



**APPLICATION FOR QUALIFIED NONPROFIT GROUP LIVING FACILITIES  
FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM**

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**Discount**

If qualified, a nonprofit group living facility will be eligible for a 20% discount on all rate elements of that portion of its bill for energy serving the residential end-users.

**Instructions**

1. **Read** the information provided in this application.
2. **Determine** if the facility meets the eligibility criteria for a nonprofit group living facility. The facility must meet ALL criteria in order to qualify for the 20% discount.
3. **Complete** the entire application (please print or type). Nonprofit corporations must complete this application for all qualified satellites.
4. **Attach** all required documents. The application is not considered complete without documents.
5. **Mail to:**  
**ATTN CARE**  
**Southwest Gas Corporation**  
**PO Box 1498**  
**Victorville, CA 92393-1498**

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**Eligibility Criteria**

Examples of potentially eligible nonprofit group living facilities consist of licensed or permitted homeless shelters, transitional housing, short- or long-term care facilities (hospices, nursing homes, seniors' or children's homes), group homes for mentally or physically disabled and/or disadvantaged persons or satellite facilities of a properly licensed "motherhood" facility; and other nonprofit group living facilities that may not have a license or permit (homeless shelters, women's shelters or hospices).

The facility **MUST** meet all of the following criteria:

- The discount shall be used for the direct benefit of the income eligible residents in the facility (e.g., improved quality of care or improved food service).
- A licensed or appropriately permitted nonprofit establishment where 100% of the residents meet the Commission's existing CARE income eligibility standard for a single-person household.
- A minimum of 70% of the energy consumed on site must be used for residential purposes.
- Homeless shelters, women's shelters, or hospices that would otherwise qualify but are not licensed or do not possess a Conditional Use Permit, may qualify. Such facilities may qualify provided adequate proof satisfactory to Southwest Gas is submitted and approved showing that its residents meet the CARE income eligibility requirements,

and that its services are being provided to benefit income eligible residents.

- A nonprofit owner and/or operator of a government-subsidized residential facility may be eligible if services besides lodging are provided to residents, and all other eligibility criteria are met.

**For Homeless Shelters**

- Homeless shelters must provide verification to Southwest Gas that they provide at least 6 beds for a minimum of 180 days out of the year for persons who have no alternative residence.
- Homeless shelters operated in a government-owned or subsidized building by a nonprofit organization may qualify for CARE so long as the nonprofit entity is the Southwest Gas customer of record for the site, and a minimum of 70% of the energy consumed on site is used for residential purposes (eating or sleeping).

**Individual Eligibility Guidelines**

- Each resident whose total gross annual income (taxable and non-taxable) from all sources is no more than 200% of the federal poverty level income guidelines and is not claimed as a dependent on another person's income tax return.

## Exclusions

- Publicly-owned and government-subsidized housing facilities are not qualifying group living facilities. A group living facility that would otherwise qualify for CARE would not be ineligible because compensation for room, board, or services is provided by a governmental agency on behalf of the resident under a disability, Supplemental Security Income (SSI), Social Security Administration (SSA), or other governmental assistance program.
- Facilities such as student housing and/or dorms, military barracks, fraternities and/or sororities are excluded.
- The discount cannot be used to offset any direct governmental subsidies.
- **Any for-profit entity is ineligible.**

## Certification Requirements

- Facilities must recertify every two years to receive CARE.
- Nonprofit status of the corporation and/or facility, including homeless shelters, must be evidenced by including a letter of tax-exempt nonprofit status under Internal Revenue Service Code Section 501(c)(3).
- Services provided to residents of licensed or permitted group living facilities must be evidenced by including a current certification from the appropriate state licensing

agency or copy of Conditional Use Permit along with the application. Homeless shelters are not required to certify provision of services, but must meet the minimum operational requirements and provide, if permitted, a copy of a current Conditional Use Permit.

- Other non-licensed or non-permitted facilities must provide adequate proof satisfactory to Southwest Gas that its residents meet the income eligibility requirements, and that its services are being provided to benefit income eligible residents.
- Except for homeless shelters, the facility must provide proof of every resident's eligibility by completing a CARE application form (properly authorized by the resident). Individual documentation of income may be waived for those seeking lodging at homeless shelters.
- At the time of each certification, all participating facilities, including homeless shelters, are required to demonstrate to Southwest Gas that they have passed on the discount for the benefit of the income eligible residents. Reasonable certification shall include a statement of the dollar amount of the annual discount and an explanation of how those funds were spent for the benefit of the income eligible residents.

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## About the Discount

PU Code Section 739 extends CARE program benefits to nonprofit group living facilities that provide a service, such as meals or rehabilitation, in addition to lodging, for the direct benefit of income eligible residents. This discount is required by state law and is under the direction of the California Public Utilities Commission (CPUC).

**Note: Facilities receiving the discount are subject to verification by Southwest Gas. Facilities receiving the discount inappropriately will be re-billed at the correct rate.**

For additional information, please call:

Customer Assistance ..... (877) 860-6020

Hearing Impaired ..... 711

Or visit our website at: [www.swgas.com/caassist](http://www.swgas.com/caassist)

# Application

Name on Southwest Gas Bill		Account Number		
Service Address		City	State	ZIP Code
Mailing Address		City	State	ZIP Code
Name of Corporation/Facility		IRS Nonprofit Tax ID # _____ <b>Attach copy</b> of IRS Code Section 501(c)(3) Letter of Tax-Exempt Nonprofit Status		
Name on State Business License ( <b>Attach copy of License</b> ) or Conditional Use Permit		Type of License	Expiration Date	
Name on any other current license or Conditional Use Permit for the Corporation/Facility		Total Number of Residents of Facility	Total Number of Residents who meet Eligibility Guidelines as stated above	
Is the facility operating as a satellite of a licensed, "mothership" facility? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, provide name of "mothership" facility and <b>attach a copy</b> of current "mothership" license.			Name on Southwest Gas Bill	
Address of satellite facility(ies)				
State primary purpose of the facility and the services offered: _____				
Is at least 70% of the facility's energy used for residential purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the facility receive any funding from a governmental agency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please explain type of funding and which governmental agency provides the funding _____				
<p>As an authorized representative of the facility, I certify, under penalty and perjury, under the laws of the State of California, that the above information is true and accurate. I am authorized by this facility to sign this application and have verified the eligibility of the residents. I further certify that the discount shall be used for the direct benefit, such as improved quality of care or improved food service, of the residents of the facility. I am responsible for the annual renewal of this facility's license from the appropriate licensing agency. I also understand that Southwest Gas may request additional proof of eligibility and verification.</p>				
_____ Authorized Representative Name (please print)	_____ Authorized Representative Signature	_____ Date Signed	_____ ( ) Telephone Number	