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REGULATORY AFFAIRS

SOUTHWEST GAS CORPORATION

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September 4, 2007

California Public Utilities Commission  
Energy Division  
Attention: Sean Gallagher, Director  
505 Van Ness Avenue, Room 4004  
San Francisco, CA 94102

Subject: Southwest Gas Corporation (U 905 G)  
Advice Letter No. 785

Dear Mr. Gallagher:

Enclosed herewith are five (5) copies of Southwest Gas Corporation's Advice Letter No. 785, together with: 1) California Gas Tariff Sheet Nos. 6537-G through 6540-G; and 2) California - South Lake Tahoe Gas Tariff Sheet Nos. 5, 6, 199A and 201A.

Sincerely,

*Debra S. Jacobson* <sup>BY</sup>

Debra S. Jacobson, Director  
Government & State Regulatory Affairs

DSJ:tl  
Enclosures



**SOUTHWEST GAS CORPORATION**

September 4, 2007

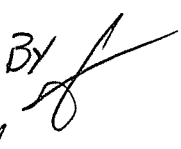
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*Debra S. Jacobson* <sup>By</sup> 

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Advice Letter No. 785

September 4, 2007

PUBLIC UTILITIES COMMISSION  
OF THE STATE OF CALIFORNIA

Southwest Gas Corporation (Southwest) (U 905 G) tenders herewith for filing the following tariff sheets.

**California Gas Tariff**

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
6537-G	CARE Program Application for Tenants of Submetered Residential Facilities (Form 913.48 08/2007)	
6538-G	California Low-Income Energy Efficiency (LIEE) Program Customer Agreement (Form 913.45 06/2007)	
6539-G	Table of Contents ( <i>Continued</i> )	6516-G
6540-G	Table of Contents	6536-G

**California – South Lake Tahoe Gas Tariff**

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Third Revised Sheet No. 5	Table of Contents ( <i>Continued</i> )	Second Revised Sheet No. 5*
First Revised Sheet No. 6	Table of Contents (Continued)	Original Sheet No. 6*
Original Sheet No. 199A	Care Program Application for Tenants of Submetered Residential Facilities (Form 913.48 08/2007)	
Original Sheet No. 201A	California Low-Income Energy Efficiency (LIEE) Program Customer Agreement (Form 913.45 06/2007)	



Advice Letter No. 785  
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September 4, 2007

In accordance with Section 8.5.8 of General Order 96-B, the purpose of this filing is to update Southwest's California and South Lake Tahoe Gas Tariffs with the following two (2) new customer forms for its California Public Purpose Programs: 1) California Alternate Rates for Energy (CARE) Program Application for Tenants of Submetered Residential Facilities (Form 913.48, 08/2007); and 2) California Low-Income Energy Efficiency (LIEE) Program Customer Agreement (Form 913.45, 06/2007).

Southwest's new CARE Program Application for Tenants Submetered Residential Facilities is filed in response to Assembly Bill (AB) 2104. AB 2104 requires the California Public Utilities Commission to implement regulations requiring its California jurisdictional utilities to improve the CARE program application process for tenants of a mobile home park, apartment building, or similar residential complex, receiving electric or gas service from a master-meter customer through a submetered system. The new submetered tenant CARE Application will minimize confusion by allowing the customer to list personal information separately from the master-metered customer, which, in turn, will facilitate Southwest's ability to communicate directly with the submetered tenants in the future, including mailing renewal applications.

Southwest is also submitting for approval its LIEE Program Customer Agreement, which is utilized when installing LIEE measures in Southwest's eligible customers homes.

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 96-B. Therefore, Southwest respectfully requests that the tariff sheets filed herein be made effective September 4, 2007.

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 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 and 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: 702-364-3392



Advice Letter No. 785  
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September 4, 2007

In accordance with General Order 96-B, Section 4.3, Southwest is mailing copies of this advice letter and related tariff sheets to the utilities and interested parties shown on the attached service list.

Respectfully submitted,

SOUTHWEST GAS CORPORATION

By *Debra S. Jacobson* <sup>By</sup>  
Debra S. Jacobson, Director  
Government & State Regulatory Affairs

Attachments

DISTRIBUTION LIST

Advice Letter No. 785

In accordance with G.O. 96-B, 4.3

Southern California Edison Company

Pacific Gas & Electric Company

Sierra Pacific Power Company

San Diego Gas & Electric Company

Southern California Gas Company

Avista Corporation

Duane Morris, LLP

Southern California Water Company

Director/Division of Ratepayer Advocates

**CARE PROGRAM APPLICATION FOR TENANTS OF SUBMETERED RESIDENTIAL FACILITIES**  
**(FORM 913.48 08/2007)**



**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.  
Review the chart below, and if you think you may qualify, complete and return entire application.

**CARE Program Income Requirements**  
**Maximum Household Income: (effective June 1, 2007 through May 31, 2008)**

Number of persons living in my home	1 or 2	3	4	5	6
Total combined annual income (from ALL sources)	\$29,300	\$34,400	\$41,500	\$48,600	\$55,700

*For each additional person, add \$7,100.*

**Entire application must be completed and signed**

I understand 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 my home.

Please check (✓) ALL sources of your income.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Wages or salaries   | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses      | <input type="checkbox"/> Workers' compensation  | <input type="checkbox"/> Food stamps     |
| <input type="checkbox"/> Interest or dividends from: savings accounts, stocks or bonds, or retirement accounts | <input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 20) | <input type="checkbox"/> Social Security or SSI | <input type="checkbox"/> Child support   |
| <input type="checkbox"/> Unemployment benefits   | <input type="checkbox"/> Disability payments  | <input type="checkbox"/> Pensions               | <input type="checkbox"/> Spousal support |
| <input type="checkbox"/> Rental or royalty income  |   | <input type="checkbox"/> Insurance settlements  | <input type="checkbox"/> Gifts           |
|  |   | <input type="checkbox"/> Legal settlements      | <input type="checkbox"/> Other income    |
|  |   | <input type="checkbox"/> TANF (AFDC)            |  |

Total combined annual household income: \$          
Number of persons living in my household:  Adults +  Children =  Total

See Maximum Household Income listed above.  
Qualification for the CARE Program is based on your household income and household size.

PLEASE PRINT CLEARLY

**TENANT INFORMATION**

Your name Contact phone number

Your home address (include apartment or space number)

City State ZIP Code

Mailing address (if different from home address) City State ZIP Code

**FACILITY LANDLORD OR MANAGER INFORMATION**

Facility name Contact phone number

Southwest Gas facility account number (if available)

Facility address

City State ZIP Code

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 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

Source Code (Southwest Gas Use Only) **S|W|G|C** - **7|5|0|0**

Form 913.48 (08/2007) 320 Front  
Seal with tape to form postage-paid reply envelope. Do not use staples.

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

**CALIFORNIA LOW-INCOME ENERGY EFFICIENCY (LIEE) PROGRAM  
CUSTOMER AGREEMENT (FORM 913.45 06/2007)**



**SOUTHWEST GAS CORPORATION  
CALIFORNIA LOW-INCOME ENERGY EFFICIENCY (LIEE) PROGRAM  
CUSTOMER AGREEMENT**

**Customer Information**

Name \_\_\_\_\_  
Last First MI

Installation Address \_\_\_\_\_  
Street Unit Number

City \_\_\_\_\_ CA \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

Southwest Gas Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Weatherization  Appliance Repair and/or Replacement  CARE\* Customer

**Head of Household (HOH) Information**

*The following information is required to provide statistical data for the California Public Utilities Commission*

Yes No

Is English the primary language?

Is applicant 60 years or older?

Is applicant permanently disabled?

Is applicant a Migrant Seasonal Farm Worker?

Applicant is:  Male  Female

Ethnic Background (indicate by number) \_\_\_\_\_

1 White American 4 Native American

2 Black American 5 Asian Pacific American

3 Hispanic American 6 Other

**Residence Information**

Applicant is  Owner  Renter

Meter Status  Individual  Master

Residence Type  Single Family  Mobile Home  Condo  Multi-Family  Duplex  Triplex

**Household Members**

	Name	Relationship	Age	
HOH				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Total Household Members \_\_\_\_\_

Income Source(s)

TANF/Food Stamps \_\_\_\_\_

SSI/SSP \_\_\_\_\_

Veteran Benefits \_\_\_\_\_

Retirement Benefits \_\_\_\_\_

Wages \_\_\_\_\_

Other \_\_\_\_\_

Household Income \$ \_\_\_\_\_

**To Be Filled Out By Property Owner**

I certify that I have read, and understand, the Authorization and Waiver information printed on the reverse side of this form. I also certify that I am the legal owner of this property, and all given statements are true and correct to the best of my knowledge. I further promise that the repair/replacement(s) of the appliance(s) will not be used as justification for increased rental rates (if applicable) for a period of one year after improvements are made.

Legal Property Owner (please print) \_\_\_\_\_

Property Owner Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Property Owner Address and Phone Number (if applicable) \_\_\_\_\_

**To Be Filled Out By Tenant**

I certify that I have read, and understand, the Authorization and Waiver information printed on the reverse side of this form and all given statements are true and correct to the best of my knowledge.

Applicant \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name

\* See reverse for CARE eligibility requirements

Verified By \_\_\_\_\_  CAPSBC  
Outreach Specialist (print name)  Other \_\_\_\_\_

Form 913.45 (06/2007) 105 - Front Distribution: White - Southwest Gas Canary - CAPSBC Pink - Resident Gold - Property Owner

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY



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913.31	Application for Qualified Group Living Facilities for California Alternate Rates for Energy (CARE) Programs (10/2005)	6185-G-A
913.36	Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities (06/2007)	6499-G
923.0	Automatic Payment Plan Application and Agreement (05/2003)	6500-G
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913.45	California Low-Income Energy Efficiency (LIEE) Program Customer Agreement (06/2007)	6538-G
<u>BILLS AND INVOICES</u>		
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Advice Letter No. 785  
Decision No. \_\_\_\_\_

Issued by  
John P. Hester  
Senior Vice President

Date Filed September 4, 2007  
Effective September 4, 2007  
Resolution No. \_\_\_\_\_

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CALIFORNIA LOW-INCOME ENERGY EFFICIENCY (LIEE) PROGRAM
CUSTOMER AGREEMENT (FORM 913.45 06/2007)



SOUTHWEST GAS CORPORATION
CALIFORNIA LOW-INCOME ENERGY EFFICIENCY (LIEE) PROGRAM
CUSTOMER AGREEMENT

Customer Information

Name (Last, First, MI), Installation Address (Street, Unit Number, City, CA, ZIP Code), Home Phone, Other Phone, Southwest Gas Account Number, Weatherization, Appliance Repair and/or Replacement, CARE\* Customer

Head of Household (HOH) Information

The following information is required to provide statistical data for the California Public Utilities Commission. Yes/No questions: Is English the primary language?, Is applicant 60 years or older?, Is applicant permanently disabled?, Is applicant a Migrant Seasonal Farm Worker? Applicant is: Male/Female, Ethnic Background (White American, Black American, Hispanic American, Native American, Asian Pacific American, Other)

Residence Information

Applicant is: Owner/Renter, Meter Status: Individual/Master, Residence Type: Single Family/Mobile Home/Condo/Multi-Family/Duplex/Triplex

Household Members

Table with columns: Name, Relationship, Age. Rows 1-10 for household members.

Total Household Members, Income Source(s): TANF/Food Stamps, SSI/SSP, Veteran Benefits, Retirement Benefits, Wages, Other, Household Income \$

To Be Filled Out By Property Owner

I certify that I have read, and understand, the Authorization and Waiver information printed on the reverse side of this form. I also certify that I am the legal owner of this property, and all given statements are true and correct to the best of my knowledge.

Legal Property Owner (please print), Property Owner Signature, Date Signed, Property Owner Address and Phone Number (if applicable)

To Be Filled Out By Tenant

I certify that I have read, and understand, the Authorization and Waiver information printed on the reverse side of this form and all given statements are true and correct to the best of my knowledge.

Applicant (Print Name), Applicant Signature, Date

\* See reverse for CARE eligibility requirements

Verified By (Outreach Specialist (print name)), CAPSBC, Other

Form 913.45 (06/2007) 185 - Front Distribution: White - Southwest Gas, Canary - CAPSBC, Pink - Resident, Gold - Property Owner

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