



# APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

## Instructions

1. **Read all** information and instructions before you complete this application.
2. **Determine** if the facility meets the definition of qualified agricultural employee housing. The facility **MUST** meet ALL criteria to qualify for the 20% discount from the CARE Program.
3. **Complete** the entire application (please print or type). Complete a separate application for each qualified facility.
4. **Attach** all required documents. (Application is not considered complete without documents.)
5. **Mail to:**  
**ATTN CARE**  
**SOUTHWEST GAS CORPORATION**  
**PO BOX 1498**  
**VICTORVILLE CA 92393-1498**

If you have questions, please contact your local office listed below.  
*Si tiene preguntas, por favor llame a la oficina de la lista a continuación.*

## DISCOUNT

The CARE program provides a 20% discount on the monthly utility bill for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the facility receives and approves the application.

## ELIGIBILITY CRITERIA FOR APPLICANT

Each applicant **MUST** meet ALL of the following criteria:

- Applicant must be the utility customer of record.
- Applicant must verify that 100% of the residents/households of Employee Housing or Housing for Agricultural Employees meet the CARE income eligibility guidelines, excluding any employee operating or managing the facility who resides at the facility. (See enclosed application for current CARE income eligibility guidelines.) Pursuant to Assembly Bill 868, all nonprofit Migrant Farmworker Housing Centers are deemed eligible for the CARE program discount.
- Applicant is required to certify CARE eligibility every two years by completing a new application, including how the discount will be used for the direct benefit of the residents.

## ELIGIBLE FACILITIES

**Migrant Farmworker Housing Centers**, provided pursuant to Section 50710 of the Health and Safety Code:

- Supporting documentation required:
  - Provide a copy of the current contract with the office of Migrant Services, Department of Housing and Community Development. (This documentation states the center is currently authorized to provide housing.)
- Total energy used:
  - Master-metered facilities must be 70% residential use.
  - Individually-metered units must be 100% residential use.

**Employee Housing** (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected by state/local agencies pursuant to Part I (commencing with Section 17000) of Division 13.

- Supporting documentation required:
  - Provide a copy of the current permit issued by the State Department of Housing and Community Development.
- Total energy used must be 100% residential.

**Housing For Agricultural Employees** (operated by nonprofit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

- Supporting documentation required:
  - Provide current copy of Federal 501 (c)(3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
- Total energy used:
  - Master-metered facilities must be 70% residential use.
  - Individually-metered units must be 100% residential use.

## APPLICANT'S RESPONSIBILITIES

The applicant is required to:

- Provide proof of the facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all households and individuals residing in the facility meet the CARE income eligibility guidelines (see Eligibility Criteria for Applicant section) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- At recertification, describe: 1) how the discount was previously used for the direct benefit of the residents, and 2) how the discount will be used for the next two years for the direct benefit of the residents.
- Maintain records of residents' income eligibility, which should come from Federal tax returns, payroll stubs, or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and for recertification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and for recertification.
- Upon request from the utility, provide documentation of the resident's income eligibility and documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.

**For additional information** contact the Southwest Gas office listed below, Monday through Friday, 8 a.m. to 5 p.m.:

**Customer Assistance** ..... (760) 951-4045

**Hearing Impaired** .....711

**Apply online at:** [www.swgas.com](http://www.swgas.com)



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<i>For Office Use Only</i>	
Received Date	_____
Process Date	_____
Denied Reason	_____
By	_____

**Applicant Information--please print**

Name on utility bill \_\_\_\_\_

Account number for this facility \_\_\_\_\_

Name of facility \_\_\_\_\_  
*(if different than name on utility bill)*

Facility contact \_\_\_\_\_  
*(who to contact if utility needs more information)*

Daytime phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Service address \_\_\_\_\_  
*(street)*

\_\_\_\_\_ *(city)* \_\_\_\_\_ *(state)* \_\_\_\_\_ *(ZIP Code)*

Mailing address \_\_\_\_\_  
*(street)*

\_\_\_\_\_ *(city)* \_\_\_\_\_ *(state)* \_\_\_\_\_ *(ZIP Code)*

- TYPE OF FACILITY:** (check *one* only)  
*Please complete a separate application for each type of facility.*
- Migrant Farmworker Housing Centers**, provided pursuant to Section 50710 of the Health and Safety Code.
  - Employee Housing** (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I of Division 13.
  - Housing for Agricultural Employees** (operated by nonprofit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemption from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

**DECLARATION**

By signing this application, I certify under penalty of perjury under the laws of the state of California that the information I have provided is true and accurate.

*I have:*

- Verified the income eligibility of all residents of the facility or households, pursuant to the Eligibility Criteria for Applicant section of this application, and have the documentation on file.
- Maintained documentation to substantiate the above.
- Verified the facility meets the residential energy usage criteria for each type of facility.

*For all facilities:*

- Applicant is customer of record .....  Yes  No
- Residents and/or households meet the CARE income guidelines pursuant to the Eligibility Criteria For Applicant section of this application.....  Yes  No
- I have provided information on how the discount for the coming years will be used to directly benefit the residents.....  Yes  No
- For recertification, I have provided information on how the discount was used for the direct benefit of the residents and I have documentation on file. (If initial certification, leave blank) .....  Yes  No
- I understand the utility reserves the right to request documentation on the eligibility of the residents and the use of the discount .....  Yes  No
- I understand the utility has the right to rebill me at the applicable rate if appropriate .....  Yes  No
- I understand if the facility(ies), or the residents, become(s) ineligible to receive the discount I must notify the utility within 30 days.....  Yes  No

\*Discount was used for \_\_\_\_\_  
\_\_\_\_\_ (If initial certification, leave blank.)

\*Discount will be used for \_\_\_\_\_  
\_\_\_\_\_

*\*Use a separate sheet if necessary.*

**By signing this application, I give my consent that the information provided by me may be shared with other energy utility companies (limited to name and address).**

Authorized Representative Name *(please print or type)* \_\_\_\_\_

Authorized Representative Title *(please print or type)* \_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_ Date Signed \_\_\_\_\_



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*Attachment--for individual facilities of the same type. Use a separate sheet and attach if more than four (4) facilities.*

Utility account number(s): \_\_\_\_\_  
 \_\_\_\_\_

Service address \_\_\_\_\_

*Please check:*

**Type of metering:**     individually-metered     master-metered

**Energy used for residential purposes:**

100%                                     at least 70%

**Total number of residents** (exclude on-site manager) \_\_\_\_\_

**Residents/households meet income eligibility criteria pursuant to the Eligibility Criteria For Applicant section of this application:**

Yes                                     No

Utility account number(s): \_\_\_\_\_  
 \_\_\_\_\_

Service address \_\_\_\_\_

*Please check:*

**Type of metering:**     individually-metered     master-metered

**Energy used for residential purposes:**

100%                                     at least 70%

**Total number of residents** (exclude on-site manager) \_\_\_\_\_

**Residents/households meet income eligibility criteria pursuant to the Eligibility Criteria For Applicant section of this application:**

Yes                                     No

Utility account number(s): \_\_\_\_\_  
 \_\_\_\_\_

Service address \_\_\_\_\_

*Please check:*

**Type of metering:**     individually-metered     master-metered

**Energy used for residential purposes:**

100%                                     at least 70%

**Total number of residents** (exclude on-site manager) \_\_\_\_\_

**Residents/households meet income eligibility criteria pursuant to the Eligibility Criteria For Applicant section of this application:**

Yes                                     No

Utility account number(s): \_\_\_\_\_  
 \_\_\_\_\_

Service address \_\_\_\_\_

*Please check:*

**Type of metering:**     individually-metered     master-metered

**Energy used for residential purposes:**

100%                                     at least 70%

**Total number of residents** (exclude on-site manager) \_\_\_\_\_

**Residents/households meet income eligibility criteria pursuant to the Eligibility Criteria For Applicant section of this application:**

Yes                                     No