

PUBLIC UTILITIES COMMISSION  
505 Van Ness Avenue  
San Francisco CA 94102-3298



**Southwest Gas Corporation**  
**GAS (Corp ID 905)**  
**Status of Advice Letter 1174G**  
**As of May 24, 2021**

Subject: Annual adjustment of income guidelines for CARE and ESA Programs.

Division Assigned: Energy

Date Filed: 04-30-2021

Date to Calendar: 05-07-2021

Authorizing Documents: None

<b>Disposition:</b>	<b>Accepted</b>
<b>Effective Date:</b>	<b>06-01-2021</b>

Resolution Required: No

Resolution Number: None

Commission Meeting Date: None

CPUC Contact Information:

[edtariffunit@cpuc.ca.gov](mailto:edtariffunit@cpuc.ca.gov)

AL Certificate Contact Information:

Valerie Ontiveroz

702-876-7323

[valerie.ontiveroz@swgas.com](mailto:valerie.ontiveroz@swgas.com)

**PUBLIC UTILITIES COMMISSION**  
505 Van Ness Avenue  
San Francisco CA 94102-3298



To: Energy Company Filing Advice Letter

From: Energy Division PAL Coordinator

Subject: Your Advice Letter Filing

The Energy Division of the California Public Utilities Commission has processed your recent Advice Letter (AL) filing and is returning an AL status certificate for your records.

The AL status certificate indicates:

- Advice Letter Number
- Name of Filer
- CPUC Corporate ID number of Filer
- Subject of Filing
- Date Filed
- Disposition of Filing (Accepted, Rejected, Withdrawn, etc.)
- Effective Date of Filing
- Other Miscellaneous Information (e.g., Resolution, if applicable, etc.)

The Energy Division has made no changes to your copy of the Advice Letter Filing; please review your Advice Letter Filing with the information contained in the AL status certificate, and update your Advice Letter and tariff records accordingly.

All inquiries to the California Public Utilities Commission on the status of your Advice Letter Filing will be answered by Energy Division staff based on the information contained in the Energy Division's PAL database from which the AL status certificate is generated. If you have any questions on this matter please contact the:

Energy Division's Tariff Unit by e-mail to  
**[edtariffunit@cpuc.ca.gov](mailto:edtariffunit@cpuc.ca.gov)**



# **SOUTHWEST GAS CORPORATION**

April 30, 2021

**Advice Letter No. 1174-G**

(U 905 G)

Public Utilities Commission of the State of California

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

Southwest Gas Corporation (Southwest Gas) hereby submits for approval by the California Public Utilities Commission (Commission) revisions to its California Gas Tariff. The tariff sheets being modified as a result of this submission are included on Attachment A.

**Purpose**

The purpose of this submission is to comply with the Energy Division's March 19, 2021, "Notice to update the income guidelines to Investor Owned and Small Multi-Jurisdictional Utilities providing services under the California Alternative Rates for Energy (CARE), Family Electric Rate Assistance (FERA) and Energy Savings Assistance (ESA) Programs to update the income guidelines" (Energy Division 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, 2021 through May 31, 2022 for all new CARE and ESA Program enrollments, as well as CARE post enrollment verifications and recertifications.

**Modifications to CARE Program Forms**

Pursuant to the Energy Division Notice, Southwest Gas updated the income guidelines on its CARE program Forms 902.6 (standard CARE program application) and 902.16 (CARE program application applicable to Master-Meter Tenants). In addition, Southwest Gas makes ministerial modifications to these forms to reflect a new account number format and also to relocate the source code field on both forms.

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



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April 30, 2021

### **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 (GO) 96-B. Southwest Gas respectfully requests that the tariff sheets submitted herein be made effective June 1, 2021 pursuant to the Energy Division Notice.

### **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 submission 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:

ATTN: Tariff Unit  
Energy Division  
California Public Utilities Commission  
505 Van Ness Avenue, 4<sup>th</sup> Floor  
San Francisco, CA 94102  
Email: [edtariffunit@cpuc.ca.gov](mailto: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, emailed or faxed to:

Mr. Justin Lee Brown  
Senior Vice President/General Counsel  
Southwest Gas Corporation  
P.O. Box 98510  
Las Vegas, NV 89193-8510  
Email: [justin.brown@swgas.com](mailto:justin.brown@swgas.com)  
Facsimile: 702-364-3452

### **Notice**

Pursuant to Energy Industry Rule 3.1(2), Southwest Gas is exempt from the notice requirements set forth in General Rule 4.2 in GO 96-B since this Advice Letter is submitted in accordance with the Energy Division Notice dated March 19, 2021.



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April 30, 2021

**Service**


In accordance with GO 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.

Communications regarding this submission 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](mailto:valerie.ontiveroz@swgas.com)

Respectfully submitted,

SOUTHWEST GAS CORPORATION

By:   
Valerie J. Ontiveroz

Attachments

**Distribution List**

Advice Letter No. 1174-G

In conformance with GO 96-B, General Rule 4.3

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

Elizabeth Echols, Director  
Public Advocates Office  
[elizabeth.echols@cpuc.ca.gov](mailto:elizabeth.echols@cpuc.ca.gov)

Pacific Gas & Electric Company  
[PGETariffs@pge.com](mailto:PGETariffs@pge.com)

Southern California Gas Company  
[ROrtiz@SempraUtilities.com](mailto:ROrtiz@SempraUtilities.com)

San Diego Gas & Electric Company  
[SDG&ETariffs@SempraUtilities.com](mailto:SDG&ETariffs@SempraUtilities.com)

Robert M. Pocta  
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California Public Utilities Commission  
[robert.pocta@cpuc.ca.gov](mailto:robert.pocta@cpuc.ca.gov)

Nathaniel Skinner  
Public Advocates Office  
California Public Utilities Commission  
[nathaniel.skinner@cpuc.ca.gov](mailto:nathaniel.skinner@cpuc.ca.gov)

Pearlie Sabino  
Public Advocates Office  
California Public Utilities Commission  
[pearlie.sabino@cpuc.ca.gov](mailto:pearlie.sabino@cpuc.ca.gov)

ATTACHMENT A  
Advice Letter No. 1175-G

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
30th Revised Sheet No. 6	Table of Contents (Continued)	29th Revised Sheet No. 6
12th Revised Sheet No. 85	Schedule Nos. GS-12/GN-12/SLT-12 - CARE Residential Gas Service (Continued)	11th Revised Sheet No. 85
12th Revised Sheet No. 94	Schedule Nos. GS-35/GN-35/SLT-35 - Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service	11th Revised Sheet No. 94
14th Revised Sheet No. 296	Application for California Alternate Rates for Energy (CARE) Program (New and Recertification) (FORM 902.6 – 04/2021)	13th Revised Sheet No. 296
14th Revised Sheet No. 298	CARE Program Application for Tenants of Submetered Residential Facilities (New and Recertification) (FORM 902.16 – 04/2021)	13th Revised Sheet No. 298

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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, 2021 through May 31, 2022.

<u>Number of Persons in Household</u>	<u>Total Gross Annual Income</u>
1 - 2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320

For households with more than eight persons, add \$9,080 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	\$34,840

The above income limit is effective from June 1, 2021 through May 31, 2022.

SOUTHWEST GAS CORPORATION  
P.O. Box 98510  
Las Vegas, Nevada 89193-8510  
California Gas Tariff

Canceling 14th Revised Cal. P.U.C. Sheet No. 296  
13th Revised Cal. P.U.C. Sheet No. 296

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY  
(CARE) PROGRAM (NEW AND RECERTIFICATION) (FORM 902.6 - 04/2021)

(See Attached Form)

Advice Letter No. 1174  
Decision No. \_\_\_\_\_

Issued by  
Justin Lee Brown  
Senior Vice President

Date Filed April 30, 2021  
Effective \_\_\_\_\_  
Resolution No. \_\_\_\_\_

# 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, 2021 through May 31, 2022) Requisitos de Ingreso del Programa de CARE (vigente a partir del 1º de junio de 2021 hasta el 31 de mayo de 2022)

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	
	\$34,840	\$43,920	\$53,000	\$62,080	\$71,160	\$80,240	\$89,320	
<b>For each additional person, add \$9,080. Para cada persona adicional, añada \$9,080.</b>								

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

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

\$   ,   .   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

If you have been provided a source code, please enter it above. (Si se le ha proporcionado un código fuente, ingréselo arriba.)

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

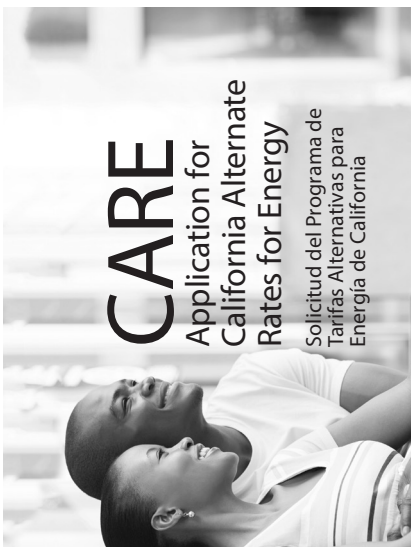
Please moisten and seal. Do not use tape. Do not staple.  
Por favor humedezca y selle. No use cinta adhesiva. No use grapas.  
Form 902.06 (EN/SP 04/2021) 105 Front



# CARE

Application for California Alternate Rates for Energy

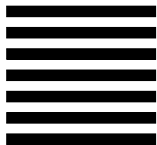
Solicitud del Programa de Tarifas Alternativas para Energía de California



- Get a **DISCOUNT** on your gas bill and **SAVE MONEY!**
- Check inside to see if you qualify. Enrolling is easy!
- ¡Reciba un **DESCUENTO** en su factura de gas y **AHORRE DINERO!**
- Lea la información incluida para saber si califica. ¡La inscripción es fácil!



ATTN: CARE  
SOUTHWEST GAS CORPORATION  
PO BOX 1498  
VICTORVILLE CA 92393-1498



BUSINESS REPLY MAIL  
FIRST-CLASS MAIL PERMIT NO. 478 LAS VEGAS NV  
POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



This application may also be completed online at:  
Esta solicitud también puede ser completada en línea al: [swgas.com/caassist](http://swgas.com/caassist)  
For more information visit [swgas.com](http://swgas.com) or call:  
Para más información visite [swgas.com](http://swgas.com) o llame al:  
**Customer Assistance** ..... (877) 860-6020  
**Asistencia para el cliente**  
**Hearing Impaired** ..... 711  
**Para impedidos de audición**

**OTHER ASSISTANCE PROGRAMS AND SERVICES**

Whether you own or rent your residence, the **Energy Savings Assistance Program** is a great way to increase the energy efficiency of your home. It provides income-qualified customers with money-saving improvements at no cost.

**EPP Billing** - Your monthly bill will be averaged out to allow you to budget your energy costs and eliminate big payment swings.

**Medical Baseline** - If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

**Low Income Home Energy Assistance Program (LIHEAP)** - If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development 866.675.6623.

**Universal Lifeline Telephone Service (ULTS)** - Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.

**OTROS PROGRAMAS Y SERVICIOS ÚTILES**

Independientemente de si su residencia es de su propiedad o rentada, el programa de Asistencia para Ahorro de Energía (**Energy Savings Assistance**) es una excelente manera de aumentar la eficiencia energética de su hogar. Les brinda a los clientes que reúnen los requisitos por sus ingresos mejoras que permiten ahorrar dinero sin costo alguno.

**Programa EPP** - Se basa en el promedio de su factura mensual para que usted maneje sus costos de energía, y elimine grandes variaciones de pago.

**Medical Baseline** - Si debido a necesidades médicas usted depende de equipos de soporte vital o de otro tipo de equipos, usted podría ser elegible para obtener energía adicional al precio base más bajo a través del Programa Medical Baseline.

**Low Income Home Energy Assistance Program (LIHEAP)** - Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development 866.675.6623.

**Universal Lifeline Telephone Service (ULTS)** - Obtenga acceso telefónico a bajo precio cuando reúna los requisitos de ingreso similares al Programa CARE. Para más información, contacte a su compañía local de teléfonos.

**California Customers**  
California Consumer Privacy Act ("CCPA") - NOTICE AT COLLECTION  
Under the CCPA, Southwest Gas is required to notify you of the personal information we collect about you and why we collect it. This notice applies solely to customers, users, and others who reside in the state of California. A list of the categories of personal information we may collect about you and how we use such information can be found in our CCPA Privacy Policy on our website at <https://www.swgas.com/ccpa>.

**Cientes de California**  
AVISO DE RECOPIACIÓN según la Ley de Privacidad del Consumidor de California (CCPA)  
Conforme a la CCPA, Southwest Gas debe notificarle sobre la información personal que recopilamos acerca de usted y por qué lo hacemos. Este aviso es solo para los clientes, usuarios y otras personas que residen en el estado de California. En la Política de privacidad según la CCPA que aparece en nuestro sitio web, <https://www.swgas.com/ccpa>, encontrará una lista de las categorías de información personal que podemos recopilar acerca de usted y las formas en que usamos dicha información.

SOUTHWEST GAS CORPORATION  
P.O. Box 98510  
Las Vegas, Nevada 89193-8510  
California Gas Tariff

Canceling 14th Revised Cal. P.U.C. Sheet No. 298  
13th Revised Cal. P.U.C. Sheet No. 298

CARE PROGRAM APPLICATION FOR TENANTS OF SUBMETERED  
RESIDENTIAL FACILITIES (NEW AND RECERTIFICATION) (FORM 902.16 - 04/2021)

(See Attached Form)

Advice Letter No. 1174  
Decision No. \_\_\_\_\_

Issued by  
Justin Lee Brown  
Senior Vice President

Date Filed April 30, 2021  
Effective \_\_\_\_\_  
Resolution No. \_\_\_\_\_

# 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, 2021 through May 31, 2022)

**Requisitos de Ingreso del Programa de CARE** (vigente a partir del 1º de junio de 2021 hasta el 31 de mayo de 2022)

	Total combined gross annual household income ( <b>from ALL sources</b> ) Total de ingreso bruto anual combinado de TODAS las fuentes						
Number of persons living in my home Número de personas que viven en mi hogar	1-2	3	4	5	6	7	8
	\$34,840	\$43,920	\$53,000	\$62,080	\$71,160	\$80,240	\$89,320
	<b>For each additional person, add \$9,080. Para cada persona adicional, añada \$9,080.</b>						

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

If you have been provided a source code, please enter it above. (Si se le ha proporcionado un código fuente, ingréselo arriba.)

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

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 ingresos 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 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 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

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 (04/2021) 105 Front

Date Fecha



# CARE

Application for California Alternate Rates for Energy

Solicitud del Programa de Tarifas Alternativas para Energía de California

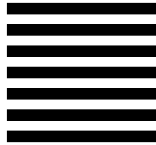


Program Application for MASTER-METER TENANTS  
Solicitud del Programa para arrendatarios con medidor maestro

- Get a **DISCOUNT** on your gas bill and **SAVE MONEY!**
- Check inside to see if you qualify. Enrolling is easy!
- ¡Reciba un **DESCUENTO** en su factura de gas y **AHORRE DINERO!**
- Lea la información incluida para saber si califica. ¡La inscripción es fácil!



ATTN: CARE  
SOUTHWEST GAS CORPORATION  
PO BOX 1498  
VICTORVILLE CA 92393-1498



POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL  
FIRST-CLASS MAIL PERMIT NO. 478 LAS VEGAS NV

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



For more information visit [swgas.com](http://swgas.com) or call:  
Para más información visite [swgas.com](http://swgas.com) o llame al:

**Customer Assistance** ..... (877) 860-6020  
**Asistencia para el cliente**  
**Hearing Impaired** ..... 711  
**Para impedidos de audición**

**Tenants:** To qualify for a rate discount through your facility landlord or manager, submetered tenants must meet these qualifications:  
 • Submetered tenants do not receive a gas bill from Southwest Gas.  
 • Submetered tenants receive gas service and a gas bill from their facility landlord or manager.

**Inquilinos:** Para calificar para un descuento de su administrador o propietario de la vivienda, los inquilinos de las viviendas submedidas deben tener estas calificaciones:  
 • Inquilinos residentes en facilidades submedidas no reciben una factura de Southwest Gas.  
 • Inquilinos residentes en viviendas submedidas reciben servicio de gas natural y una factura de gas natural de su administrador o propietario.

**Other Assistance Programs You May Qualify For:**

Whether you own or rent your residence, the **Energy Savings Assistance Program** is a great way to increase the energy efficiency of your home. It provides income-qualified customers with money-saving improvements at no cost.

**Low Income Home Energy Assistance Program (LIHEAP)** - If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development 866.675.6623.

**Universal Lifeline Telephone Service (ULTS)** - Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.

**Otros Servicios Para Los Que Podría Calificar:**

Independientemente de si su residencia es de su propiedad o rentada, el programa de Asistencia para Ahorro de Energía (**Energy Savings Assistance**) es una excelente manera de aumentar la eficiencia energética de su hogar. Les brinda a los clientes que reúnen los requisitos por sus ingresos mejoras que permiten ahorrar dinero sin costo alguno.

**Low Income Home Energy Assistance Program (LIHEAP)** - Si usted destina un alto porcentaje de su ingreso al pago de las facturas de energía, podría reunir las condiciones para recibir asistencia económica y servicios de aislamiento térmico a través de este programa administrado por el California Department of Community Services and Development 866.675.6623.

**Universal Lifeline Telephone Service (ULTS)** - Obtenga acceso telefónico a bajo precio cuando reúna los requisitos

**California Customers**  
California Consumer Privacy Act ("CCPA") - NOTICE AT COLLECTION  
Under the CCPA, Southwest Gas is required to notify you of the personal information we collect about you and why we collect it. This notice applies solely to customers, users, and others who reside in the state of California. A list of the categories of personal information we may collect about you and how we use such information can be found in our CCPA Privacy Policy on our website at <https://www.swgas.com/ccpa>.

**Cientes de California**  
AVISO DE RECOPIACION según la Ley de Privacidad del Consumidor de California (CCPA)  
Conforme a la CCPA, Southwest Gas debe notificarle sobre la información personal que recopilamos acerca de usted y por qué lo hacemos. Este aviso es solo para los clientes, usuarios y otras personas que residen en el estado de California. En la Política de privacidad según la CCPA que aparece en nuestro sitio web, <https://www.swgas.com/ccpa>, encontrará una lista de las categorías de información personal que podemos recopilar acerca de usted y las formas en que usamos dicha información.





# ADVICE LETTER SUMMARY

## ENERGY UTILITY



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

Company name/CPUC Utility No.:

Utility type:

ELC       GAS       WATER  
 PLC       HEAT

Contact Person:

Phone #:  
E-mail:  
E-mail Disposition Notice to:

EXPLANATION OF UTILITY TYPE

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

(Date Submitted / Received Stamp by CPUC)

Advice Letter (AL) #:

Tier Designation:

Subject of AL:

Keywords (choose from CPUC listing):

AL Type:  Monthly     Quarterly     Annual     One-Time     Other:

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

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL:

Summarize differences between the AL and the prior withdrawn or rejected AL:

Confidential treatment requested?  Yes     No

If yes, specification of confidential information:

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/ access to confidential information:

Resolution required?  Yes     No

Requested effective date:

No. of tariff sheets:

Estimated system annual revenue effect (%):

Estimated system average rate effect (%):

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:

Service affected and changes proposed<sup>1</sup>:

Pending advice letters that revise the same tariff sheets:

<sup>1</sup>Discuss in AL if more space is needed.

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

CPUC, Energy Division  
Attention: Tariff Unit  
505 Van Ness Avenue  
San Francisco, CA 94102  
Email: [EDTariffUnit@cpuc.ca.gov](mailto:EDTariffUnit@cpuc.ca.gov)

Name:  
Title:  
Utility Name:  
Address:  
City: State:  
Telephone (xxx) xxx-xxxx:  
Facsimile (xxx) xxx-xxxx:  
Email:

Name:  
Title:  
Utility Name:  
Address:  
City: State:  
Telephone (xxx) xxx-xxxx:  
Facsimile (xxx) xxx-xxxx:  
Email: