Advice Letter filings may also be accessed electronically at: <https://www.swgas.com/en/california-rates-and-regulation>.

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
Email: valerie.ontiveroz@swgas.com

Respectfully submitted,

SOUTHWEST GAS CORPORATION

By: 
Justin Lee Brown

Attachments

Distribution List

Advice Letter No. 1070

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
ROrtiz@SempraUtilities.com

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

Belinda Gatti
Energy Division
California Public Utilities Commission
belinda.gatti@cpuc.ca.gov

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 905 G)**

Utility type:

ELC GAS
 PLC HEAT 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) #: **1070**

Subject of AL: **Annual adjustment of income guidelines for CARE and ESA Programs eligibility and to consolidate English and Spanish CARE program enrollment forms into a single English/Spanish forms.**

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, 2018**

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
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>	
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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) (03/2018)	298	N
902.70	Application for California Alternate Rates for Energy (CARE) Program (Re-Enrollment) (03/2018)	299	N
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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, 2018 through May 31, 2019.

<u>Number of Persons in Household</u>	<u>Total Gross Annual Income</u>
1 - 2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

For households with more than eight persons, add \$8,640 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	\$32,920

The above income limit is effective from June 1, 2018 through May 31, 2019.

**APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY
 (CARE) PROGRAM (NEW AND RECERTIFICATION) (FORM 902.6 - 03/2018)**

Application for California Alternate Rates for Energy (CARE) Program

Solicitud del Programa de Tarifas Alternativas para Energía de California (CARE)

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.

¡Obtenga un descuento en su factura de gas!

CARE ofrece un 20% de descuento en su factura de gas natural cada mes para clientes que califican por sus ingresos. Este descuento está disponible para su residencia primaria solamente. La cuenta de Southwest Gas debe estar a su nombre. Usted no puede ser reclamado como un dependiente en la declaración de impuestos de otra persona excepto la de su esposo. Tiene que renovar su solicitud cada dos años o cuando Southwest Gas lo solicite.

La calificación para del Programa de CARE está basada en el total de ingreso y de personas que viven en su hogar. Revise la tabla a continuación y si cree que usted puede calificar, complete y envíe esta solicitud.

CARE Program Income Requirements (effective June 1, 2018 through May 31, 2019)
Requisitos de Ingreso del Programa de CARE (vigente a partir del 1^o de junio de 2018 hasta el 31 de mayo de 2019)

Number of persons living in my home Número de personas que viven en mi hogar	Total combined gross annual household income (from ALL sources) Total de ingreso bruto anual combinado de TODAS las fuentes							
	1-2	3	4	5	6	7	8	
	\$32,920	\$41,560	\$50,200	\$58,840	\$67,480	\$76,120	\$84,760	
	For each additional person, add \$8,640. Para cada persona adicional, añada \$8,640.							

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):

Debe completarse toda la solicitud y firmarla. Por favor escriba claramente.

La definición de "ingreso bruto (antes de los impuestos) del ingreso total del hogar" es todo el dinero y los beneficios no monetarios disponibles para los gastos de manutención provenientes de todas las fuentes, sujeto a impuestos y exento de impuestos, antes de las deducciones, incluyendo los gastos, para todas las personas que viven en su hogar.

Esto incluye, pero no se limita, a lo siguiente (por favor marque (✓) TODAS que apliquen):

- Wages or profit from self-employment
Sueldos o ingreso por trabajo independiente
- Disability or Workers' Compensation payments
Pagos por incapacidad o Compensación Laboral
- Scholarships/grants/aid used for living expenses
Becas, subsidios u otra ayuda usada para gastos de manutención
- Interest/dividends from: savings, stocks, bonds, or retirement accounts
Intereses/dividendos de: cuentas de ahorro, acciones, bonos, o jubilación
- Pensions
Pensiones
- TANF
- Unemployment benefits
Beneficios de desempleo
- Insurance or legal settlements
Acuerdos de seguros o legales
- Social Security/SSDI/SSI/SSP
Seguro Social/SSDI/SSI/SSP
- Cash and/or other income
Dinero efectivo y/u otros ingresos
- Spousal or child support
Pensión de cónyuge o para niños
- Rental/Royalty income
Ingreso por renta o regalías

Total combined gross annual household income:
Ingreso bruto total anual de mi hogar:
 \$, . 00 per year (por año)

Number of persons living in my household:
Número de personas que viven en mi hogar:
 + = Total
 Adults (Adultos) + Children (Niños)

Your name (as shown on Southwest Gas bill) Su nombre (como aparece en la cuenta de Southwest Gas)

Your home / gas service address (include apartment or space number)
 Dirección de su domicilio / servicio de gas (incluya el número del apartamento o espacio)

City Ciudad State Estado ZIP Code Código postal
 - -

Southwest Gas account number
 Número de cuenta de servicio de Southwest Gas

Contact phone number
 Número de teléfono

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.

Certifico que la información que he proporcionado en esta solicitud es veraz y correcta. Entiendo que Southwest Gas se reserva el derecho de verificar los ingresos de mi hogar y estoy de acuerdo en proporcionar prueba de los ingresos si me lo solicitan. Acuerdo informar a Southwest Gas dentro de 30 días si dejo de reunir los requisitos para recibir el descuento de CARE. Entiendo que si recibo el descuento del CARE sin reunir los requisitos para el mismo se me puede solicitar que pague el descuento de CARE recibido. Entiendo que Southwest Gas puede compartir mi información con otras empresas de servicios o sus agentes para inscribirme en sus programas de asistencia.

Signature Firma _____ Date Fecha _____

Please moisten and seal. Do not use tape. Do not staple.
 Por favor humedezca y selle. No use cinta adhesiva. No use grapas.
 Form 902.6 (EN/SP 03/2018) 105 Front Internal Source Code 

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 - 03/2018)**

CARE Program Application for Master-Meter Tenants
Solicitud del Programa CARE para arrendatarios con medidor maestro

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.

¡Obtenga un descuento en su factura de gas!

CARE ofrece un 20% de descuento en su factura de gas natural cada mes para arrendatarios con medidor maestro. La Calificación para el programa CARE está basada en el total de ingreso y de personas que viven en su hogar. Revise la tabla a continuación y si cree que usted puede calificar, complete y envíe esta solicitud.

CARE Program Income Requirements (effective June 1, 2018 through May 31, 2019)
Requisitos de Ingreso del Programa de CARE (vigente a partir del 1^o de junio de 2018 hasta el 31 de mayo de 2019)

Number of persons living in my home Número de personas que viven en mi hogar	Total combined gross annual household income (from ALL sources) Total de ingreso bruto anual combinado de TODAS las fuentes							
	1-2	3	4	5	6	7	8	
	\$32,920	\$41,560	\$50,200	\$58,840	\$67,480	\$76,120	\$84,760	
	For each additional person, add \$8,640. Para cada persona adicional, añada \$8,640.							

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):

Debe completar toda la solicitud y firmarla. Por favor escriba claramente.

La definición de "ingreso bruto (antes de los impuestos) del ingreso total del hogar" es todo el dinero y los beneficios no monetarios disponibles para los gastos de manutención provenientes de todas las fuentes, sujeto a impuestos y exento de impuestos, antes de las deducciones, incluyendo los gastos, para todas las personas que viven en su hogar.

Esto incluye, pero no se limita, a lo siguiente (por favor marque (✓) TODAS que apliquen):

- | | | |
|--|--|---|
| <input type="checkbox"/> Wages or profit from self-employment
Sueldos o ingreso por trabajo independiente | <input type="checkbox"/> Pensions
Pensiones | <input type="checkbox"/> Social Security/SSDI/SSI/SSP
Seguro Social/SSDI/SSI/SSP |
| <input type="checkbox"/> Disability or Workers' Compensation payments
Pagos por incapacidad o Compensación Laboral | <input type="checkbox"/> TANF | <input type="checkbox"/> Cash and/or other income
Dinero efectivo y/u otros ingresos |
| <input type="checkbox"/> Scholarships/grants/aid used for living expenses
Becas, subsidios u otra ayuda usada para gastos de manutención | <input type="checkbox"/> Unemployment benefits
Beneficios de desempleo | <input type="checkbox"/> Spousal or child support
Pensión de cónyuge o para niños |
| <input type="checkbox"/> Interest/dividends from: savings, stocks, bonds, or retirement accounts
Intereses/dividendos de cuentas de ahorro, acciones, bonos, o jubilación | <input type="checkbox"/> Insurance or legal settlements
Acuerdos de seguros o legales | <input type="checkbox"/> Rental/Royalty income
Ingreso por renta o regalías |

Total combined gross annual household income:
Ingreso bruto total anual de mi hogar:

\$, . 00 per year (por año)

Number of persons living in my household:
Número de personas que viven en mi hogar:

+ = Total
Adults (adultos) + Children (niños)

TENANT INFORMATION (INFORMACION DEL INQUILINO)

Your name (Su nombre):

Home address - include apartment or space number (Dirección de su domicilio - incluya el número del apartamento o espacio):

City (Ciudad) State (Estado) ZIP code (Código postal) - - Contact phone number (Número de teléfono)

FACILITY LANDLORD OR MANAGER INFORMATION (INFORMACION DEL ADMINISTRADOR O PROPIETARIO)

Facility name (Nombre de la vivienda) Contact phone number (Número de teléfono)

Facility address (Dirección de la vivienda)

City (Ciudad) State (Estado) ZIP code (Código postal)

I certify that the information I have provided in this application is true and correct. I understand the energy bill from my landlord must be in my name. I am not claimed on another person's income tax return. I will renew my application every two years or when requested by Southwest Gas. I understand that I will receive the discount from my landlord or manager beginning with the first regular billing after Southwest Gas notifies my landlord or manager that my completed application has been processed and approved. 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.

Certifico que la información que he proporcionado en esta solicitud es veraz y correcta. Entiendo que la factura de energía de mi propietario debe estar a mi nombre. No se me reclama en los impuestos de ingreso de otra persona. Renovaré mi solicitud cada dos años o cuando me lo solicite Southwest Gas. Entiendo que recibiré el descuento de mi administrador o propietario empezando con la primera facturación regular después de que Southwest Gas notifique a mi administrador o propietario que mi solicitud ha sido completada, procesada, y aprobada. Entiendo que Southwest Gas se reserva el derecho de verificar los ingresos de mi hogar y estoy de acuerdo en proporcionar prueba de los ingresos si me lo solicitan. Acuerdo informar a Southwest Gas dentro de 30 días si dejo de reunir los requisitos para recibir el descuento de CARE. Entiendo que si recibo el descuento del CAGI sin reunir los requisitos para el mismo se me puede solicitar que pague el descuento de CARE recibido. Entiendo que Southwest Gas puede compartir mi información con otras empresas de servicios o sus agentes para inscribirme en sus programas de asistencia.

Signature Firma

Please moisten and seal. Do not use tape. Do not staple.
Por favor humedezca y selle. No use cinta adhesiva. No use grapas.

Form 902.16 (03/2018) 105 Front

Date Fecha

Internal Source Code



IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (RE-ENROLLMENT) (FORM 902.70 - 03/2018)



SOUTHWEST GAS
 P.O. 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 other 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, 2018 through May 31, 2019)

Number of persons living in my home	1-2	3	4	5	6	7	8
Maximum Household Income (current household income from all sources before deductions)	\$12,000	\$17,500	\$20,200	\$28,800	\$37,780	\$46,120	\$54,240
Total combined gross annual income (from ALL sources)	\$15,200	\$21,500	\$25,200	\$35,840	\$47,780	\$59,760	\$70,240

For each additional person, add \$8,440.

Entire application must be completed and signed. Please print clearly.
 The definition of "gross" (before tax) household income for all income tax purposes, including expenses, for all people who live in your home. This includes, but is not limited to, the following (please check "X" ALL that apply):

- Wages or profit from self-employment
- Disability or Worker's Compensation payments
- Interest/dividend from savings, stocks, bonds, or retirement accounts
- Pensions
- Social Security or SSDI
- Spouse or child support
- Disability or Workers' Compensation payments
- SSI or SSI
- Unemployment benefits
- Rental or royalty income
- Income from trusts or other income
- Insurance or legal settlements
- Cash and/or other income

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

Your name: Sr nombre

Your home / gas service address (include apartment or space number)
 Dirección de su domicilio / servicio de gas (incluya el número del departamento o espacio)

City, County, State (include ZIP code)

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

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

City, County, State (include ZIP code)

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 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 program.

Customer Signature: Date:

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IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY