



San Diego Gas & Electric Company
San Diego, California

Revised Cal. P.U.C. Sheet No. 18822-G

Canceling Revised Cal. P.U.C. Sheet No. 18246-G

SAMPLE FORMS

Sheet 1

FORM 142-4032

Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities

Form 142-4032

(05/11)

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(See Attached Form)

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Advice Ltr. No. 2035-G

Decision No. _____

Issued by
Lee Schavrien
Senior Vice President
Regulatory Affairs

Date Filed May 16, 2011

Effective Jun 1, 2011

Resolution No. E-3524



Application for 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 1-800-560-5551, Monday through Friday, 8:00 am-5:00 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:
 - San Diego Gas & Electric Company
 - CARE Program
 - PO Box 129832
 - San Diego, CA 92112-9831
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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 income guidelines, excluding any employee operating or managing the facility who resides on the facility.

Income Qualifications	
Number of Persons In Household	Maximum Total Combined Annual Income
1 or 2	\$31,800
3	\$37,400
4	\$45,100
5	\$52,800
6	\$60,500
Add \$7,700 for each additional person	

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

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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APPLICANT'S 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 income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under penalty of perjury, under the laws of the state of California.
- At annual re-certification, 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' income 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 re-certification.
- 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 re-certification.
- Upon request from the utility, provide documentation of the residents' income 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.

FOR ALL FACILITIES

- Applicant is customer of record Yes No

- 100% of residents and/or households meet CARE income 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 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

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.)

Authorized Representative's Title

Authorized Representative's Signature

Date

If you have any questions, call SDG&E's CARE toll-free line at 1-800-560-5551, Monday through Friday, 8:00 a.m. to 5:00 p.m.

