

APPLICATION FOR CALIFORNIA ALTERNATE RATES  
FOR ENERGY (CARE) PROGRAM FOR QUALIFIED  
AGRICULTURAL EMPLOYEE HOUSING (Form 6632-D, 06/11)

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(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 4242  
DECISION NO.

107

ISSUED BY

**Lee Schavrien**  
Senior Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED May 16, 2011  
EFFECTIVE Jun 1, 2011  
RESOLUTION NO. E-3524



# APPLICATION FOR 20% DISCOUNT California Alternate Rates for Energy (CARE) Program For Qualified Agricultural Employee Housing Facilities



## INSTRUCTIONS

1. **PLEASE READ ALL** information and instructions before you complete, sign, and date this application. If you have questions, call 1-800-207-8567, Monday through Friday, 7:00 am-4:00 pm.
2. **DETERMINE** if the facility meets the definition of a qualified agricultural employee housing facility. 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 (including satellite facilities).
4. **ATTACH** all required documents. (Application is considered incomplete without documents).
5. **MAIL to:**           The Gas Company®  
                                  CARE Program - ML 12F1  
                                  PO Box 3249  
                                  Los Angeles, CA 90051-1249

## DISCOUNT

The CARE program provides a 20% discount off the 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 utility receives and approves the completed and signed 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 and/or households meet the current CARE eligibility shown below, excluding any employee operating or managing the facility who resides at the facility.

<b>PUBLIC ASSISTANCE PROGRAMS:</b>
If another person in the household receives benefits from any of the following programs:
Medicaid, Medi-Cal, Healthy Families A&B, Women, Infants, & Children (WIC), CalWORKs (TANF), Tribal TANF, Head Start Income Eligible - Tribal Only, Bureau of Indian Affairs General Assistance, CalFresh / SNAP (Food Stamps), National School Lunch Program (NSLP), Low Income Home Energy Assistance Program (LIHEAP), Supplemental Security Income (SSI)

**OR**

<b>MAXIMUM HOUSEHOLD INCOME:</b> <i>(effective June 1, 2011 to May 31, 2012)</i>	
Number of Persons in Household	Total Annual Income* <small>*current household income from all sources before deductions</small>
1-2	\$31,800
3	\$37,400
4	\$45,100
5	\$52,800
6	\$60,500
Each additional household member, add	\$7,700

- Applicant is required to certify CARE eligibility annually by completing a new application, including how the discount will be used in the first year for the direct benefit of the residents.

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## ELIGIBLE FACILITIES

**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 (commencing with Section 17000) of Division 13.

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

**Housing for Agricultural Employees** (non-migrant and operated by non-profit 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.

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## APPLICANTS RESPONSIBILITIES

The applicant is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all individuals residing in the facility meet the CARE eligibility (see Eligibility Criteria for Applicant) and make a certification to that effect, under penalty of perjury, under the laws of the state of California.
- At annual recertification, show how the past year's discount was used and how the next year's discount is expected to be used for direct benefit of the residents.
- Maintain records of residents' CARE eligibility, which should come from federal tax return, 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/or 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/or recertification.
- Upon request from the utility, provide documentation of the residents' CARE eligibility and/or 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.



# Application for 20% Discount California Alternate Rates for Energy (CARE) Program For Qualified Agricultural Employee Housing Facilities



If you have any questions: Call The Gas Company's CARE toll-free line at 1-800-207-8567, Monday through Friday, 7:00 a.m. to 4:00 p.m.

## 1 APPLICANT INFORMATION: (please type or print)

Name on Gas Bill \_\_\_\_\_

Name of Facility \_\_\_\_\_  
(if different than on bill)

Account Number for This Facility

Service Address \_\_\_\_\_ City \_\_\_\_\_, CA Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_, CA Zip Code \_\_\_\_\_  
(if different)

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

E-mail Address \_\_\_\_\_  
(optional)

Daytime Phone     -     Fax     -

## 2 FACILITY INFORMATION (check one)

- EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.
- HOUSING FOR AGRICULTURAL EMPLOYEES** (non-migrant and operated by non profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

## 3 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 CARE eligibility of all residents of the facility and/or households meet CARE eligibility guidelines.
- Documentation is available to substantiate the above.
- Verified that each facility meets the residential energy usage criteria.

### FOR ALL FACILITIES

Applicant is customer of record. Yes  No

100% of residents and/or households meet CARE eligibility guidelines. Yes  No

I have provided information on how the Discount for the coming year will be used to directly benefit the residents. Yes  No

### FOR ALL FACILITIES (continued)

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 received the discount, I must notify the utility within 30 days. Yes  No

Last year's discount was used for \_\_\_\_\_  
IF INITIAL CERTIFICATION, LEAVE BLANK

This year's discount will be used for \_\_\_\_\_

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's Name (please print or type) \_\_\_\_\_

Authorized Representative's Title \_\_\_\_\_

Authorized Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

**4** FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FOUR (4) ADDRESSES:

Account Number:

Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Type of metering:  Individually metered  Master metered

Energy used for residential purpose:  100%  At least 70%

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

100% of residents and/or households meet CARE eligibility criteria  Yes  No

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Account Number:

Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Type of metering:  Individually metered  Master metered

Energy used for residential purpose:  100%  At least 70%

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

100% of residents and/or households meet CARE eligibility criteria  Yes  No

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Account Number:

Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Type of metering:  Individually metered  Master metered

Energy used for residential purpose:  100%  At least 70%

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

100% of residents and/or households meet CARE eligibility criteria  Yes  No

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Account Number:

Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Type of metering:  Individually metered  Master metered

Energy used for residential purpose:  100%  At least 70%

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

100% of residents and/or households meet CARE eligibility criteria  Yes  No