

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



June 21, 2012

Advice Letter 889-G

Don Soderberg, Vice-President/Pricing
Southwest Gas Corporation
P O Box 98510
Las Vegas, NV 89193-8510

Subject: Annual Adjustment of Income Criteria for CARE Program Eligibility

Dear Mr. Soderberg:

Advice Letter 889-G is effective June 1, 2012.

Sincerely,

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

Edward F. Randolph, Director
Energy Division



SOUTHWEST GAS CORPORATION

Donald L. Soderberg, Vice President/Pricing

May 10, 2012

ATTN: Honesto Gatchalian
Tariff Unit, Energy Division
California Public Utilities Commission
505 Van Ness Avenue, Room 4005
San Francisco, CA 94102

Subject: Southwest Gas Corporation (U 905 G)
Advice Letter No. 889

Dear Mr. Gatchalian:

Enclosed herewith are five (5) copies of Southwest Gas Corporation's Advice Letter No. 889, together with California Gas Tariff Sheet Nos. 6, 85, 94, 296, 298, and 299.

Sincerely,



Donald L. Soderberg

DLS:kt
Enclosures



SOUTHWEST GAS CORPORATION

Advice Letter No. 889

May 10, 2012

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Southwest Gas Corporation (Southwest) (U 905 G) tenders herewith for filing revisions to its tariff, which affect the following tariff sheets:

California Gas Tariff

<u>Cal P.U.C. Sheet No.</u>	<u>Title of Sheet</u>	<u>Canceling Cal P.U.C. Sheet No.</u>
2nd Revised Sheet No. 6	Table of Contents (<i>Continued</i>)	1st Revised Sheet No. 6
2nd Revised Sheet No. 85	Schedule No. GS-12/GN-12/SLT-12 - CARE Residential Gas Service (<i>Continued</i>)	1st Revised Sheet No. 85
2nd Revised Sheet No. 94	Schedule No. GS-35/GN-35/SLT-35 – Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service	1st Revised Sheet No. 94
2nd Revised Sheet No. 296	Application for California Alternate Rates for Energy (CARE) Program (Form 902.6 05/2012)	1st Revised Sheet No. 296
2nd Revised Sheet No. 298	CARE Program Application for Tenants of Submetered Residential Facilities (Form 902.16 05/2012)	1st Revised Sheet No. 298
2nd Revised Sheet No. 299	Application for California Alternate Rates for Energy (CARE) Program (Recertification) (Form 902.70 05/2012)	1st Revised Sheet No. 299

Purpose

The purpose of this filing is to comply with Commission Resolution E-3524 and the March 15, 2012, notice from the Energy Division. The notice directs all energy utilities to revise their respective tariffs and applicable forms to reflect the Commission's annual adjustment of income eligibility for the California Alternate Rates for Energy Program (CARE) and the Energy Savings Assistance Program.



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In addition to updating the income eligibility guidelines, the forms have been updated with the following: 1) clarification verbiage was added next to "Maximum Household Income," 2) "se habla español" was inserted under "Other Programs and Services You May Qualify For," and 3) The Project Go phone number was updated.

Effective Date

Southwest believes this Advice Letter is subject to Energy Division disposition and should be classified as Tier 1 (effective pending disposition) pursuant to General Order (GO) 96-B. Southwest respectfully requests that the tariff sheets filed herein be made effective June 1, 2012, pursuant to the March 15, 2012 notice.

Protest

Anyone wishing to protest this filing may do so by sending a letter within 20 days of the filing. The protest should set forth the grounds upon which it is based and should be submitted expeditiously. There is no restriction on who may file a protest. Protests should be mailed or faxed to:

Investigation, Monitoring & Compliance Program Manager
California Public Utilities Commission, Energy Division
505 Van Ness Avenue, Room 4002
San Francisco, CA 94102
Facsimile: 415-703-2200

Copies should also be mailed to the attention of Director, Energy Division, Room 4004 at the same address as above, and mailed or faxed to:

Mr. John P. Hester, Senior Vice President
Regulatory Affairs and Energy Resources
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, Nevada 89193-8510
Facsimile: 702-876-7037

Notice

Pursuant to Energy Industry Rule 3.1(1), Southwest is exempt from the notice requirements set forth in General Rule 4.2 in GO 96-B since this advice letter is filed in compliance with Resolution E-3524 and the March 15, 2012 notice.



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Service

In accordance with GO 96-B, General Rule 4.3, Southwest 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 filing should be directed to:

Ed Giesecking
Director/Pricing and Tariffs
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, NV 89193-8510
Telephone: 702-364-3271
E-mail: ed.giesecking@swgas.com

Debra S. Gallo
Director/Government and State
Regulatory Affairs
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, NV 89193-8510
Telephone: 702-876-7163
E-mail: debra.gallo@swgas.com

Respectfully submitted,

SOUTHWEST GAS CORPORATION

By 
Donald L. Soderberg

Attachments

DISTRIBUTION LIST

Advice Letter No. 889

In Conformance with GO 96-B, General Rule 4.3

Southern California Edison Company

Pacific Gas & Electric Company

Sierra Pacific Power Company

San Diego Gas & Electric Company

Southern California Gas Company

Southern California Water Company

Duane Morris, LLP

Director/Division of Ratepayer Advocates

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<u>SAMPLE FORMS</u> <u>FORM NO.</u>	<u>AGREEMENTS, APPLICATIONS & CONTRACTS</u>	<u>CAL. P.U.C.</u> <u>SHEET NOS.</u>
902.6	Application for California Alternate Rates for Energy (CARE) Program (05/2012)	296
902.15	Customer Declaration of Eligibility for Baseline Rates (California) (06/2010)	297
902.16	CARE Program Application for Tenants of Submetered Residential Facilities (05/2012)	298
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Schedule Nos. GS-12/GN-12/SLT-12

CARE RESIDENTIAL GAS SERVICE

(Continued)

SPECIAL CONDITIONS

1. To be eligible for service under this schedule, the total gross annual income, both taxable and nontaxable, from all sources for all persons in the applicant's household may not exceed the income limits shown below.

These income limits are effective from June 1, 2012 through May 31, 2013.

<u>Number of Persons In Household</u>	<u>Total Gross Annual Income</u>	<u>Number of Persons In Household</u>	<u>Total Gross Annual Income</u>
1	\$22,340	5	\$54,020
2	\$30,260	6	\$61,940
3	\$38,180	7	\$69,860
4	\$46,100	8	\$77,780

For households with more than six persons, add \$7,920 annually for each additional person residing in the household.

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

An approved application and declaration of eligibility form is required from each customer for service under this schedule. Recertification will be required every two years and whenever a customer moves.

Service under this schedule is for residential purposes at only one residential location at any one time and is applicable only to a customer's permanent primary residence.

2. Eligible customers shall be billed on this schedule commencing with the next regularly scheduled billing period after receipt and approval of application by the Company.
3. Eligibility information provided by the customer on the application form may be subject to verification by the Company. Refusal or failure of a customer to provide documentation of eligibility acceptable to the Company, upon request of the Company, shall result in removal from this schedule.

Schedule Nos. GS-35/GN-35/SLT-35

AGRICULTURAL EMPLOYEE HOUSING AND
NONPROFIT GROUP LIVING FACILITY GAS SERVICE

APPLICABILITY

Applicable to gas service for nonprofit group living facilities, as defined in Rule No. 1 of this California Gas Tariff, where a minimum of 70 percent of the gas consumed under this schedule is for residential purposes, and to qualified migrant housing centers; privately-owned employee housing; or agricultural employee housing operated by nonprofit organizations.

TERRITORY

Throughout the Company's certificated California service areas, except as may hereafter be provided.

RATES

The commodity charges and basic service charge are set forth in the currently-effective Statement of Rates of this California Gas Tariff and are incorporated herein by reference.

The number of therms shall be determined in accordance with the provisions of Rule No. 2C of this California Gas Tariff.

Minimum Charge:

The minimum charge per meter per month is the basic service charge.

SPECIAL CONDITIONS

A. NONPROFIT GROUP LIVING FACILITIES

- To be eligible for service under this schedule, the total gross annual income, both taxable and nontaxable, from all sources for each resident residing in the nonprofit group living facility may not exceed the Commission's CARE program eligibility income level shown below for a single-person household, and each resident may not be claimed as a dependent on another person's income tax return.

	<u>Total Gross Annual Income</u>
Each Resident	\$22,340

The above income limit is effective from June 1, 2012 through May 31, 2013.

**CARE PROGRAM APPLICATION FOR TENANTS OF
SUBMETERED RESIDENTIAL FACILITIES (FORM 902.16 05/2012)**

**CARE Program Application for Tenants
of Submetered Residential Facilities**

Get a discount on your gas bill!

CARE provides a 20% discount on your monthly gas bill for income-qualified customers.
QUALIFICATION for the CARE Program is based on your household income and household size.
REVIEW the chart below, and if you think you may qualify, complete and return entire application.

CARE Program Income Requirements (effective June 1, 2012 through May 31, 2013)

Maximum Household Income (current household income from all sources before deductions):

Number of persons living in my home	1	2	3	4	5	6	7	8
Total combined gross annual income (from ALL sources)	\$22,340	\$30,260	\$38,180	\$46,100	\$54,020	\$61,940	\$69,860	\$77,780

For each additional person, add \$7,920.

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

The definition of "gross (before taxes) household income" is all money and noncash benefits available for living expenses from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in your home.

This includes, but is not limited to, the following (please check (✓) ALL that apply):

- Wages or profit from self-employment
- Disability or Workers' Compensation payments
- Insurance or legal settlements
- Scholarships, grants, or other aid used for living expenses
- Interest/dividends from: savings, stocks, bonds, or retirement accounts
- Pensions
- SSP or SSI
- TANF
- Social Security or SSDI
- Unemployment benefits
- Spousal or child support
- Rental or royalty income
- Cash and/or other income

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

Number of persons living in my household: Adults + Children = Total

TENANT INFORMATION

Your name

Your home address (include apartment or space number)

- -

City ZIP code Contact phone number

Mailing address (if different from home address)

City State ZIP code

FACILITY LANDLORD OR MANAGER INFORMATION

Facility name

- - - -

Southwest Gas facility account number (if available) Contact phone number

Facility address

City State ZIP code

Source Code (Southwest Gas Use Only) -

I certify that I have read all information on both sides of this application and that the information I have provided in this application is true and correct. I agree to provide proof of income, if asked. I agree to inform Southwest Gas and my landlord or manager within 30 days if I no longer qualify to receive the CARE discount. I understand that if I receive the CARE discount without meeting the qualifications I may be required to pay back the CARE discount I received. I understand that Southwest Gas can share my information with other utilities or their agents to enroll me in their assistance programs.

Tenant Signature _____ Date _____

Form 902.16 (05/2012) 320

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



IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 889
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed May 10, 2012
Effective June 1, 2012
Resolution No. E-3524

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (RECERTIFICATION) (FORM 902.70 05/2012)

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

Get a discount on your gas bill!

CARE provides a 20% discount on your gas bill every month for income-qualified customers. This discount is available for your primary residence only. The Southwest Gas bill must be in your name. You may not be claimed as a dependent on another person's income tax return other than your spouse's. You will need to renew your application every two years or when requested by Southwest Gas.

Qualification for the CARE Program is based on your household income and household size. Review the chart below, and if you think you may qualify, complete and return this application.

CARE Program Income Requirements (effective June 1, 2012 through May 31, 2013)

Maximum Household Income: (current household income from all sources before deductions):

Number of persons living in my home	1	2	3	4	5	6	7	8
Total combined gross annual income (from ALL sources)	\$22,340	\$30,260	\$38,180	\$46,100	\$54,020	\$61,940	\$69,860	\$77,780

For each additional person, add \$7,920.

CARE RATE APPLICATION

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

The definition of "gross (before taxes) household income" is all money and noncash benefits available for living expenses from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in your home.

This includes, but is not limited to, the following (please check (✓) ALL that apply):

- Wages or profit from self-employment
- Disability or Workers' Compensation payments
- Scholarships, grants, or other aid used for living expenses
- Interest/dividends from: savings, stocks, bonds, or retirement accounts
- Pensions
- SSP or SSI
- TANF
- Social Security or SSDI
- Unemployment benefits
- Insurance or legal settlements
- Spousal or child support
- Rental or royalty income
- Cash and/or other income

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

Number of persons living in my household: Adults + Children = Total

Your name

Your home / gas service address (include apartment or space number)

City

State

ZIP Code

- -

Southwest Gas account number

- -

Contact phone number

Mailing address (if different from home address)

City

State

ZIP code

Source Code (Southwest Gas Use Only) -

I certify that the information I have provided in this application is true and correct. I understand that Southwest Gas reserves the right to verify my household income and I agree to provide proof of income, if asked. I agree to inform Southwest Gas within 30 days if I no longer qualify to receive the CARE discount. I understand that if I receive the CARE discount without meeting the qualifications I may be required to pay back the CARE discount I received. I understand that Southwest Gas can share my information with other utilities or their agents to enroll me in their assistance programs.

Customer Signature

Date

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



IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 889
 Decision No. _____

Issued by
 John P. Hester
 Senior Vice President

Date Filed May 10, 2012
 Effective June 1, 2012
 Resolution No. E-3524