

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



Southwest Gas Corporation
GAS (Corp ID 905)
Status of Advice Letter 1308G
As of November 13, 2024

Subject: Modification to California Alternative Rates for Energy (CARE) Program Eligibility Forms to Implement Miniscule Revisions.

Division Assigned: Energy

Date Filed: 10-04-2024

Date to Calendar: 10-11-2024

Authorizing Documents: None

Disposition:	Accepted
Effective Date:	11-03-2024

Resolution Required: No

Resolution Number: None

Commission Meeting Date: None

CPUC Contact Information:

edtariffunit@cpuc.ca.gov

AL Certificate Contact Information:

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- Disposition of Filing (Accepted, Rejected, Withdrawn, etc.)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

October 4, 2024

Advice Letter No. 1308-G

(U 905 G)

Public Utilities Commission of the State of California

Subject: Modification to California Alternative Rates for Energy (CARE) Program Eligibility Forms to Implement Miniscule Revisions

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 listed on Attachment A.

Purpose

The purpose of this submission is to revise Application for CARE Program (New and Recertification; Form 902.6) and CARE Program Application for Tenants of Submetered Residential Facilities (New and Recertification; Form 902.16).

Rate Schedule and Form Modifications

Southwest Gas is making the following ministerial revisions to the above-listed CARE Program forms:

- An extra box under “Total combined gross annual household income:” has been included to allow for amounts that exceed \$100 thousand;
- Removed the “*Smarter, Greener, Better*” tag line from underneath the Southwest Gas logo; and
- Other minor revisions for consistency between forms.

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 November 3, 2024, which is thirty (30) days after the data of submission.



Advice Letter No. 1308-G

Page 2

October 4, 2024

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

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 does not increase any rate or charge, cause the withdrawal of service, or conflict with any schedule or rule.

Service

In accordance with GO 96-B, General Rule 7.2, Southwest Gas is serving copies of this Advice Letter and related tariff sheets to the utilities and interested parties shown on the attached list.

Respectfully submitted,

SOUTHWEST GAS CORPORATION

By: 

Valerie J. Ontiveroz

Attachments

Distribution List

Advice Letter No. 1308-G

In conformance with GO 96-B, General Rule 4.3

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

Linda Serizawa, Interim Director
Public Advocates Office
California Public Utilities Commission
Linda.Serizawa@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

Scott Blaising
blaising@braunlegal.com

Jim Mosher
copperbeechnllc@gmail.com

ATTACHMENT A
Advice Letter No. 1308-G

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
40th Revised Sheet No. 6	Table of Contents (Continued)	40th Revised Sheet No. 6
19th Revised Sheet No. 296	Application for California Alternate Rates for Energy (CARE) Program (New and Recertification) (FORM 902.6 – 10/2024)	18th Revised Sheet No. 296
19th Revised Sheet No. 298	CARE Program Application for Tenants of Submetered Residential Facilities (New and Recertification) (FORM 902.16 – 10/2024)	18th 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) (10/2024)	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) (10/2024)	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 (03/2023 / y23, m6, v8)	307
	Held for Future Use	307.1
936.0	Excess Service Statement (08/2008)	308
	Held for Future Use	309

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

Canceling 19th Revised Cal. P.U.C. Sheet No. 296
18th Revised Cal. P.U.C. Sheet No. 296

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY
(CARE) PROGRAM (NEW AND RECERTIFICATION) (FORM 902.6 - 10/2024)

(See Attached Form)

Advice Letter No. 1308
Decision No. _____

Issued by
Amy L. Timperley
Chief Regulatory Officer

Date Filed October 4, 2024
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:

- Medicaid/Medi-Cal (age 65 and over)
- CalFresh/SNAP (Food Stamps)
- National School Lunch Program (NSLP)
- Medicaid/Medi-Cal (under age 65)
- Head Start Income Eligible (Tribal Only)
- Low Income Home Energy Assistance Program (LIHEAP)
- Medi-Cal for Families A&B (Healthy Families A&B)
- Bureau of Indian Affairs General Assistance
- CalWORKS (TANF) or Tribal TANF
- Supplemental Security Income (SSI)
- 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, 2024 through May 31, 2025)

Number of persons living in my home	1-2	3	4	5	6	7	8
	\$40,880	\$51,640	\$62,400	\$73,160	\$83,920	\$94,680	\$105,440

For each additional person, add \$10,760.

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

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



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 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>.



CARE PROGRAM APPLICATION FOR TENANTS OF SUBMETERED
RESIDENTIAL FACILITIES (NEW AND RECERTIFICATION) (FORM 902.16 - 10/2024)

(See Attached Form)

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:

- Medicaid/Medi-Cal (age 65 and over)
- CalFresh/SNAP (Food Stamps)
- National School Lunch Program (NSLP)
- Medicaid/Medi-Cal (under age 65)
- Head Start Income Eligible (Tribal Only)
- Low Income Home Energy Assistance Program (LIHEAP)
- Medi-Cal for Families A&B (Healthy Families A&B)
- Bureau of Indian Affairs General Assistance
- CalWORKS (TANF) or Tribal TANF
- Supplemental Security Income (SSI)
- 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, 2024 through May 31, 2025)

Number of persons living in my home	1-2	3	4	5	6	7	8
	\$40,880	\$51,640	\$62,400	\$73,160	\$83,920	\$94,680	\$105,440

For each additional person, add \$10,760.

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

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

State ZIP code - -
City Contact phone number

FACILITY LANDLORD OR MANAGER INFORMATION

- -
Facility name Contact phone number

Facility address

State
City 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.

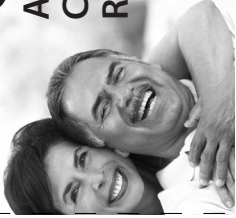
Signature

Date



CARE

Application for
California Alternate
Rates for Energy



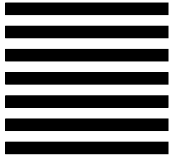
Program Application for MASTER-METER TENANTS

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.

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: