

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



Southwest Gas Corporation
GAS (Corp ID 905)
Status of Advice Letter 1220G
As of June 28, 2022

Subject: Modification to California Alternative Rates for Energy (CARE) Residential Rate Schedule and Program Eligibility Forms to Implement Categorical Eligibility, Pursuant to Decision (D.) 21-10-023

Division Assigned: Energy

Date Filed: 06-01-2022

Date to Calendar: 06-10-2022

Authorizing Documents: D2110023

Disposition:	Accepted
Effective Date:	06-01-2022

Resolution Required: No

Resolution Number: None

Commission Meeting Date: None

CPUC Contact Information:

edtariffunit@cpuc.ca.gov

AL Certificate Contact Information:

Valerie Ontiveroz

702 876-7323

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- Disposition of Filing (Accepted, Rejected, Withdrawn, etc.)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



SOUTHWEST GAS CORPORATION

June 14, 2022

ATTN: Tariff Unit, Energy Division
edtariffunit@cpuc.ca.gov
California Public Utilities Commission
505 Van Ness Avenue, Room 4005
San Francisco, CA 94102

Subject: Southwest Gas Corporation (U 905 G)
Advice Letter No. 1220-G – Substitute Sheet Submission

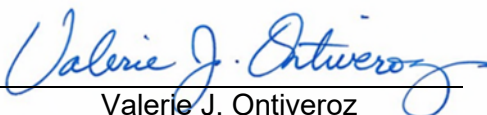
Enclosed please find Southwest Gas Corporation's (Southwest Gas) tariff Sheet No. 298 originally included in Advice Letter No. (AL) 1220, submitted on June 1, 2022. AL 1220 requests authorization to modify Southwest Gas' tariff, and tariff forms, to implement California Alternative Rates for Energy (CARE) Categorical Eligibility pursuant to Decision 21-10-023. Tariff Sheet No. 298 contains form 902.16 – CARE Program Application for Submetered Master-Meter Tenants.

The purpose of this transmittal is to make a ministerial revision to form 902.16 included in tariff Sheet No. 298 to correct a spelling error for the word "Tribal" in "Head Start Income Eligible (Tribal Only)".

Southwest Gas respectfully requests that the enclosed substitute tariff Sheet No. 298 (denoted with an asterisk (*)) replace the originally submitted tariff sheet in AL 1220. No other tariff sheets in AL 1220 are affected as a result of this correction.

In accordance with General Order 96-B, General Rule 7.5.1, Southwest Gas is serving copies of this substitute sheet submission to the utilities and interested parties shown on the attached list.

Respectfully submitted,
SOUTHWEST GAS CORPORATION

By: 
Valerie J. Ontiveroz
Attachment

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

Canceling 16th Revised Cal. P.U.C. Sheet No. 298*
15th Revised Cal. P.U.C. Sheet No. 298

CARE PROGRAM APPLICATION FOR TENANTS OF SUBMETERED
RESIDENTIAL FACILITIES (NEW AND RECERTIFICATION) (FORM 902.16 - 05/2022)

(See Attached Form)

Advice Letter No. 1220
Decision No. D.21-10-023

Issued by
Amy L. Timperley
Chief Regulatory Officer

Date Filed June 1, 2022
Effective _____
Resolution No. _____

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CARE Program Application for Submetered Master-Meter Tenants

Get a discount on your gas bill!

CARE provides a 20% discount on your monthly gas bill for income-qualified submetered master-meter tenants. 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.

There are 2 ways to qualify!

1. Public Assistance Program Eligibility

If you or someone in your household participate(s) in any of the following programs, please select the program(s) below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Medicaid/Medi-Cal (age 65 and over) | <input type="checkbox"/> CalFresh/SNAP (Food Stamps) | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> Medicaid/Medi-Cal (under age 65) | <input type="checkbox"/> Head Start Income Eligible (Tribal Only) | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Medi-Cal for Families A&B (Healthy Families A&B) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> CalWORKS (TANF) or Tribal TANF |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Women, Infants, and Children (WIC) | |

2. Income Eligibility

You can also qualify for CARE if you meet the income guideline qualifications based on your household income and household size. You do not need to complete this section if you qualify through an eligible Public Assistance Program and have completed the section above.

CARE Program Income Requirements (effective June 1, 2022 through May 31, 2023)

Number of persons living in my home	1-2	3	4	5	6	7	8
	\$36,620	\$46,060	\$55,500	\$64,940	\$74,380	\$83,820	\$93,260

For each additional person, add \$9,440.

Total combined gross annual household income (from ALL sources)

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.

Please provide your total combined gross annual household income, provide the number of persons living in your household, and select all income sources that apply.

Total combined gross annual household income:

\$, . per year

Number of persons living in my household:

=
Adults + Children Total

- | | | |
|--|---|---|
| <input type="checkbox"/> Wages or profit from self-employment | <input type="checkbox"/> Social Security/SSDI/SSI/SSP | <input type="checkbox"/> Cash and/or other income |
| <input type="checkbox"/> Scholarships/grants/aid used for living expenses | <input type="checkbox"/> TANF | <input type="checkbox"/> Pensions |
| <input type="checkbox"/> Disability or Workers' Compensation payments | <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Rental/Royalty Income |
| <input type="checkbox"/> Interest/Dividends from: savings, stocks, bonds, or retirement accounts | <input type="checkbox"/> Insurance or Legal Settlements | <input type="checkbox"/> Spousal or child support |

Entire application must be completed and signed. Please print clearly.

TENANT INFORMATION

Your name

Home address - include apartment or space number

City

CA

State

ZIP code

- -

Contact phone number

FACILITY LANDLORD OR MANAGER INFORMATION

Facility name

- -

Contact phone number

Facility address

City

State

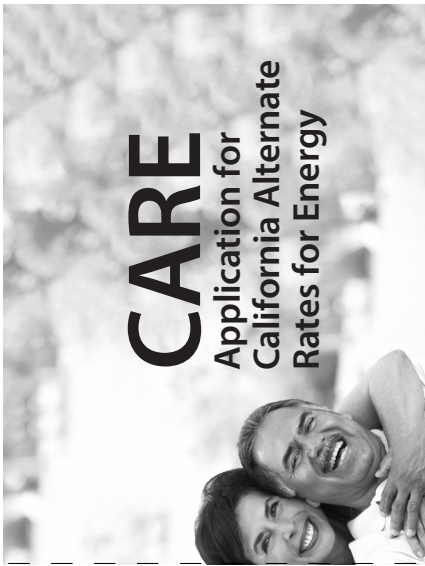
ZIP code

If you have been provided a source code, please enter it above.

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 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 eligibility and I agree to provide proof of eligibility, 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.

Signature

Date



Program Application for MASTER-METER TENANTS

Get a **DISCOUNT** on your gas bill and **SAVE MONEY!**

Check inside to see if you qualify. Enrolling is easy!



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



Visit swgas.com/CARE to complete this application online and to access Spanish, large-type and residential customer forms.

Visite swgas.com/CARE para completar esta solicitud sobre el internet y para acceder a los formularios para inquilinos en español, de letra grande y de clientes residenciales.

For more information call:

Customer Solutions (877) 860-6020

Hearing Impaired 711

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.

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.

Visit swgas.com/caassist to learn more about these helpful programs and services.

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>.



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 proposed¹:

Pending advice letters that revise the same tariff sheets:

¹Discuss 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

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:



SOUTHWEST GAS CORPORATION

June 1, 2022

Advice Letter No. 1220-G

(U 905 G)

Public Utilities Commission of the State of California

Subject: Modification to California Alternative Rates for Energy (CARE) Residential Rate Schedule and Program Eligibility Forms to Implement Categorical Eligibility Pursuant to Decision (D.) 21-10-023

Purpose

Southwest Gas Corporation (Southwest Gas) hereby submits for approval by the California Public Utilities Commission (Commission) revisions to its California Gas Tariff in accordance with Ordering Paragraph (OP) 9 in D.21-10-023. The tariff sheets being modified as a result of this submission are listed on Attachment A.

Background

On October 21, 2021, the Commission issued D.21-10-023, which approved the Small and Multijurisdictional Utilities' (SMJU) ¹CARE and Energy Savings Assistance (ESA) program applications² for program years 2021-2026. OP 9 of the D.21-10-023 requires the SMJU to implement categorical eligibility enrollment for the CARE and ESA programs, consistent with the large Investor-Owned Utilities' (large IOUs)³ categorical eligibility enrollment program no later than July 1, 2022. Additionally, OP 10 directs the SMJU to publish information regarding the categorical eligibility enrollment option on program resources and train their respective internal staffs and contractors on implementation of the new categorical eligibility provisions for their CARE and ESA Programs.

Rate Schedule and Form Modifications

Pursuant to OPs 9 and 10 in D.21-10-023, Southwest Gas reviewed the large IOU categorical eligibility programs and updated the following rate schedule and tariff forms to

¹ The SMJU are Southwest Gas, Liberty Utilities (Calpeco Electric) LLC, Bear Valley Electric Service, Inc., PacifiCorp, d/b/a Pacific Power, Alpine Natural Gas Company No. 1, LLC, and West Coast Gas Company.

² Application (A.) 20-03-014 et al. Southwest Gas' CARE and ESA programs application was A.20-05-017.

³ The large IOUs are Southern California Gas Company, San Diego Gas & Electric Company, Pacific Gas and Electric Company and Southern California Edison Company.



Advice Letter No. 1220-G
Page 2
June 1, 2022

include new sections that provide a listing of all current programs that meet this eligibility requirement.

- Schedule No. GS-12/GN-12/SLT-12 CARE Residential Gas Service.
- 902.6 – Application for California Alternate Rates for Energy (CARE) Program
- 902.16 – CARE Program Application for Meter-Meter Tenants

Southwest Gas has included other conforming revisions to the rate schedule and forms for consistency. Redlined versions of the tariff sheets are included in Attachment B. Lastly, in compliance with OP 10, Southwest Gas will train all Customer Solutions personnel and external contractors on the new categorical eligibility requirement provisions to be effective July 1, 2022.

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 (GO) 96-B. Southwest Gas respectfully requests that the tariff sheets submitted herein be made effective July 1, 2022, which is thirty (30) days after the date of submission.

Protest

Anyone may protest this Advice Letter to the Commission's Energy Division. The protest must state the grounds upon which it is based with specificity and must be sent no later than 20 days after the date of this Advice Letter submission. Protests are to be submitted electronically to the Commission's Energy Division at:

Email: edtariffunit@cpuc.ca.gov

In addition, protests and all other correspondence regarding this Advice Letter should be sent electronically to:

Ms. Valerie J. Ontiveroz
Regulatory Manager/California
Email: valerie.ontiveroz@swgas.com
regserve@swgas.com



Advice Letter No. 1220-G
Page 3
June 1, 2022

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 11, 2022.

Service

In accordance with GO 96-B, General Rule 7.2, Southwest Gas is serving copies of this Advice Letter to the utilities and interested parties shown on the attached list and the official service list in A.20-03-014 et al.

Respectfully submitted,

SOUTHWEST GAS CORPORATION

By: 
Valerie J. Ontiveroz

Attachments

Distribution List

Advice Letter No. 1220-G

In conformance with GO 96-B, General Rule 4.3

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

Matt Baker, Director
Public Advocates Office
Matt.Baker@cpuc.ca.gov

Pacific Gas & Electric Company
PGETariffs@pge.com

Southern California Gas Company
GLenart@socalgas.com
Tariffs@socalgas.com

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

Robert M. Pocta
Public Advocates Office
California Public Utilities Commission
robert.pocta@cpuc.ca.gov

Nathaniel Skinner
Public Advocates Office
California Public Utilities Commission
nathaniel.skinner@cpuc.ca.gov

ATTACHMENT A
Advice Letter No. 1220-G

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
34th Revised Sheet No. 6	Table of Contents (Continued)	33rd Revised Sheet No. 6
14th Revised Sheet No. 85	Schedule Nos. GS-12/GN-12/SLT-12 - CARE Residential Gas Service (Continued)	13th Revised Sheet No. 85
1st Revised Sheet No. 86	Schedule Nos. GS-12/GN-12/SLT-12 - CARE Residential Gas Service (Continued)	Original Sheet No. 86
16th Revised Sheet No. 296	Application for California Alternate Rates for Energy (CARE) Program (New and Recertification) (FORM 902.6 – 05/2022)	15th Revised Sheet No. 296
16th Revised Sheet No. 298	CARE Program Application for Tenants of Submetered Residential Facilities (New and Recertification) (FORM 902.16 – 05/2022)	15th Revised Sheet No. 298

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 (11/2020)	295
902.6	Application for California Alternate Rates for Energy (CARE) Program (New and Recertification) (05/2022)	296
902.15	Customer Declaration of Eligibility for Baseline Rates (California) (11/2020)	297
902.16	CARE Program Application for Tenants of Submetered Residential Facilities (New and Recertification) (05/2022)	298
	Held for Future Use	299
912.0	California Micro-Business Declaration (11/2020)	300
913.1	Mobilehome Park Utility Conversion Program Application (06/2021)	300.1
913.2	Mobilehome Park Utility Conversion Program Agreement (09/2021)	300.2
913.9	Certification of Health and/or Disability Condition (11/2020)	301
923.0	Automatic Payment Plan Application and Agreement (09/2020)	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 (03/2021)	307
	Held for Future Use	307.1
936.0	Excess Service Statement (08/2008)	308
	Held for Future Use	309

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Schedule Nos. GS-12/GN-12/SLT-12

CARE RESIDENTIAL GAS SERVICE
(Continued)

SPECIAL CONDITIONS

1. An approved CARE application and declaration of eligibility form is required from each customer for service under this schedule.
2. To qualify for service under this schedule, a customer can meet either of the following two eligibility requirements:

- a. Categorical Eligibility - One or more people in a household participate in any of the following public assistance programs: Medicaid/Medi-Cal (age 65 and over); Medicaid/Medi-Cal (age 65 and under); Medi-Cal for Families A&B (Healthy Families A&B); Supplemental Security Income (SSI); CalFresh/SNAP (Food Stamps); Head Start Income Eligible (Tribal Only); Bureau of Indian Affairs General Assistance; Women, Infants, and Children (WIC); National School Lunch Program (NSLP); or CalWORKS (TANF) or Tribal TANF.
- b. Income Eligibility - 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, 2022 through May 31, 2023.

<u>Number of Persons in Household</u>	<u>Total Gross Annual Income</u>
1 - 2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260

For households with more than eight persons, add \$9,440 annually for each additional person residing in the household. The above income levels are subject to change annually by the Commission.

3. A person who is claimed as a dependent on another person's income tax return is not eligible for service under this schedule.

Schedule Nos. GS-12/GN-12/SLT-12

CARE RESIDENTIAL GAS SERVICE

(Continued)

SPECIAL CONDITIONS *(Continued)*

4. Recertification for the CARE program will be required as follows: 1) every two years for customers qualifying with non-fixed income sources; and 2) every four years for customers qualifying with fixed income sources.
5. 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.
6. 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.
7. 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.
8. Customers who wrongfully declare eligibility or fail to notify the Company when they no longer meet the eligibility requirements may be rebilled for the period of ineligibility under their otherwise applicable residential rate schedule.
9. It is the responsibility of the customer to notify the Company within 30 days of any changes in the customer's eligibility status.
10. Service under this schedule is subject to discontinuance without notice in case of an actual or threatened shortage of natural gas, whether due to insufficient supply or to inadequate transmission or delivery capacity of the facilities of either the Company or its wholesale supplier. The Company will not be liable for damages occasioned by interruption or discontinuance of service supplied under this schedule. Such interruption or discontinuance of service will be made in accordance with Rule No. 20 of this California Gas Tariff.

L/T
L/N
L/N

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

Canceling 16th Revised Cal. P.U.C. Sheet No. 296
15th Revised Cal. P.U.C. Sheet No. 296

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY
(CARE) PROGRAM (NEW AND RECERTIFICATION) (FORM 902.6 - 05/2022)

(See Attached Form)

Advice Letter No. 1220
Decision No. D.21-10-023

Issued by
Amy L. Timperley
Chief Regulatory Officer

Date Filed June 1, 2022
Effective _____
Resolution No. _____

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.

There are 2 ways to qualify!

1. Public Assistance Program Eligibility

If you or someone in your household participate(s) in any of the following programs, please select the program(s) below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Medicaid/Medi-Cal (age 65 and over) | <input type="checkbox"/> CalFresh/SNAP (Food Stamps) | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> Medicaid/Medi-Cal (under age 65) | <input type="checkbox"/> Head Start Income Eligible (Tribal Only) | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Medi-Cal for Families A&B (Healthy Families A&B) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> CalWORKS (TANF) or Tribal TANF |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Women, Infants, and Children (WIC) | |

2. Income Eligibility

You can also qualify for CARE if you meet the income guideline qualifications based on your household income and household size. You do not need to complete this section if you qualify through an eligible Public Assistance Program and have completed the section above.

CARE Program Income Requirements (effective June 1, 2022 through May 31, 2023)

Number of persons living in my home	1-2	3	4	5	6	7	8
	\$36,620	\$46,060	\$55,500	\$64,940	\$74,380	\$83,820	\$93,260

For each additional person, add \$9,440.

Total combined gross annual household income (from ALL sources)

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.

Please provide your total combined gross annual household income, provide the number of persons living in your household, and select all income sources that apply.

Total combined gross annual household income:

\$, . 00 per year

Number of persons living in my household:

+ =
 Adults + Children Total

- | | | |
|--|---|---|
| <input type="checkbox"/> Wages or profit from self-employment | <input type="checkbox"/> Social Security/SSDI/SSI/SSP | <input type="checkbox"/> Cash and/or other income |
| <input type="checkbox"/> Scholarships/grants/aid used for living expenses | <input type="checkbox"/> TANF | <input type="checkbox"/> Pensions |
| <input type="checkbox"/> Disability or Workers' Compensation payments | <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Rental/Royalty Income |
| <input type="checkbox"/> Interest/Dividends from: savings, stocks, bonds, or retirement accounts | <input type="checkbox"/> Insurance or Legal Settlements | <input type="checkbox"/> Spousal or Child Support |

Entire application must be completed and signed. Please print clearly.

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

If you have been provided a source code, please enter it above.

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 eligibility and I agree to provide proof of eligibility, 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.

Signature

Date



CARE
Application for
California Alternate
Rates for Energy

- Get a **DISCOUNT** on your gas bill and **SAVE MONEY!**
- Check inside to see if you qualify. Enrolling is easy!



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



Visit swgas.com/CARE to complete this application online and to access Spanish, large-type and master-meter tenant forms.

Visite swgas.com/CARE para completar esta solicitud sobre el internet y para acceder a los formularios para inquilinos en español, de letra grande y de medidor maestro.

For more information call:

Customer Solutions (877) 860-6020

Hearing Impaired 711

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.

Visit swgas.com/caassist to learn more about these helpful programs and services.

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>.

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

Canceling 16th Revised Cal. P.U.C. Sheet No. 298
15th Revised Cal. P.U.C. Sheet No. 298

CARE PROGRAM APPLICATION FOR TENANTS OF SUBMETERED
RESIDENTIAL FACILITIES (NEW AND RECERTIFICATION) (FORM 902.16 - 05/2022)

(See Attached Form)

Advice Letter No. 1220
Decision No. D.21-10-023

Issued by
Amy L. Timperley
Chief Regulatory Officer

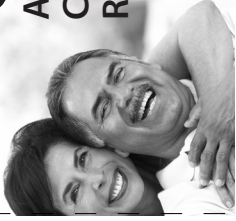
Date Filed June 1, 2022
Effective _____
Resolution No. _____

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CARE

Application for
California Alternate
Rates for Energy



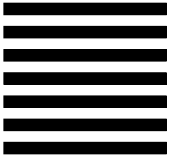
Program Application for MASTER-METER TENANTS

Get a **DISCOUNT** on your gas bill and
SAVE MONEY!

Check inside to see if you qualify.
Enrolling is easy!



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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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

POSTAGE WILL BE PAID BY ADDRESSEE

Visit swgas.com/CARE to complete this application online and to access Spanish, large-type and residential customer forms.

Visite swgas.com/CARE para completar esta solicitud sobre el internet y para acceder a los formularios para inquilinos en español, de letra grande y de clientes residenciales.

For more information call:

Customer Solutions (877) 860-6020

Hearing Impaired 711

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.

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.

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ADVICE LETTER NO. 1220
ATTACHMENT B

Tariff Sheet Redlines

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902.6	Application for California Alternate Rates for Energy (CARE) Program (New and Recertification) (0405 /2022)	296
902.15	Customer Declaration of Eligibility for Baseline Rates (California) (11/2020)	297
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913.1	Mobilehome Park Utility Conversion Program Application (06/2021)	300.1
913.2	Mobilehome Park Utility Conversion Program Agreement (09/2021)	300.2
913.9	Certification of Health and/or Disability Condition (11/2020)	301
923.0	Automatic Payment Plan Application and Agreement (09/2020)	302
	Held for Future Use	303/304
BILLS AND INVOICES		
860.4	Invoice/Statement (04/1991)	305
925.0	Remittance Return (03/2010)	306
927.0	Customer Bill (03/2021)	307
	Held for Future Use	307.1
936.0	Excess Service Statement (08/2008)	308
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Schedule Nos. GS-12/GN-12/SLT-12

CARE RESIDENTIAL GAS SERVICE
(Continued)

SPECIAL CONDITIONS

1. An approved CARE application and declaration of eligibility form is required from each customer for service under this schedule.
2. To ~~be eligible-qualify~~ for service under this schedule, a customer can meet either of the following two eligibility requirements:

a. Categorical Eligibility - One or more people in a household participate in any of the following public assistance programs: Medicaid/Medi-Cal (age 65 and over); Medicaid/Medi-Cal (age 65 and under); Medi-Cal for Families A&B (Healthy Families A&B); Supplemental Security Income (SSI); CalFresh/SNAP (Food Stamps); Head Start Income Eligible (Tribal Only); Bureau of Indian Affairs General Assistance; Women, Infants, and Children (WIC); National School Lunch Program (NSLP); or CalWORKS (TANF) or Tribal TANF.

b. Income Eligibility - 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, 2022 through May 31, 2023.

<u>Number of Persons in Household</u>	<u>Total Gross Annual Income</u>
1 - 2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260

For households with more than eight persons, add \$9,440 annually for each additional person residing in the household. The above income levels are subject to change annually by the Commission.

3. A person who is claimed as a dependent on another person's income tax return is not eligible for service under this schedule.
4. ~~An approved application and declaration of eligibility form is required from each customer for service under this schedule. Recertification will be required every two~~

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Las Vegas, Nevada 89193-8510
California Gas Tariff

Canceling _____

Cal. P.U.C. Sheet No. _____
Cal. P.U.C. Sheet No. _____

~~years and whenever a customer moves. Recertification for the CARE program will be required as follows: 1) every two years for customers qualifying with non-fixed income sources; and 2) every four years for customers qualifying with fixed income sources.~~

5. 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.
6. 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.
7. 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.

Advice Letter No. _____
Decision No. _____

Issued by
Amy L. Timperley
~~Vice President~~
Chief Regulatory Officer

Date Filed _____
Effective _____
Resolution No. _____

Schedule Nos. GS-12/GN-12/SLT-12

CARE RESIDENTIAL GAS SERVICE

(Continued)

SPECIAL CONDITIONS (Continued)

4. Recertification for the CARE program will be required as follows: 1) every two years for customers qualifying with non-fixed income sources; and 2) every four years for customers qualifying with fixed income sources.
5. 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.
6. 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.
7. 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.
48. Customers who wrongfully declare eligibility or fail to notify the Company when they no longer meet the eligibility requirements may be rebilled for the period of ineligibility under their otherwise applicable residential rate schedule.
59. It is the responsibility of the customer to notify the Company within 30 days of any changes in the customer's eligibility status.
610. Service under this schedule is subject to discontinuance without notice in case of an actual or threatened shortage of natural gas, whether due to insufficient supply or to inadequate transmission or delivery capacity of the facilities of either the Company or its wholesale supplier. The Company will not be liable for damages occasioned by interruption or discontinuance of service supplied under this schedule. Such interruption or discontinuance of service will be made in accordance with Rule No. 20 of this California Gas Tariff.

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

Canceling 15th-16th Revised Cal. P.U.C. Sheet No. 298
14th-15th Revised Cal. P.U.C. Sheet No. 298

CARE PROGRAM APPLICATION FOR TENANTS OF SUBMETERED
RESIDENTIAL FACILITIES (NEW AND RECERTIFICATION) (FORM 902.16 - 0405/2022)

(See Attached Form)

Advice Letter No. 12121220
Decision No. D.21-10-023

Issued by
Amy L. Timperley
~~Vice President~~
Chief Regulatory Officer

Date Filed May 2, 2022 June 1, 2022
Effective _____
Resolution No. _____



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 proposed¹:

Pending advice letters that revise the same tariff sheets:

¹Discuss 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

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: