

# CALIFORNIA PUBLIC UTILITIES COMMISSION

## ADVICE LETTER FILING SUMMARY ENERGY UTILITY

MUST BE COMPLETED BY LSE (Attach additional pages as needed)

Company name/CPUC Utility No. **Liberty Utilities (CalPeco Electric) LLC (U 933-E)**

Utility type:

ELC       GAS  
 PLC       HEAT     WATER

Contact Person for questions and approval letters: Greg Campbell

Phone #: 562-299-5117

E-mail: [greg.campbell@libertyutilities.com](mailto:greg.campbell@libertyutilities.com)

### EXPLANATION OF UTILITY TYPE

ELC = Electric      GAS = Gas  
PLC = Pipeline      HEAT = Heat      WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 96-E-A

Subject of AL: Revised Liberty Utilities Tariff Reflecting Updated Income Eligibility Levels for the California Alternate Rates for Energy Program and the Energy Savings Assistance Program

Tier Designation:  1    2    3

Keywords (choose from CPUC listing):

AL filing type:  Monthly    Quarterly    Annual    One-Time    Other \_\_\_\_\_

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution: Decision 12-08-44 BS General Order 96B

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL

Summarize differences between the AL and the prior withdrawn or rejected AL \_\_\_\_\_

Resolution Required?  Yes    No

Requested effective date: June 1, 2018

No. of tariff sheets: 5

Estimated system annual revenue effect: (%)

Estimated system average rate effect (%):

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: **Schedule No. CARE-CARE DOMESTIC SERVICE, Form No. 98-2100, Form No. 98-2150, Form No. 98-2200, CPUC Sheet 87 – Schedule No. CARE.**

Service affected and changes proposed: N/A

Pending advice letters that revise the same tariff sheets: N/A

**Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:**

**CPUC, Energy Division Utility Info (including e-mail)**

**Attention: Tariff Unit**  
505 Van Ness Ave.,  
San Francisco, CA 94102  
[edtariffunit@cpuc.ca.gov](mailto:edtariffunit@cpuc.ca.gov)

**Liberty Utilities (CalPeco Electric) LLC**  
**Attention: Advice Letter Protests**  
933 Eloise Avenue  
South Lake Tahoe, CA 96150

**Email: [greg.campbell@libertyutilities.com](mailto:greg.campbell@libertyutilities.com)**



Liberty Utilities (CalPeco Electric) LLC  
933 Eloise Avenue  
South Lake Tahoe, CA 96150  
Tel: 800-782-2506  
Fax: 530-544-4811

**VIA EMAIL AND HAND-DELIVERY**

**June 1, 2018**

**Advice Letter 96-E-A  
(U 933-E)**

California Public Utilities Commission  
Energy Division, Tariff Unit  
505 Van Ness Avenue, 4<sup>th</sup> Floor  
San Francisco, CA 94102-3298

**Subject: Revised Liberty Utilities Tariff Reflecting Updated Income Eligibility Levels for the California Alternate Rates for Energy Program and the Energy Savings Assistance Program**

Pursuant to Decision 12-08-044, Liberty Utilities (CalPeco Electric) LLC (U 933-E) ("Liberty Utilities") requests California Public Utilities Commission ("Commission") approval to revise its tariffs to update the income eligibility guidelines for the California Alternate Rates for Energy ("CARE") Program and the Energy Savings Assistance ("ESA") Program.

**Background**

In a letter dated **March 1, 2018**, Director Randolph requested that energy utilities file revised tariffs with Energy Division reflecting the new income levels described in the letter.

The amended version of AL-96-E will include one additional tariff page, CPUC Sheet 87 – Schedule No. CARE; and include minor effective date changes on the Schedule No. Expanded CARE page.

**Proposed Changes**

Liberty Utilities seeks to implement the new income levels provided in the letter from Director Randolph. All tariffs, internet sites and printed materials about CARE and ESA Programs will display the revised income eligibility guidelines and their effective dates, for household sizes of 1-8 persons in alignment with Federal Poverty Guidelines.

**Effective Date**

Liberty Utilities requests that this Tier 1 advice filing become effective **June 1, 2018**.

**Protests**

Anyone wishing to protest this filing may do so by letter sent via U.S. mail, by facsimile or by email, any of which must be received no later than **June 21, 2018**, which is 20 days after the date of this filing. The protest shall set forth the grounds upon which it is based and shall be

Energy Division Tariff Unit  
California Public Utilities Commission  
**June 1, 2018**  
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submitted expeditiously. There is no restriction on who may file a protest. Protests should be mailed to:

California Public Utilities Commission  
Energy Division, Tariff Unit  
505 Van Ness Avenue, 4<sup>th</sup> Floor  
San Francisco, CA 94102-3298  
Facsimile: (415) 703-2200  
Email: edtariffunit@cpuc.ca.gov

The protest also should be sent via email and U.S. Mail (and by facsimile, if possible) to Liberty Utilities at the addresses show below on the same date it is mailed or delivered to the Commission.

**Liberty Utilities (CalPeco Electric) LLC**  
**Attn.: Advice Letter Protests**  
**933 Eloise Avenue**  
**South Lake Tahoe, CA 96150**  
**Fax: 530-544-4811**  
**Email: Dan.Marsh@libertyutilities.com**

**Notice**

In accordance with General Order 96-B, Section 4.3, a copy of this advice letter is being sent electronically and via U.S. mail to parties shown on the attached list.

If additional information is required, please do not hesitate to contact me.

Sincerely,

/s/  
**Dan Marsh**  
**Manager, Rates and Regulatory Affairs**  
Liberty Utilities (CalPeco Electric) LLC

Attachments

cc: Liberty Utilities General Order 96 –B Advice Letter Service List

Liberty Utilities (CalPeco Electric) LLC  
Advice Letter Filing Service List  
General Order 96-B, Section 4.3

**VIA EMAIL**

gbinge@ktminc.com;  
emello@sppc.com;  
epoole@adplaw.com;  
cem@newsdata.com;  
rmccann@umich.edu;  
sheila@wma.org;  
abb@eslawfirm.com;  
cbk@eslawfirm.com;  
bhodgeusa@yahoo.com;  
chilen@nvenergy.com;  
phanschen@mofoc.com;  
liddell@energyattorney.com;  
cem@newsdata.com;  
dietrichlaw2@earthlink.net;  
ericj@eslawfirm.com;  
clerk-recorder@sierracounty.ws;  
plumascoco@gmail.com;  
marshall@psln.com;  
stephenhollabaugh@tdpud.org;  
gross@portersimon.com;  
mccluretahoe@yahoo.com;  
catherine.mazzeo@swgas.com;  
Theresa.Faegre@libertyutilities.com;  
SDG&ETariffs@semprautilities.com;  
greg.campbell@libertyutilities.com;  
bcragg@goodinmacbride.com;

AdviceTariffManager@sce.com;  
edtariffunit@cpuc.ca.gov;  
jrw@cpuc.ca.gov;  
rmp@cpuc.ca.gov;  
jaime.gannon@cpuc.ca.gov;  
mas@cpuc.ca.gov;  
txb@cpuc.ca.gov;  
efr@cpuc.ca.gov;  
tlg@cpuc.ca.gov;  
dao@cpuc.ca.gov;  
ljt@cpuc.ca.gov;  
mmg@cpuc.ca.gov;  
kjl@cpuc.ca.gov;  
denise.tyrrell@cpuc.ca.gov;  
fadi.daye@cpuc.ca.gov;  
winnie.ho@cpuc.ca.gov;  
usrb@cpuc.ca.gov;  
Rob.Oglesby@energy.ca.gov;  
stevegreenwald@dwt.com;  
vidhyaprabhakaran@dwt.com;  
judypau@dwt.com;  
dwtcpucdockets@dwt.com;  
patrickferguson@dwt.com;  
travis.ritchie@sierraclub.org;  
dan.marsh@libertyutilities.com;  
sharon.yang@libertyutilities.com;  
ginge@kinectenergy.com



**LIBERTY UTILITIES (CALPECO ELECTRIC) LLC ("LIBERTY")  
CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE)**

CARE provides a monthly discount on your Liberty electric service.  
1-866-675-6627 Toll-Free

To participate in the CARE rate, you must submit a copy of your current gross monthly income for everyone living in your home. You must also submit a copy of the top portion of your current Liberty bill. PLEASE NOTE: The name on the bill and the name on this application must match. **DO NOT SUBMIT ORIGINAL DOCUMENTS. THEY WILL NOT BE RETURNED.**

If your name or address has changed, you MUST inform Liberty. There is no charge for changing or adding a name to your Liberty account.

**Your Name (as it appears on your Liberty bill):**

\_\_\_\_\_  
First Middle Last

**Mailing Address:**

\_\_\_\_\_  
Number and Street Apartment Number

\_\_\_\_\_  
City State Zip Code

**Daytime Telephone Number**

( ) \_\_\_\_\_

INCLUDING YOURSELF, total number of people living in your home. \_\_\_\_\_

# Adults \_\_\_\_\_ #Children \_\_\_\_\_

**Submetered Applicants Only** – Enter the name of Mobile Home Park \_\_\_\_\_

The information on this application will be used to determine and verify my eligibility for assistance. I understand that Liberty may share my information with other utilities and their agents to enroll me in their assistance programs. If eligible for the CARE discount, I authorize the proper change to my rate schedule and give my consent for annual eligibility verification. I declare, under penalty of perjury, that the information on this application is true and correct.

X \_\_\_\_\_  
Applicant's Signature Date Witness' Signature (if applicant signed with a mark)

**YOUR APPLICATION IS NOT COMPLETE WITHOUT ALL OF THE FOLLOWING:**

- Completed Application     Copy of current Liberty bill     Copy(ies) of current proof of income     Signature

**Include current proof of income for everyone in your home? Sign and date your application?**

**APPLICANT QUESTIONNAIRE**

Liberty is currently conducting a survey to measure the effectiveness of its outreach efforts. The following questions are OPTIONAL. Answering the questions will have no effect on the handling of your CARE application or participation in CARE.

**Please check the appropriate box(es).**

APPLICANT'S AGE GROUP:

- 18-39     40-59     60 or older

APPLICANT'S ETHNICITY:

- African-American     Caucasian     Hispanic/Latino     Native American  
 Asian     Other \_\_\_\_\_

HOW DID YOU HEAR ABOUT Liberty CARE?

- Community Organizations     Public Agency     Newspaper/Radio  
 Word-of-Mouth     Other

Please return completed CARE application to:

Liberty Utilities (CalPeco Electric) LLC  
Attention: CARE Program  
933 Eloise Avenue  
South Lake Tahoe, CA 96150

**LIBERTY USE ONLY**

Date Received \_\_\_\_\_  
Employee Initials \_\_\_\_\_

# PLEASE KEEP THIS INFORMATION SHEET

1-866-675-6627 TOLL FREE

PLEASE PROVIDE ALL REQUESTED INFORMATION SO THERE WILL BE NO DELAYS IN PROCESSING YOUR APPLICATION

MAY BE ELIGIBLE FOR THE California Alternative Rate for Energy (CARE) Program if:

You are a Liberty Utilities (CalPeco Electric) LLC permanent residential customer and pay your energy cost directly to Liberty  
-and-  
Your gross monthly income, before deductions for all persons living in your household, is not over the CARE Income Guidelines. (See Proof of Income and Income Guidelines below.)

## EXAMPLES OF PROOF OF INCOME

All proof of income must be current and show an income amount.

- Temporary Assistance for Needy Families (TANF): Notice of Action; or computer printout; or benefit letter; copy of check; or
- Food Stamps: Notice of Action or benefit letter from eligibility worker showing dollar amount of assistance; or
- Supplemental Security Income: Notice of Planned Action or Form 2458; computer printout from Social Security Office; copy of bank statement showing SSI direct deposit; copy of SSI check; or
- Social Security benefits: copy of current check(s); SSA Form 1099, 4926, or 2458; computer printout from Social Security Administration Office; Bank Statement showing direct deposit; or
- Pension and Annuities: copy of a current check; verification on letterhead or annual statement from pension plan; or
- Wages: copy of current paycheck stub(s) covering a one-month period and showing gross income; or
- Interest Income: monthly or quarterly bank statement; statement of interest income from bank agency; or
- Disability Compensation: copy of a current check; printout or letter from agency or insurance company verifying the compensation amount; or
- Unemployment Benefits: copy of current check(s); printout from Employment Development Department; or
- Child and/or Spousal support: copy of current check; or
- Support from an Individual: copy of check and statement signed by person providing the support; or
- General Assistance: Notice of Action from County Social Services; copy of a current check; or
- Student Aid: Financial Aid statement from College or University; or
- Veteran's Benefits: letter indication receipt of Veteran's Pension; copy of Veteran's Administration check; or
- Signed Federal Tax Form 1040; or
- W2 Forms.

CARE Income Guidelines – Effective June 1, 2018 to May 31, 2019		
Size of Household	Monthly	Yearly
1-2	\$2,743	\$32,920
3	\$3,463	\$41,560
4	\$4,183	\$50,200
5	\$4,903	\$58,840
6	\$5,623	\$67,480
7	\$6,343	\$76,120
8	\$7,063	\$84,760

NOTE: For households with more than eight members, increase income by the amount below for each additional family member.

Additional Family Members Amounts:	\$8,640
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You are not eligible for the CARE if you are:

- Claimed as a dependent on another person's income tax return;
- Non-permanent customer with a recreation or vacation home.



CARE ofrece un descuento mensual de su servicio eléctrico Liberty

**1-866-675-6627 Toll-Free**

Para participar en tarifaria de CARE, debe presentar una copia de su ingreso mensual bruto para todos los que viven en su hogar. También debe presentar una copia de la parte superior de su factura actual de Liberty. **TENGA EN CUENTA: El nombre en la factura y el nombre de esta solicitud deben coincidir. NO PRESENTE DOCUMENTOS ORIGINALES. NO SERÁN DEVUELTOS.**

Si su nombre o la dirección ha cambiado, debe informar a Liberty. No hay cargo por cambiar o agregar un nombre a su cuenta

Liberty. **Su nombre (como aparece en su factura Liberty):**

Nombre \_\_\_\_\_ Segundo Nombre \_\_\_\_\_ Apellido \_\_\_\_\_

**dirección de correo**

Número y calle \_\_\_\_\_ Número de apartamento \_\_\_\_\_

Ciudad \_\_\_\_\_ estado \_\_\_\_\_ código de zip \_\_\_\_\_

**Teléfono durante el día**

( ) \_\_\_\_\_

ENTRE TOTAL BRUTO MENSUAL INCOME para todas las personas que viven en su casa y adjuntar la prueba actual de ingresos. (La prueba debe coincidir con la cantidad total de la línea de ingresos.)

CalWORKS \$ \_\_\_\_\_  
SSI/SSP \$ \_\_\_\_\_  
SSA \$ \_\_\_\_\_  
Pensions \$ \_\_\_\_\_  
GA/GR \$ \_\_\_\_\_  
Wages \$ \_\_\_\_\_  
Interest Income \$ \_\_\_\_\_  
Other Income \$ \_\_\_\_\_

TOTAL DE INGRESOS \$ \_\_\_\_\_

INCLUYENDO A USTED MISMO, entre el número de personas que viven en su casa

**Los solicitantes sólo submedidores** - Escriba el nombre de parquet de casos móviles \_\_\_\_\_

La información en esta solicitud será utilizada para determinar y verificar mi elegibilidad para asistencia. Entiendo que Liberty puede compartir mi información con otros servicios públicos y sus agentes para inscribirme en sus programas de asistencia. Si elegible para el descuento de CARE, autorizo el cambio correcto a mi lista de tarifas y doy mi consentimiento para la verificación de elegibilidad anual. Declaro, bajo pena de perjurio, que la información en esta solicitud es verdadera y correcta.

X \_\_\_\_\_  
Firma del solicitante \_\_\_\_\_ fecha \_\_\_\_\_ Testigo Firma (si el solicitante firmó con una marca) \_\_\_\_\_

**SU APLICACIÓN no está completa sin TODO LO SIGUIENTE:**

Solicitud completa     Copia de la factura actual Liberty     Copia (s) de la prueba actual de ingresos     firma

**Incluya una prueba actual de ingresos para todos en su casa? Firmar y fechar su solicitud?**

**SOLICITANTE CUESTIONARIO**

Liberty realiza actualmente la conducción de una encuesta para medir la eficacia de los esfuerzos de su alcance. Las siguientes preguntas son opcionales. Responder a las preguntas no tendrá ningún efecto sobre la tramitación de su solicitud de CARE o participación en CARE.

Por favor, marque la casilla correspondiente (s).

GRUPO DE EDAD DEL SOLICITANTE:

n18-39  n40-59  n60 o más

ETNICIDAD DEL SOLICITANTE:

nAfrican-American  nCaucasian  nHispanic/Latino  nNative American  
 nAsian  nOther \_\_\_\_\_

CÓMO SE ENTERO DE CARE DE Liberty?

n Organizaciones de la Comunidad  n Agencia Pública  n Periódico / radio  
 n Boca-a-boca  n Otros

Por favor devuelva la solicitud completa CARE A:

Liberty Utilities (CalPeco Electric) LLC  
Attention: CARE Program  
933 Eloise Avenue  
South Lake Tahoe, CA 96150

**FOR LIBERTY USE ONLY**

Date Received \_\_\_\_\_  
Employee Initials \_\_\_\_\_

# CONSERVE ESTA HOJA DE INFORMACIÓN

1-866-675-6627 LLAMADA GRATUITA

**FAVOR DE PROPORCIONAR TODA LA INFORMACIÓN SOLICITADA PARA NO TARDAR EL PROCESO DE SU APLICACION**

USTED PUEDE SER elegible a la tarifa alternativa de Energía de California (CARE) si:

Usted es un cliente residencial permanente de Liberty Utilities (CalPeco Electric) LLC (Liberty y pague el costo de la energía directamente a Liberty

-y-

Su ingreso bruto mensual, antes de las deducciones para todas las personas que viven en su hogar, no es más de las Directrices de Ingresos de CARE.

Véase la Prueba de Ingresos y las normas de ingresos a continuación.

## EJEMPLOS DE LA PRUEBA DE LAS INGRESOS

**Todas las pruebas de ingresos debe ser actual y mostrar el una cantidad de ingresos.**

- Asistencia Temporal para Familias Necesitadas (TANF): Notificación de Acción, o impresión de computadora, o carta de beneficio, copia de un cheque, o
- Cupones para Alimentos: Notificación de Acción o carta de beneficios del trabajador de elegibilidad que indique el monto en dólares de la asistencia, o
- Seguridad de Ingreso Suplementario: Aviso de Acción Planificada o Formulario 2458, impresión de la computadora de la Seguridad Social, copia del extracto bancario que muestre el depósito directo de SSI: copia de cheque de SSI, o
- Beneficios del Seguro Social: copia de cheque reciente (s); Formulario SSA 1099, 4926 o 2458; impresión de la computadora de la Seguridad Social Oficina de Administración, Banco Estado que muestre el depósito directo, o
- Pensión y: copia de un cheque reciente verificación por carta o declaración anual del plan de pensiones, o
- Salarios: copia del recibo de sueldo actual (s) que cubren un período de un mes y que muestren los ingresos brutos, o
- Ingreso por interés: estado de cuenta bancario mensual o trimestral; estado de los ingresos por intereses de la agencia bancaria, o
- Compensación por incapacidad: copia de un cheque actual copia impreza o carta de la agencia o compañía de seguro que verifique la cantidad de la remuneración, o
- Beneficios de desempleo: copia de cheque reciente (s), copia impresa del Departamento de Desarrollo Laboral, o
- Apoyo de niño y lo conyuge: copia de cheque reciente o
- Apoyo de un individuo: copia de un cheque y declaración firmada por persona que presta el apoyo, o
- Ayuda General: Aviso de Acción de Servicios Sociales del Condado; copia de un cheque reciente o
- Ayuda Estudiantil: declaración de ayuda financiera de un Colegio o Universidad, o
- recibo carta de indicación de Pensiones de los Veteranos; copia de un cheque la Administración de Veteranos, o bien: • Beneficios de Veteranos
- Firmado el Formulario 1040 de Impuestos Federales, o
- Formas W2.

<b>CAUTION Directrices sobre la renta – Efectivo el 1 junio de 2018 al 31 de mayo de 2019</b>		
<b>Tomano de los hogares</b>	<b>cada mes</b>	<b>cada ano</b>
1-2	\$2,743	\$32,920
3	\$3,463	\$41,560
4	\$4,183	\$50,200
5	\$4,903	\$58,840
6	\$5,623	\$67,480
7	\$6,343	\$76,120
8	\$7,063	\$84,760

NOTA: Para los hogares con más de ocho miembros, aumentar los ingresos por el importe por debajo de cada miembro adicional.

Las cantidades adicionales de los miembros de la familia:	\$8,640
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Usted no es elegible para CARE si usted:

- Es reclamado como dependiente en la declaración de otra persona de ganancia;
- No es residente permanente con una casa de recreación o de vacaciones.



LIBERTY UTILITIES (CALPECO ELECTRIC) LLC (LIBERTY UTILITIES) CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE) EXPANDED CARE FOR GROUP-LIVING FACILITIES

INSTRUCTIONS:

- 1. READ the information on the attached sheet.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group-living facility. The facility MUST meet all Criteria to quality for the 20% Low-Income discount.
3. COMPLETE the entire application (please print or type). Nonprofit corporations must complete application for all qualified satellite facilities.
4. ATTACH all required documents. (Application is not considered complete without documents.)
5. MAIL to: Liberty Utilities (CalPeco Electric) LLC
Billing - CARE Program
933 Eloise Ave.
South Lake Tahoe, CA 96150
6. For assistance, call 1-866-675-6627, toll free.

Name (as it appears on your Liberty Utilities bill): \_\_\_\_\_

Name of Facility (if different): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Service Address:

Number and Street Apt# City State Zip Code

Mailing Address (if different):

Number and Street Apt# City State Zip Code

Corporate operation facility has IRS 501(C)(3) tax exempt status. [ ] Yes [ ] No (Required attachment IRS letter)
At least 70% of facility's energy use is for residential purposes. [ ] Yes [ ] No
Is facility government-owned or operated? [ ] Yes [ ] No

FOR NONPROFIT GROUP-LIVING FACILITIES

Primary purpose and services offered by facility: [ ] Lodging [ ] Meals [ ] Rehabilitation [ ] Training [ ] Counseling [ ] Other
If other, please explain: \_\_\_\_\_
Total Number of Residents of facility: \_\_\_\_\_ Total Number of Residents who qualify as low income: \_\_\_\_\_

FOR HOMELESS SHELTERS

Number of beds: \_\_\_\_\_ Number of days occupied each year: \_\_\_\_\_
Name of Conditional Use Permit (Required attachment: Use Permit); or IRS 501(C)(3) tax exempt letter.
\_\_\_\_\_

ANNUAL RECERTIFICATION: Total amount of discount received last year: \$ \_\_\_\_\_
What was the discount used for?: \_\_\_\_\_

FOR LIBERTY UTILITIES USE ONLY

Date Received: \_\_\_\_\_ Date Certified: \_\_\_\_\_
Denied: \_\_\_\_\_ Employee Initials: \_\_\_\_\_

A nonprofit group-living facility may consist of a licensed "parent" facility AND related non-licensed "satellite" facilities at other locations.

The non-licensed satellite facilities are eligible for the discount provided:

- The parent facility is licensed by the appropriate state agency and meets all other criteria.
- At least 70% of the energy consumed by the satellite facility MUST be used for residential purposes. In addition, each satellite facility for homeless shelters must provide at least 6 beds for at least 180 days per year.
- The parent facility must appear as the customer of record on the energy bill for the satellite facility.

The nonprofit parent corporation must complete the following information for all qualified satellite facilities. If you are a satellite facility, contact your corporate facility.

70 % of energy used  
For Residential Purpose

For Nonprofit Group-Living Facilities:

Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		

	<u>70% of Res. Energy</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>No. Beds</u>	<u>Days/Yrs. Occupied</u>
For Homeless Shelters:					
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____	_____
Account Number(s): _____					
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____	_____
Account Number(s): _____					
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____	_____
Account Number(s): _____					

I certify under penalty of perjury, under the laws of the State of California, that the information on this application is true and accurate. I have verified the low income eligibility of all residents (not required for homeless shelters). I am responsible for the annual renewal of the facility's license from the appropriate State licensing department or for the Conditional Use Permit. I understand that Liberty Utilities may verify the accuracy of this information and confirm the direct benefits to the residents through random sampling. Errors in the information provided may cause the account(s) to be rebilled without the discount. My signature gives my consent for this information to be shared with any other utility companies, if applicable.

\_\_\_\_\_  
Authorized Representative's Name (please print) Title

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

Daytime Phone Number: \_\_\_\_\_

## PLEASE KEEP THIS INFORMATION SHEET

### LOW-INCOME RATEPAYER ASSISTANCE PROGRAM FOR NONPROFIT GROUP-LIVING FACILITIES

**PLEASE PROVIDE ALL REQUESTED INFORMATION SO THERE WILL BE NO DELAYS IN PROCESSING YOUR APPLICATION**

**DISCOUNT:** Your facility may qualify for a 20% discount on your electric rates.

**ELIGIBILITY CRITERIA:** The Facility Must Meet All of the Following Criteria:

For transitional housing (drug rehabilitation, half-way house), short- or long-term care facility (hospice), nursing homes, seniors' or children's home, or group home for physically or mentally disabled:

- Corporation operation facility must have IRS tax exempt status under Code 501(C)(3).
- Facility must be licensed by the State Department of Social Services, Department of Drug and Alcohol Programs, Department of Health Services, or other appropriate state agency.
- Facility must provide service, such as meals or rehabilitation, in addition to lodging.
- 100% of residents must meet current CARE eligibility guidelines for a single-person household. (See below)
- 70% of the electricity supplied to the facility must be used for residential purposes.
- Satellite facilities in the name of the licensed parent facility, where 70% of the energy supplied is for residential purposes, are also eligible.

For Homeless Shelters:

- Corporation operating facility must have IRS tax exempt status under Code 501(C)(3)
- Facility must have a Conditional Use Permit.
- Facility must provide at least six beds each night for a minimum of 180 days each year for persons who have no alternative residence.
- Primary function of facility is to provide lodging.
- 70% of electricity supplied to the facility must be used for residential purposes.

Facilities Not Eligible:

- A group-living facility offering only a place to live.
- Government-subsidized facility providing lodging only.
- Government-owned housing.
- Student housing, dormitories, fraternities, sororities, etc.

#### INDIVIDUAL ELIGIBILITY GUIDELINES:

Each resident's annual gross income does not exceed \$32,920 OR resident is receiving one of the following types of assistance:

- Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), State Supplementary Payment (SSP) benefits.
- Social Security, Veteran's, Disability, Unemployment or Retirement benefits.

#### ATTACHMENTS REQUIRED:

- A copy of IRS letter determining tax-exempt status or corporation operating the facility under IRS Code 501(C)(3).
- A copy of license from appropriate State agency, or a copy of Conditional Use Permit for each facility.

#### ANNUAL RECERTIFICATION:

Facility is required to re-certify annually and provide amount of discount received in prior year and an explanation of how the discount funds were used for the direct benefit of low-income residents. An application will be automatically sent to you each year.

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

**APPLICABILITY**

This schedule provides a California Alternate Rates for Energy (CARE) rate discount to qualified nonprofit group living facilities, migrant farm worker housing centers, privately owned employee housing, or agricultural employee housing operated by nonprofit organizations, and is taken in conjunction with the customer's otherwise applicable service schedule.

**TERRITORY**

Entire California Service Area.

**RATES**

Qualifying customers will receive a 20% discount on all customer, demand, and energy charges on their otherwise applicable service schedule. In addition, such customers will not be charged the CARE Surcharge.

**SPECIAL CONDITIONS**

1. **APPLICABLE CONDITIONS**

All special conditions contained in the customer's otherwise applicable schedule are applicable to service under this schedule.

2. **NONPROFIT GROUP LIVING FACILITIES**

- a. To be eligible for service under this schedule, the total gross annual income, both taxable and non-taxable, from all sources from each resident residing in the nonprofit group living facility may not exceed the Commission's CARE eligibility income level established for June 1, 2018 to May 31, 2019 as shown below for a single-person household, and each resident may not be claimed as a dependent on another person's income tax return.

	<u>Total Gross Annual Income</u>
Each Resident	\$32,920

(Continued)

Advice Letter No. 96-E-A

Issued by  
Gregory S. Sorensen  
Name  
President  
Title

Date Filed. June 1, 2018

Decision No. \_\_\_\_\_

Effective June 1, 2018

Resolution No. \_\_\_\_\_

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**2. NONPROFIT GROUP LIVING FACILITIES (Continued)**

a. (Continued)

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 /disadvantaged persons or satellite facilities of a properly licensed larger facility; and other nonprofit group living facilities that may not have a license or permit (homeless shelters, women's shelters or hospices) in which 100 percent of the residents would meet the care residential CARE income eligibility requirements and where services are being provided for the direct benefit of eligible residents. Any for-profit entity, student housing/dormitories, military barracks and fraternities/sororities are excluded.

An approved "Application for Liberty's California Alternative Rates for Energy (CARE) Expanded Care for Group-Living Facilities" is required for service under this schedule. In addition, applicants, other than homeless shelters, shall submit an "Application of California Alternate Rates of Energy (CARE) Program" on behalf of each resident of the facility.

- b. Nonprofit group living facilities must reaffirm their eligibility for service under this rate schedule annually. Eligibility confirmation shall require demonstration by the applicant that the rate discount obtained under this schedule has been passed on to the benefit of the facilities residents.
- c. 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 government agency on behalf of the resident under a disability, Supplemental Security Income (SSI), Social Security Administration (SSA) or other governmental assistance program.

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

(Continued)

Advice Letter No. 28-E

Issued by

Michael R. Smart

Date Filed July 15, 2013

Name

Decision No. \_\_\_\_\_

President

Effective July 15, 2013

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(T)

(T)

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**2. NONPROFIT GROUP LIVING FACILITIES (Continued)**

- d. The Company shall require a nonprofit group living facility applicant to provide a copy of its current valid State Business License or Conditional Use Permit, if licensed or permitted, a letter determination of tax-exemption, nonprofit corporation status under Internal Revenue Service Code Section 501 (c)(3), and any other documentation the Company may reasonably require.
- e. Homeless shelters shall provide verification that at least six (6) beds are provided during a minimum of 180 days each 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 Utility customer of record for the site and a minimum of seventy (70) percent of the energy consumed on site is used for residential purposes.

**3. MIGRANT FARMWORKER HOUSING CENTERS**

Migrant farmworker housing centers provided pursuant to Section 50710 of the California Health & Safety Code may be determined by the Company to be eligible for service under this schedule subject to the following conditions.

- a. Applicant shall be the customer of record. The Company may require documentation which establishes the entity has a valid contract with the Director of Housing and Community Development of the State of California to provide housing.
- b. To be eligible for service under this schedule, the Applicant shall be responsible for determining that all households residing in the migrant center qualify for the CARE (California Alternate Rates for Energy) Residential Electric Service under the annual total household income guidelines and criteria as set forth in Schedule No. "CARE" of this California Electric Tariff. The Applicant shall make a certification to that effect under the penalty of perjury on the CARE application. Employees of the operating or managing entity for the migrant center who reside at the migrant center can be excluded for purposes of qualifying the facility for this CARE rate.

(Continued)

Advice Letter No. 28-E

Issued by

Michael R. Smart

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**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**3. MIGRANT FARMWORKER HOUSING CENTERS (Continued)**

An approved "Application for California Alternate Rates for Energy ("CARE") Program for Qualified Agricultural Employee Housing Facilities" is required for service under this schedule. The Company shall be permitted to verify the eligibility of the facility and its tenants.

- c. The Applicant must reapply and reaffirm their eligibility for service under this schedule annually.
- d. For individually-metered dwelling units in the migrant center, 100% of the usage must be for residential uses in order to qualify for this CARE rate. If the migrant center is served by a master meter, then not less than 70% of the usage must be for residential uses in order to qualify. Electric usage for offices, maintenance shops or agricultural uses shall not be considered residential use. Only meters that are served under a residential or commercial rate schedule can qualify for this CARE rate.
- e. Applicants must indicate on each annual application how the discount from the CARE rate will be used to directly benefit the occupants of the migrant centers. Applicants shall make a certification to that effect under the penalty of perjury on the CARE application. At each annual recertification, Applicant shall be required to certify how the discount directly benefited the occupants of the migrant housing center.

The Applicant will be required to demonstrate where the savings from the CARE rate will or have been reallocated and that the reallocation benefits the occupants directly. The Applicant must maintain accounting entries and retain supporting documentation in order to allow the Company to verify the benefits conferred. Supporting documentation includes, but is not limited to: dated receipts identifying items purchased; stated purposes of such purchases, and letters or memorandum to occupants indicating the benefit provided. Examples of benefits that would qualify, provided appropriate records are maintained, include: reduced energy charges to

(Continued)

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**3. MIGRANT FARMWORKER HOUSING CENTERS (Continued)**

tenants from the CARE rate savings; improvements to tenant services such as day care or recreational facilities for tenants; reduced rents or reduced rent increases from offsets by the CARE rate. Other benefits may be considered by the Company as qualifying provided the Applicant can adequately demonstrate the savings will or have been used for the direct benefit of the occupants.

Items not considered direct benefits for current occupants include: physical improvements to property that do not directly benefit occupants, such as remodeling to add office space; or development of new migrant center housing.

- f. Customers who wrongfully declare eligibility or fail to demonstrate the CARE rate savings directly benefited the migrant center occupants may be rebilled for the period of ineligibility under their otherwise applicable rate schedule.

**4. PRIVATELY-OWNED EMPLOYEE HOUSING**

Privately-owned employee housing, as defined by Section 17008 of the California Health and Safety Code, that is licensed and inspected by state or local agencies pursuant to Part 1 (commencing with Section 17000) of Division 13 of the California Health and Safety Code, may be determined by the Company to be eligible for service under this schedule subject to the following conditions.

- a. Applicant shall be the customer of record. Applicant shall be required to provide proof of current compliance with Part 1 of Division 13 of the California Health and Safety Code, commonly cited as the Employee Housing Act. Compliance may take the form of a current valid permit or license issued pursuant to Health and Safety Code §17030.
- b. To be eligible for service under this schedule, the Applicant shall be responsible for determining that all households residing in the employee housing qualify for the CARE (California Alternate Rates for Energy) Residential Electric Service under the annual total household income guidelines and criteria as set forth in Schedule No. "CARE" of this California Electric Tariff. The Applicant shall make a certification to

**(Continued)**

Advice Letter No. 28-E

Issued by  
Michael R. Smart  
Name

Date Filed July 15, 2013

Decision No. \_\_\_\_\_

President  
Title

Effective July 15, 2013

Resolution No. \_\_\_\_\_

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**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**4. PRIVATELY-OWNED EMPLOYEE HOUSING (Continued)**

that effect under the penalty of perjury on the CARE application. Housing for employees provided primarily for the convenience of the private employer shall not be considered eligible for the CARE rate.

An approved "Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities" is required for service under this schedule. The Company shall be permitted to verify the eligibility of the facility.

- c. The Applicant must reapply and reaffirm their eligibility for service under this schedule annually.
- d. For privately-owned employee housing, 100% of the usage must be for residential uses in order to qualify for the CARE rate, whether individually- or master-metered. Electric usage for offices, maintenance shops or agricultural uses shall not be considered residential use. Only meters that are served under a residential or commercial rate schedule can qualify for this CARE rate.
- e. Applicants must indicate on each annual application how the discount from the CARE rate will be used to directly benefit the occupants of the privately-owned employee housing. Applicants shall make a certification to that effect under the penalty of perjury on the CARE application. At each annual recertification, Applicant shall be required to certify how the discount directly benefited the occupants of the privately-owned employee housing.

The Applicant will be required to demonstrate where the savings from the CARE rate will or have been reallocated and that the reallocation benefits the occupants directly. The Applicant must maintain accounting entries and retain supporting documentation in order to allow the Company to verify the benefits conferred. Supporting documentation includes, but is not limited to: dated receipts identifying items purchased; stated purposes of such purchase, and letters or memorandum to occupants indicating the benefit provided. Examples of benefits that would qualify, provided appropriate records are maintained, include: reduced energy charges to

(Continued)

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Advice Letter No. 28-E

Issued by

Michael R. Smart

Date Filed July 15, 2013

Decision No. \_\_\_\_\_

Name

President

Effective July 15, 2013

Title

Resolution No. \_\_\_\_\_

(T)

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**4. PRIVATELY-OWNED EMPLOYEE HOUSING (Continued)**

tenants from the CARE rate savings; improvements to tenant services such as day care or recreational facilities for tenants; reduced rents or reduced rent increases from offsets by the CARE rate. Other benefits may be considered by the Company as qualifying provided the Applicant can adequately demonstrate the savings will or have been used for the direct benefit of the occupants.

Items not considered direct benefits for current occupants include: physical improvements to property that do not directly benefit occupants, such as remodeling to add office space; or development of new privately-owned employee housing.

- f. Customers who wrongfully declare eligibility or fail to demonstrate the CARE rate savings directly benefited the privately-owned employee housing occupants may be rebilled for the period of ineligibility under their otherwise applicable rate schedule.

**5. AGRICULTURAL EMPLOYEE HOUSING OPERATED BY NONPROFITS**

Agricultural employee housing, as defined by subdivision (b) of Section 1140.4 of the California Labor Code, operated by nonprofit organizations may be determined by the Company to be eligible for service under this schedule subject to the following conditions.

- a. Applicant shall be the customer of record. Applicant shall be required to provide proof of its nonprofit status. Acceptable proofs include: unrevoked letter determination or ruling of tax-exempt, nonprofit corporation status under Internal Revenue Service Code Section 501 (c)(3) or similar tax-exempt certification from the California Franchise Tax Board. Additionally, Applicant shall provide a copy of a letter from the Assessor in the County where the agricultural employee housing is located indicating exemption of the housing from local property taxes, pursuant to subdivision (g) of Section 214 of the California Revenue and Taxation Code.
- b. To be eligible for service under this schedule, the Applicant shall be responsible for determining that all households residing in the agricultural employee housing qualify for the CARE (California Alternate Rates for Energy) Residential Electric Service under the annual total household income guidelines and criteria as set forth in

(Continued)

Advice Letter No. 28-E

Issued by

Michael R. Smart

Date Filed July 15, 2013

Decision No. \_\_\_\_\_

Name

President

Effective July 15, 2013

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Resolution No. \_\_\_\_\_

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**5. AGRICULTURAL EMPLOYEE HOUSING OPERATED BY NONPROFITS (Continued)**

Schedule No. "CARE" of this California Electric Tariff. The Applicant shall make a certification to that effect under the penalty of perjury on the CARE application. Employees or staff of the nonprofit organization operating the agricultural employee housing who reside at the facility can be excluded for purposes of qualifying the facility for this CARE rate.

An approved "Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities" is required for service under this schedule. The Company shall be permitted to verify the eligibility of the facility and its tenants.

c. The Applicant must reapply and reaffirm their eligibility for service under this schedule annually.

d. For individually-metered dwelling units for agricultural employee housing operated by nonprofit organizations, 100% of the usage must be for residential uses in order to qualify for this CARE rate. If the agricultural employee housing is served by a master meter, then not less than 70% of the usage must be for residential uses in order to qualify. Electric usage for offices maintenance shops or agricultural uses shall not be considered residential use. Only meters that are served under a residential or commercial rate schedule can qualify for this CARE rate.

e. Applicants must indicate on each annual application how the discount from the CARE rate will be used to directly benefit the occupants of the agricultural employee housing facility. Applicants shall make a certification to that effect under the penalty of perjury on the CARE application. At each annual recertification, Applicant shall be required to certify how the discount directly benefited the occupants of the agricultural employee housing facility.

The Applicant will be required to demonstrate where the savings from the CARE rate will or have been reallocated and that the reallocation benefits the occupants directly. The Applicant must maintain accounting entries and retain supporting documentation in order to allow the Company to verify the benefits conferred

(Continued)

Advice Letter No. 28-E

Issued by

Michael R. Smart

Date Filed July 15, 2013

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Decision No. \_\_\_\_\_

President

Effective July 15, 2013

Title

Resolution No. \_\_\_\_\_

(T)

(T)

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**5. AGRICULTURAL EMPLOYEE HOUSING OPERATED BY NONPROFITS (Continued)**

Supporting documentation includes, but is not limited to: dated receipts identifying items purchased; stated purposes of such purchase, and letters or memorandum to occupants indicating the benefit provided. Examples of benefits that would qualify, provided appropriate records are maintained, include: reduced energy charges to tenants from the CARE rate savings; improvements to tenant services such as day care or recreational facilities for tenants; reduced rents or reduced rent increases from offsets by the CARE rate. Other benefits may be considered by the Company as qualifying provided the Applicant can adequately demonstrate the savings will or have been used for the direct benefit of the occupants.

Items not considered direct benefits for current occupants include: physical improvements to property that do not directly benefit occupants, such as remodeling to add office space; or development of new agricultural employee housing.

- f. Customers who wrongfully declare eligibility or fail to demonstrate the CARE rate savings directly benefited the agricultural employee housing occupants may be rebilled for the period of ineligibility under their otherwise applicable rate schedule.

**6. ALL APPLICANTS**

- a. Eligible customers shall be billed on this schedule commencing with the next regularly scheduled billing period after receipt and approval of application by the Company.
- b. Eligibility and certification information provided by the customer on the application form may be subject to verification by the Company. Refusal or failure of a customer to provide documentation of eligibility acceptable to the Company, upon request of the Company, shall result in removal from this schedule.
- c. Customers who wrongfully declare eligibility or fail to notify the Company when they no longer meet the eligibility requirements may be rebilled for the period of ineligibility under their otherwise applicable rate schedule.
- d. It is the responsibility of the customer to notify the Company within 30 days of any changes in the customer's eligibility status.

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Issued by

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Effective \_\_\_\_\_

Title

Resolution No. \_\_\_\_\_



**SCHEDULE NO. CARE**  
**CARE DOMESTIC SERVICE**  
**(Continued)**

**SPECIAL CONDITIONS** (Continued)

2. Baseline Quantities. (Continued)

(3) Life support devices means those devices which utilize mechanical or artificial means to sustain, restore, or supplant a vital function, or mechanical equipment which is relied upon for mobility both within and outside building. Life support devices or equipment include those listed in PUC Section 739.2.

D. Limitation. Space heating quantities shall be available only where a minimum of 80% of available living area is heated by permanently installed electric space heating equipment. Partial quantities will not be offered.

3. CARE Program. The California Alternate Rates for Energy ("CARE") is a program of assistance to low-income electric customers. The assistance is in the form of discounted rates that are listed above.

i) Eligibility for CARE. A household eligible for CARE is one in which the total annual gross income from all sources is not more than what is shown on the following table that is based on the number of persons living in the household. For the period of June 1, 2018 (T) to May 31, 2019 (T) the combined income of all persons from all sources, both taxable and non-taxable, shall be no more than:

<u>Number of Persons Living in Household</u>	<u>Total Annual Gross Income</u>
1 or 2	\$32,920 (I)
3	\$41,560 (I)
4	\$50,200 (I)
5	\$58,840 (I)
6	\$67,480 (I)
7	\$76,120 (I)
8	\$84,760 (I)

For households with more than six persons, add \$8,640 for each additional person. A person who is claimed as a dependent on another person's income tax return is not eligible for service under this rate schedule. Pursuant to CPUC 739.4, the above

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Issued by

Gregory S. Sorensen

Date Filed

June 18, 2018 (T)

Name

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Title

Resolution No. \_\_\_\_\_

annual gross income levels are subject to revision subsequent to the Commission's establishment of new rates on or before May 1 of each year.

- A. Application and Eligibility Declaration. An application and eligibility declaration on a form authorized by the Commission is required for each request for service under this rate schedule. Renewal of a Customer's eligibility declaration will be required on an annual basis.

**(Continued)**

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June 18, 2018 (T)

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June 1, 2018 (T)

Title

Resolution No. \_\_\_\_\_





**LIBERTY UTILITIES (CALPECO ELECTRIC) LLC ("LIBERTY")  
CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE)**

CARE provides a monthly discount on your Liberty electric service.  
1-866-675-6627 Toll-Free

To participate in the CARE rate, you must submit a copy of your current gross monthly income for everyone living in your home. You must also submit a copy of the top portion of your current Liberty bill. PLEASE NOTE: The name on the bill and the name on this application must match. **DO NOT SUBMIT ORIGINAL DOCUMENTS. THEY WILL NOT BE RETURNED.**

If your name or address has changed, you MUST inform Liberty. There is no charge for changing or adding a name to your Liberty account.

**Your Name (as it appears on your Liberty bill):**

\_\_\_\_\_  
First Middle Last

**Mailing Address:**

\_\_\_\_\_  
Number and Street Apartment Number

\_\_\_\_\_  
City State Zip Code

**Daytime Telephone Number**

( ) \_\_\_\_\_

INCLUDING YOURSELF, total number of people living in your home. \_\_\_\_\_

# Adults \_\_\_\_\_ #Children \_\_\_\_\_

**Submetered Applicants Only** – Enter the name of Mobile Home Park \_\_\_\_\_

The information on this application will be used to determine and verify my eligibility for assistance. I understand that Liberty may share my information with other utilities and their agents to enroll me in their assistance programs. If eligible for the CARE discount, I authorize the proper change to my rate schedule and give my consent for annual eligibility verification. I declare, under penalty of perjury, that the information on this application is true and correct.

X \_\_\_\_\_  
Applicant's Signature Date Witness' Signature (if applicant signed with a mark)

**YOUR APPLICATION IS NOT COMPLETE WITHOUT ALL OF THE FOLLOWING:**

- Completed Application     Copy of current Liberty bill     Copy(ies) of current proof of income     Signature

**Include current proof of income for everyone in your home? Sign and date your application?**

**APPLICANT QUESTIONNAIRE**

Liberty is currently conducting a survey to measure the effectiveness of its outreach efforts. The following questions are OPTIONAL. Answering the questions will have no effect on the handling of your CARE application or participation in CARE.

**Please check the appropriate box(es).**

APPLICANT'S AGE GROUP:

- 18-39     40-59     60 or older

APPLICANT'S ETHNICITY:

- African-American     Caucasian     Hispanic/Latino     Native American  
 Asian     Other \_\_\_\_\_

HOW DID YOU HEAR ABOUT Liberty CARE?

- Community Organizations     Public Agency     Newspaper/Radio  
 Word-of-Mouth     Other

Please return completed CARE application to:

Liberty Utilities (CalPeco Electric) LLC  
Attention: CARE Program  
933 Eloise Avenue  
South Lake Tahoe, CA 96150

**LIBERTY USE ONLY**

Date Received \_\_\_\_\_  
Employee Initials \_\_\_\_\_

# PLEASE KEEP THIS INFORMATION SHEET

1-866-675-6627 TOLL FREE

PLEASE PROVIDE ALL REQUESTED INFORMATION SO THERE WILL BE NO DELAYS IN PROCESSING YOUR APPLICATION

MAY BE ELIGIBLE FOR THE California Alternative Rate for Energy (CARE) Program if:

You are a Liberty Utilities (CalPeco Electric) LLC permanent residential customer and pay your energy cost directly to Liberty  
-and-  
Your gross monthly income, before deductions for all persons living in your household, is not over the CARE Income Guidelines. (See Proof of Income and Income Guidelines below.)

## EXAMPLES OF PROOF OF INCOME

All proof of income must be current and show an income amount.

- Temporary Assistance for Needy Families (TANF): Notice of Action; or computer printout; or benefit letter; copy of check; or
- Food Stamps: Notice of Action or benefit letter from eligibility worker showing dollar amount of assistance; or
- Supplemental Security Income: Notice of Planned Action or Form 2458; computer printout from Social Security Office; copy of bank statement showing SSI direct deposit; copy of SSI check; or
- Social Security benefits: copy of current check(s); SSA Form 1099, 4926, or 2458; computer printout from Social Security Administration Office; Bank Statement showing direct deposit; or
- Pension and Annuities: copy of a current check; verification on letterhead or annual statement from pension plan; or
- Wages: copy of current paycheck stub(s) covering a one-month period and showing gross income; or
- Interest Income: monthly or quarterly bank statement; statement of interest income from bank agency; or
- Disability Compensation: copy of a current check; printout or letter from agency or insurance company verifying the compensation amount; or
- Unemployment Benefits: copy of current check(s); printout from Employment Development Department; or
- Child and/or Spousal support: copy of current check; or
- Support from an Individual: copy of check and statement signed by person providing the support; or
- General Assistance: Notice of Action from County Social Services; copy of a current check; or
- Student Aid: Financial Aid statement from College or University; or
- Veteran's Benefits: letter indication receipt of Veteran's Pension; copy of Veteran's Administration check; or
- Signed Federal Tax Form 1040; or
- W2 Forms.

CARE Income Guidelines – Effective June 1, 201 <del>8</del> <sup>6</sup> to May 31, 201 <del>9</del> <sup>7</sup>			
Size of Household	Monthly		Yearly
1-2	<del>\$2,743</del>	<del>\$2,670</del>	<del>\$32,920</del> <del>\$32,040</del>
3	<del>\$3,463</del>	<del>\$3,360</del>	<del>\$41,560</del> <del>\$40,320</del>
4	<del>\$4,183</del>	<del>\$4,050</del>	<del>\$50,200</del> <del>\$48,600</del>
5	<del>\$4,903</del>	<del>\$4,740</del>	<del>\$58,840</del> <del>\$56,880</del>
6	<del>\$5,623</del>	<del>\$5,430</del>	<del>\$67,480</del> <del>\$65,160</del>
7	<del>\$6,343</del>	<del>\$6,122</del>	<del>\$76,120</del> <del>\$73,460</del>
8	<del>\$7,063</del>	<del>\$6,815</del>	<del>\$84,760</del> <del>\$81,780</del>
		00	

NOTE: For households with more than eight members, increase income by the amount below for each additional family member.

Additional Family Members Amounts:	\$8,640
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You are not eligible for the CARE if you are:

- Claimed as a dependent on another person's income tax return;
- Non-permanent customer with a recreation or vacation home.



CARE ofrece un descuento mensual de su servicio eléctrico Liberty

**1-866-675-6627 Toll-Free**

Para participar en tarifaria de CARE, debe presentar una copia de su ingreso mensual bruto para todos los que viven en su hogar. También debe presentar una copia de la parte superior de su factura actual de Liberty. **TENGA EN CUENTA: El nombre en la factura y el nombre de esta solicitud deben coincidir. NO PRESENTE DOCUMENTOS ORIGINALES. NO SERÁN DEVUELTOS.**

Si su nombre o la dirección ha cambiado, debe informar a Liberty. No hay cargo por cambiar o agregar un nombre a su cuenta

Liberty. **Su nombre (como aparece en su factura Liberty):**

Nombre \_\_\_\_\_ Segundo Nombre \_\_\_\_\_ Apellido \_\_\_\_\_

**dirección de correo**

Número y calle \_\_\_\_\_ Número de apartamento \_\_\_\_\_

Ciudad \_\_\_\_\_ estado \_\_\_\_\_ código de zip \_\_\_\_\_

**Teléfono durante el día**

( ) \_\_\_\_\_

ENTRE TOTAL BRUTO MENSUAL INCOME para todas las personas que viven en su casa y adjuntar la prueba actual de ingresos. (La prueba debe coincidir con la cantidad total de la línea de ingresos.)

CalWORKS \$ \_\_\_\_\_  
SSI/SSP \$ \_\_\_\_\_  
SSA \$ \_\_\_\_\_  
Pensions \$ \_\_\_\_\_  
GA/GR \$ \_\_\_\_\_  
Wages \$ \_\_\_\_\_  
Interest Income \$ \_\_\_\_\_  
Other Income \$ \_\_\_\_\_

TOTAL DE INGRESOS \$ \_\_\_\_\_

INCLUYENDO A USTED MISMO, entre el número de personas que viven en su casa

**Los solicitantes sólo submedidores** - Escriba el nombre de parquet de casos móviles \_\_\_\_\_

La información en esta solicitud será utilizada para determinar y verificar mi elegibilidad para asistencia. Entiendo que Liberty puede compartir mi información con otros servicios públicos y sus agentes para inscribirme en sus programas de asistencia. Si elegible para el descuento de CARE, autorizo el cambio correcto a mi lista de tarifas y doy mi consentimiento para la verificación de elegibilidad anual. Declaro, bajo pena de perjurio, que la información en esta solicitud es verdadera y correcta.

X \_\_\_\_\_  
Firma del solicitante \_\_\_\_\_ fecha \_\_\_\_\_ Testigo Firma (si el solicitante firmó con una marca) \_\_\_\_\_

**SU APLICACIÓN no está completa sin TODO LO SIGUIENTE:**

Solicitud completa     Copia de la factura actual Liberty     Copia (s) de la prueba actual de ingresos     firma

**Incluya una prueba actual de ingresos para todos en su casa? Firmar y fechar su solicitud?**

**SOLICITANTE CUESTIONARIO**

Liberty realiza actualmente la conducción de una encuesta para medir la eficacia de los esfuerzos de su alcance. Las siguientes preguntas son opcionales. Responder a las preguntas no tendrá ningún efecto sobre la tramitación de su solicitud de CARE o participación en CARE.

Por favor, marque la casilla correspondiente (s).

GRUPO DE EDAD DEL SOLICITANTE:

n18-39  n40-59  n60 o más

ETNICIDAD DEL SOLICITANTE:

nAfrican-American  nCaucasian  nHispanic/Latino  nNative American  
 nAsian  nOther \_\_\_\_\_

CÓMO SE ENTERO DE CARE DE Liberty?

n Organizaciones de la Comunidad  n Agencia Pública  n Periódico / radio  
 n Boca-a-boca  n Otros

Por favor devuelva la solicitud completa CARE A:

Liberty Utilities (CalPeco Electric) LLC  
Attention: CARE Program  
933 Eloise Avenue  
South Lake Tahoe, CA 96150

**FOR LIBERTY USE ONLY**

Date Received \_\_\_\_\_  
Employee Initials \_\_\_\_\_

# CONSERVE ESTA HOJA DE INFORMACIÓN

1-866-675-6627 LLAMADA GRATUITA

**FAVOR DE PROPORCIONAR TODA LA INFORMACIÓN SOLICITADA PARA NO TARDAR EL PROCESO DE SU APLICACION**

USTED PUEDE SER elegible a la tarifa alternativa de Energía de California (CARE) si:

Usted es un cliente residencial permanente de Liberty Utilities (CalPeco Electric) LLC (Liberty y pague el costo de la energía directamente a Liberty

-y-

Su ingreso bruto mensual, antes de las deducciones para todas las personas que viven en su hogar, no es más de las Directrices de Ingresos de CARE.

Véase la Prueba de Ingresos y las normas de ingresos a continuación.

## EJEMPLOS DE LA PRUEBA DE LAS INGRESOS

**Todas las pruebas de ingresos debe ser actual y mostrar el una cantidad de ingresos.**

- Asistencia Temporal para Familias Necesitadas (TANF): Notificación de Acción, o impresión de computadora, o carta de beneficio, copia de un cheque, o
- Cupones para Alimentos: Notificación de Acción o carta de beneficios del trabajador de elegibilidad que indique el monto en dólares de la asistencia, o
- Seguridad de Ingreso Suplementario: Aviso de Acción Planificada o Formulario 2458, impresión de la computadora de la Seguridad Social, copia del extracto bancario que muestre el depósito directo de SSI: copia de cheque de SSI, o
- Beneficios del Seguro Social: copia de cheque reciente (s); Formulario SSA 1099, 4926 o 2458; impresión de la computadora de la Seguridad Social Oficina de Administración, Banco Estado que muestre el depósito directo, o
- Pensión y: copia de un cheque reciente verificación por carta o declaración anual del plan de pensiones, o
- Salarios: copia del recibo de sueldo actual (s) que cubren un período de un mes y que muestren los ingresos brutos, o
- Ingreso por interés: estado de cuenta bancario mensual o trimestral; estado de los ingresos por intereses de la agencia bancaria, o
- Compensación por incapacidad: copia de un cheque actual copia impreza o carta de la agencia o compañía de seguro que verifique la cantidad de la remuneración, o
- Beneficios de desempleo: copia de cheque reciente (s), copia impresa del Departamento de Desarrollo Laboral, o
- Apoyo de niño y lo conyuge: copia de cheque reciente o
- Apoyo de un individuo: copia de un cheque y declaración firmada por persona que presta el apoyo, o
- Ayuda General: Aviso de Acción de Servicios Sociales del Condado; copia de un cheque reciente o
- Ayuda Estudiantil: declaración de ayuda financiera de un Colegio o Universidad, o
- recibo carta de indicación de Pensiones de los Veteranos; copia de un cheque la Administración de Veteranos, o bien: • Beneficios de Veteranos
- Firmado el Formulario 1040 de Impuestos Federales, o
- Formas W2.

CUIDADO Directrices sobre la renta – Efectivo el 1 junio de 2018 <del>6</del> al 31 de mayo de 2019 <del>7</del>		
Tomano de los hogares	cada mes	cada ano
1-2	<del>\$2,743</del> \$2,670	<del>\$32,920</del> \$32,040
3	<del>\$3,463</del> \$3,360	<del>\$41,560</del> \$40,320
4	<del>\$4,183</del> \$4,050	<del>\$50,200</del> \$48,600
5	<del>\$4,903</del> \$4,740	<del>\$58,840</del> \$56,880
6	<del>\$5,623</del> \$5,430	<del>\$67,480</del> \$65,160
7	<del>\$6,343</del> \$6,122	<del>\$76,120</del> \$73,460
8	<del>\$7,063</del> \$6,815- 00	<del>\$84,760</del> \$81,780

NOTA: Para los hogares con más de ocho miembros, aumentar los ingresos por el importe por debajo de cada miembro adicional.

Las cantidades adicionales de los miembros de la familia: \$8,640

Usted no es elegible para CARE si usted:

- Es reclamado como dependiente en la declaración de otra persona de ganancia;
- No es residente permanente con una casa de recreacion o de vacaciones.



LIBERTY UTILITIES (CALPECO ELECTRIC) LLC (LIBERTY UTILITIES) CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE) EXPANDED CARE FOR GROUP-LIVING FACILITIES

INSTRUCTIONS:

- 1. READ the information on the attached sheet.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group-living facility. The facility MUST meet all Criteria to quality for the 20% Low-Income discount.
3. COMPLETE the entire application (please print or type). Nonprofit corporations must complete application for all qualified satellite facilities.
4. ATTACH all required documents. (Application is not considered complete without documents.)
5. MAIL to: Liberty Utilities (CalPeco Electric) LLC
Billing - CARE Program
933 Eloise Ave.
South Lake Tahoe, CA 96150
6. For assistance, call 1-866-675-6627, toll free.

Name (as it appears on your Liberty Utilities bill): \_\_\_\_\_

Name of Facility (if different): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Service Address:

Number and Street Apt# City State Zip Code

Mailing Address (if different):

Number and Street Apt# City State Zip Code

Corporate operation facility has IRS 501(C)(3) tax exempt status. [ ] Yes [ ] No (Required attachment IRS letter)
At least 70% of facility's energy use is for residential purposes. [ ] Yes [ ] No
Is facility government-owned or operated? [ ] Yes [ ] No

FOR NONPROFIT GROUP-LIVING FACILITIES

Primary purpose and services offered by facility: [ ] Lodging [ ] Meals [ ] Rehabilitation [ ] Training [ ] Counseling [ ] Other
If other, please explain: \_\_\_\_\_
Total Number of Residents of facility: \_\_\_\_\_ Total Number of Residents who qualify as low income: \_\_\_\_\_

FOR HOMELESS SHELTERS

Number of beds: \_\_\_\_\_ Number of days occupied each year: \_\_\_\_\_
Name of Conditional Use Permit (Required attachment: Use Permit); or IRS 501(C)(3) tax exempt letter.
\_\_\_\_\_

ANNUAL RECERTIFICATION: Total amount of discount received last year: \$ \_\_\_\_\_
What was the discount used for?: \_\_\_\_\_

FOR LIBERTY UTILITIES USE ONLY

Date Received: \_\_\_\_\_ Date Certified: \_\_\_\_\_
Denied: \_\_\_\_\_ Employee Initials: \_\_\_\_\_

A nonprofit group-living facility may consist of a licensed "parent" facility AND related non-licensed "satellite" facilities at other locations.

The non-licensed satellite facilities are eligible for the discount provided:

- The parent facility is licensed by the appropriate state agency and meets all other criteria.
- At least 70% of the energy consumed by the satellite facility MUST be used for residential purposes. In addition, each satellite facility for homeless shelters must provide at least 6 beds for at least 180 days per year.
- The parent facility must appear as the customer of record on the energy bill for the satellite facility.

The nonprofit parent corporation must complete the following information for all qualified satellite facilities. If you are a satellite facility, contact your corporate facility.

70 % of energy used  
For Residential Purpose

For Nonprofit Group-Living Facilities:

Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number(s): _____		

	<u>70% of Res. Energy</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>No. Beds</u>	<u>Days/Yrs. Occupied</u>
For Homeless Shelters:					
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____	_____
Account Number(s): _____					
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____	_____
Account Number(s): _____					
Service Address: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____	_____
Account Number(s): _____					

I certify under penalty of perjury, under the laws of the State of California, that the information on this application is true and accurate. I have verified the low income eligibility of all residents (not required for homeless shelters). I am responsible for the annual renewal of the facility's license from the appropriate State licensing department or for the Conditional Use Permit. I understand that Liberty Utilities may verify the accuracy of this information and confirm the direct benefits to the residents through random sampling. Errors in the information provided may cause the account(s) to be rebilled without the discount. My signature gives my consent for this information to be shared with any other utility companies, if applicable.

\_\_\_\_\_  
Authorized Representative's Name (please print) Title

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

Daytime Phone Number: \_\_\_\_\_

## PLEASE KEEP THIS INFORMATION SHEET

### LOW-INCOME RATEPAYER ASSISTANCE PROGRAM FOR NONPROFIT GROUP-LIVING FACILITIES

**PLEASE PROVIDE ALL REQUESTED INFORMATION SO THERE WILL BE NO DELAYS IN PROCESSING YOUR APPLICATION**

**DISCOUNT:** Your facility may qualify for a 20% discount on your electric rates.

**ELIGIBILITY CRITERIA:** The Facility Must Meet All of the Following Criteria:

For transitional housing (drug rehabilitation, half-way house), short- or long-term care facility (hospice), nursing homes, seniors' or children's home, or group home for physically or mentally disabled:

- Corporation operation facility must have IRS tax exempt status under Code 501(C)(3).
- Facility must be licensed by the State Department of Social Services, Department of Drug and Alcohol Programs, Department of Health Services, or other appropriate state agency.
- Facility must provide service, such as meals or rehabilitation, in addition to lodging.
- 100% of residents must meet current CARE eligibility guidelines for a single-person household. (See below)
- 70% of the electricity supplied to the facility must be used for residential purposes.
- Satellite facilities in the name of the licensed parent facility, where 70% of the energy supplied is for residential purposes, are also eligible.

For Homeless Shelters:

- Corporation operating facility must have IRS tax exempt status under Code 501(C)(3)
- Facility must have a Conditional Use Permit.
- Facility must provide at least six beds each night for a minimum of 180 days each year for persons who have no alternative residence.
- Primary function of facility is to provide lodging.
- 70% of electricity supplied to the facility must be used for residential purposes.

Facilities Not Eligible:

- A group-living facility offering only a place to live.
- Government-subsidized facility providing lodging only.
- Government-owned housing.
- Student housing, dormitories, fraternities, sororities, etc.

#### INDIVIDUAL ELIGIBILITY GUIDELINES:

Each resident's annual gross income does not exceed \$32,920~~480~~ OR resident is receiving one of the following types of assistance:

- Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), State Supplementary Payment (SSP) benefits.
- Social Security, Veteran's, Disability, Unemployment or Retirement benefits.

#### ATTACHMENTS REQUIRED:

- A copy of IRS letter determining tax-exempt status or corporation operating the facility under IRS Code 501(C)(3).
- A copy of license from appropriate State agency, or a copy of Conditional Use Permit for each facility.

#### ANNUAL RECERTIFICATION:

Facility is required to re-certify annually and provide amount of discount received in prior year and an explanation of how the discount funds were used for the direct benefit of low-income residents. An application will be automatically sent to you each year.

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

**APPLICABILITY**

This schedule provides a California Alternate Rates for Energy (CARE) rate discount to qualified nonprofit group living facilities, migrant farm worker housing centers, privately owned employee housing, or agricultural employee housing operated by nonprofit organizations, and is taken in conjunction with the customer's otherwise applicable service schedule.

**TERRITORY**

Entire California Service Area.

**RATES**

Qualifying customers will receive a 20% discount on all customer, demand, and energy charges on their otherwise applicable service schedule. In addition, such customers will not be charged the CARE Surcharge.

**SPECIAL CONDITIONS**

1. **APPLICABLE CONDITIONS**

All special conditions contained in the customer's otherwise applicable schedule are applicable to service under this schedule.

2. **NONPROFIT GROUP LIVING FACILITIES**

- a. To be eligible for service under this schedule, the total gross annual income, both taxable and non-taxable, from all sources from each resident residing in the nonprofit group living facility may not exceed the Commission's CARE eligibility income level established for June 1, 201~~83~~ to May 31, 201~~94~~ as shown below for a single-person household, and each resident may not be claimed as a dependent on another person's income tax return.

	<u>Total Gross Annual Income</u>
Each Resident	\$32,920 <del>040</del>

(Continued)

Advice Letter No. 96~~58~~-E-A

Issued by  
Gregory S. Sorensen  
Name  
President  
Title

Date Filed. June 1~~May 20~~, 201~~86~~

Decision No. \_\_\_\_\_

Effective June 1, 201~~86~~

Resolution No. \_\_\_\_\_

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**2. NONPROFIT GROUP LIVING FACILITIES (Continued)**

a. (Continued)

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 /disadvantaged persons or satellite facilities of a properly licensed larger facility; and other nonprofit group living facilities that may not have a license or permit (homeless shelters, women's shelters or hospices) in which 100 percent of the residents would meet the care residential CARE income eligibility requirements and where services are being provided for the direct benefit of eligible residents. Any for-profit entity, student housing/dormitories, military barracks and fraternities/sororities are excluded.

An approved "Application for Liberty's California Alternative Rates for Energy (CARE) Expanded Care for Group-Living Facilities" is required for service under this schedule. In addition, applicants, other than homeless shelters, shall submit an "Application of California Alternate Rates of Energy (CARE) Program" on behalf of each resident of the facility.

- b. Nonprofit group living facilities must reaffirm their eligibility for service under this rate schedule annually. Eligibility confirmation shall require demonstration by the applicant that the rate discount obtained under this schedule has been passed on to the benefit of the facilities residents.
- c. 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 government agency on behalf of the resident under a disability, Supplemental Security Income (SSI), Social Security Administration (SSA) or other governmental assistance program.

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

(Continued)

Advice Letter No. 28-E

Issued by

Michael R. Smart

Date Filed July 15, 2013

Name

Decision No. \_\_\_\_\_

President

Effective July 15, 2013

Title

Resolution No. \_\_\_\_\_

(T)

(T)

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**2. NONPROFIT GROUP LIVING FACILITIES (Continued)**

- d. The Company shall require a nonprofit group living facility applicant to provide a copy of its current valid State Business License or Conditional Use Permit, if licensed or permitted, a letter determination of tax-exemption, nonprofit corporation status under Internal Revenue Service Code Section 501 (c)(3), and any other documentation the Company may reasonably require.
- e. Homeless shelters shall provide verification that at least six (6) beds are provided during a minimum of 180 days each 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 Utility customer of record for the site and a minimum of seventy (70) percent of the energy consumed on site is used for residential purposes.

**3. MIGRANT FARMWORKER HOUSING CENTERS**

Migrant farmworker housing centers provided pursuant to Section 50710 of the California Health & Safety Code may be determined by the Company to be eligible for service under this schedule subject to the following conditions.

- a. Applicant shall be the customer of record. The Company may require documentation which establishes the entity has a valid contract with the Director of Housing and Community Development of the State of California to provide housing.
- b. To be eligible for service under this schedule, the Applicant shall be responsible for determining that all households residing in the migrant center qualify for the CARE (California Alternate Rates for Energy) Residential Electric Service under the annual total household income guidelines and criteria as set forth in Schedule No. "CARE" of this California Electric Tariff. The Applicant shall make a certification to that effect under the penalty of perjury on the CARE application. Employees of the operating or managing entity for the migrant center who reside at the migrant center can be excluded for purposes of qualifying the facility for this CARE rate.

(Continued)

Advice Letter No. 28-E

Issued by

Michael R. Smart

Date Filed July 15, 2013

Name

Decision No. \_\_\_\_\_

President

Effective July 15, 2013

Title

Resolution No. \_\_\_\_\_

(T)

(T)

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**3. MIGRANT FARMWORKER HOUSING CENTERS (Continued)**

An approved "Application for California Alternate Rates for Energy ("CARE") Program for Qualified Agricultural Employee Housing Facilities" is required for service under this schedule. The Company shall be permitted to verify the eligibility of the facility and its tenants.

- c. The Applicant must reapply and reaffirm their eligibility for service under this schedule annually.
- d. For individually-metered dwelling units in the migrant center, 100% of the usage must be for residential uses in order to qualify for this CARE rate. If the migrant center is served by a master meter, then not less than 70% of the usage must be for residential uses in order to qualify. Electric usage for offices, maintenance shops or agricultural uses shall not be considered residential use. Only meters that are served under a residential or commercial rate schedule can qualify for this CARE rate.
- e. Applicants must indicate on each annual application how the discount from the CARE rate will be used to directly benefit the occupants of the migrant centers. Applicants shall make a certification to that effect under the penalty of perjury on the CARE application. At each annual recertification, Applicant shall be required to certify how the discount directly benefited the occupants of the migrant housing center.

The Applicant will be required to demonstrate where the savings from the CARE rate will or have been reallocated and that the reallocation benefits the occupants directly. The Applicant must maintain accounting entries and retain supporting documentation in order to allow the Company to verify the benefits conferred. Supporting documentation includes, but is not limited to: dated receipts identifying items purchased; stated purposes of such purchases, and letters or memorandum to occupants indicating the benefit provided. Examples of benefits that would qualify, provided appropriate records are maintained, include: reduced energy charges to

(Continued)

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**3. MIGRANT FARMWORKER HOUSING CENTERS (Continued)**

tenants from the CARE rate savings; improvements to tenant services such as day care or recreational facilities for tenants; reduced rents or reduced rent increases from offsets by the CARE rate. Other benefits may be considered by the Company as qualifying provided the Applicant can adequately demonstrate the savings will or have been used for the direct benefit of the occupants.

Items not considered direct benefits for current occupants include: physical improvements to property that do not directly benefit occupants, such as remodeling to add office space; or development of new migrant center housing.

- f. Customers who wrongfully declare eligibility or fail to demonstrate the CARE rate savings directly benefited the migrant center occupants may be rebilled for the period of ineligibility under their otherwise applicable rate schedule.

**4. PRIVATELY-OWNED EMPLOYEE HOUSING**

Privately-owned employee housing, as defined by Section 17008 of the California Health and Safety Code, that is licensed and inspected by state or local agencies pursuant to Part 1 (commencing with Section 17000) of Division 13 of the California Health and Safety Code, may be determined by the Company to be eligible for service under this schedule subject to the following conditions.

- a. Applicant shall be the customer of record. Applicant shall be required to provide proof of current compliance with Part 1 of Division 13 of the California Health and Safety Code, commonly cited as the Employee Housing Act. Compliance may take the form of a current valid permit or license issued pursuant to Health and Safety Code §17030.
- b. To be eligible for service under this schedule, the Applicant shall be responsible for determining that all households residing in the employee housing qualify for the CARE (California Alternate Rates for Energy) Residential Electric Service under the annual total household income guidelines and criteria as set forth in Schedule No. "CARE" of this California Electric Tariff. The Applicant shall make a certification to

**(Continued)**

Advice Letter No. 28-E

Issued by

Michael R. Smart

Date Filed July 15, 2013

Name

Decision No. \_\_\_\_\_

President

Effective July 15, 2013

Title

Resolution No. \_\_\_\_\_

(T)

(T)

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**4. PRIVATELY-OWNED EMPLOYEE HOUSING (Continued)**

that effect under the penalty of perjury on the CARE application. Housing for employees provided primarily for the convenience of the private employer shall not be considered eligible for the CARE rate.

An approved "Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities" is required for service under this schedule. The Company shall be permitted to verify the eligibility of the facility.

- c. The Applicant must reapply and reaffirm their eligibility for service under this schedule annually.
- d. For privately-owned employee housing, 100% of the usage must be for residential uses in order to qualify for the CARE rate, whether individually- or master-metered. Electric usage for offices, maintenance shops or agricultural uses shall not be considered residential use. Only meters that are served under a residential or commercial rate schedule can qualify for this CARE rate.
- e. Applicants must indicate on each annual application how the discount from the CARE rate will be used to directly benefit the occupants of the privately-owned employee housing. Applicants shall make a certification to that effect under the penalty of perjury on the CARE application. At each annual recertification, Applicant shall be required to certify how the discount directly benefited the occupants of the privately-owned employee housing.

The Applicant will be required to demonstrate where the savings from the CARE rate will or have been reallocated and that the reallocation benefits the occupants directly. The Applicant must maintain accounting entries and retain supporting documentation in order to allow the Company to verify the benefits conferred. Supporting documentation includes, but is not limited to: dated receipts identifying items purchased; stated purposes of such purchase, and letters or memorandum to occupants indicating the benefit provided. Examples of benefits that would qualify, provided appropriate records are maintained, include: reduced energy charges to

(Continued)

Advice Letter No. 28-E

Issued by

Michael R. Smart

Date Filed July 15, 2013

Name

Decision No. \_\_\_\_\_

President

Effective July 15, 2013

Title

Resolution No. \_\_\_\_\_

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**4. PRIVATELY-OWNED EMPLOYEE HOUSING (Continued)**

tenants from the CARE rate savings; improvements to tenant services such as day care or recreational facilities for tenants; reduced rents or reduced rent increases from offsets by the CARE rate. Other benefits may be considered by the Company as qualifying provided the Applicant can adequately demonstrate the savings will or have been used for the direct benefit of the occupants.

Items not considered direct benefits for current occupants include: physical improvements to property that do not directly benefit occupants, such as remodeling to add office space; or development of new privately-owned employee housing.

- f. Customers who wrongfully declare eligibility or fail to demonstrate the CARE rate savings directly benefited the privately-owned employee housing occupants may be rebilled for the period of ineligibility under their otherwise applicable rate schedule.

**5. AGRICULTURAL EMPLOYEE HOUSING OPERATED BY NONPROFITS**

Agricultural employee housing, as defined by subdivision (b) of Section 1140.4 of the California Labor Code, operated by nonprofit organizations may be determined by the Company to be eligible for service under this schedule subject to the following conditions.

- a. Applicant shall be the customer of record. Applicant shall be required to provide proof of its nonprofit status. Acceptable proofs include: unrevoked letter determination or ruling of tax-exempt, nonprofit corporation status under Internal Revenue Service Code Section 501 (c)(3) or similar tax-exempt certification from the California Franchise Tax Board. Additionally, Applicant shall provide a copy of a letter from the Assessor in the County where the agricultural employee housing is located indicating exemption of the housing from local property taxes, pursuant to subdivision (g) of Section 214 of the California Revenue and Taxation Code.
- b. To be eligible for service under this schedule, the Applicant shall be responsible for determining that all households residing in the agricultural employee housing qualify for the CARE (California Alternate Rates for Energy) Residential Electric Service under the annual total household income guidelines and criteria as set forth in

(Continued)

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(T)

**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**5. AGRICULTURAL EMPLOYEE HOUSING OPERATED BY NONPROFITS (Continued)**

Schedule No. "CARE" of this California Electric Tariff. The Applicant shall make a certification to that effect under the penalty of perjury on the CARE application. Employees or staff of the nonprofit organization operating the agricultural employee housing who reside at the facility can be excluded for purposes of qualifying the facility for this CARE rate.

An approved "Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities" is required for service under this schedule. The Company shall be permitted to verify the eligibility of the facility and its tenants.

c. The Applicant must reapply and reaffirm their eligibility for service under this schedule annually.

d. For individually-metered dwelling units for agricultural employee housing operated by nonprofit organizations, 100% of the usage must be for residential uses in order to qualify for this CARE rate. If the agricultural employee housing is served by a master meter, then not less than 70% of the usage must be for residential uses in order to qualify. Electric usage for offices maintenance shops or agricultural uses shall not be considered residential use. Only meters that are served under a residential or commercial rate schedule can qualify for this CARE rate.

e. Applicants must indicate on each annual application how the discount from the CARE rate will be used to directly benefit the occupants of the agricultural employee housing facility. Applicants shall make a certification to that effect under the penalty of perjury on the CARE application. At each annual recertification, Applicant shall be required to certify how the discount directly benefited the occupants of the agricultural employee housing facility.

The Applicant will be required to demonstrate where the savings from the CARE rate will or have been reallocated and that the reallocation benefits the occupants directly. The Applicant must maintain accounting entries and retain supporting documentation in order to allow the Company to verify the benefits conferred

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**SCHEDULE NO. EXPCARE**  
**EXPANDED CARE**  
**SERVICE TO QUALIFIED AGRICULTURAL EMPLOYEE HOUSING**  
**AND NONPROFIT GROUP LIVING FACILITIES**

(Continued)

**SPECIAL CONDITIONS (Continued)**

**5. AGRICULTURAL EMPLOYEE HOUSING OPERATED BY NONPROFITS (Continued)**

Supporting documentation includes, but is not limited to: dated receipts identifying items purchased; stated purposes of such purchase, and letters or memorandum to occupants indicating the benefit provided. Examples of benefits that would qualify, provided appropriate records are maintained, include: reduced energy charges to tenants from the CARE rate savings; improvements to tenant services such as day care or recreational facilities for tenants; reduced rents or reduced rent increases from offsets by the CARE rate. Other benefits may be considered by the Company as qualifying provided the Applicant can adequately demonstrate the savings will or have been used for the direct benefit of the occupants.

Items not considered direct benefits for current occupants include: physical improvements to property that do not directly benefit occupants, such as remodeling to add office space; or development of new agricultural employee housing.

- f. Customers who wrongfully declare eligibility or fail to demonstrate the CARE rate savings directly benefited the agricultural employee housing occupants may be rebilled for the period of ineligibility under their otherwise applicable rate schedule.

**6. ALL APPLICANTS**

- a. Eligible customers shall be billed on this schedule commencing with the next regularly scheduled billing period after receipt and approval of application by the Company.
- b. Eligibility and certification information provided by the customer on the application form may be subject to verification by the Company. Refusal or failure of a customer to provide documentation of eligibility acceptable to the Company, upon request of the Company, shall result in removal from this schedule.
- c. Customers who wrongfully declare eligibility or fail to notify the Company when they no longer meet the eligibility requirements may be rebilled for the period of ineligibility under their otherwise applicable rate schedule.
- d. It is the responsibility of the customer to notify the Company within 30 days of any changes in the customer's eligibility status.

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**SCHEDULE NO. CARE**  
**CARE DOMESTIC SERVICE**  
**(Continued)**

**SPECIAL CONDITIONS** (Continued)

2. Baseline Quantities. (Continued)

(3) Life support devices means those devices which utilize mechanical or artificial means to sustain, restore, or supplant a vital function, or mechanical equipment which is relied upon for mobility both within and outside building. Life support devices or equipment include those listed in PUC Section 739.2.

D. Limitation. Space heating quantities shall be available only where a minimum of 80% of available living area is heated by permanently installed electric space heating equipment. Partial quantities will not be offered.

3. CARE Program. The California Alternate Rates for Energy ("CARE") is a program of assistance to low-income electric customers. The assistance is in the form of discounted rates that are listed above.

i) Eligibility for CARE. A household eligible for CARE is one in which the total annual gross income from all sources is not more than what is shown on the following table that is based on the number of persons living in the household. For the period of June 1, 20187 (T) to May 31, 20198 (T) the combined income of all persons from all sources, both taxable and non-taxable, shall be no more than:

Number of Persons Living in <u>Household</u>	<u>Total Annual Gross Income</u>
1 or 2	\$32, <u>924</u> 80 (I)
3	\$4 <u>10,56</u> 840 (I)
4	\$ <u>5049</u> ,200 (I)
5	\$ <u>587,84</u> 560 (I)
6	\$ <u>675,48</u> 920 (I)
7	\$ <u>764,12</u> 280 (I)
8	\$ <u>842,76</u> 640 (I)

For households with more than six persons, add \$8,640 (~~+~~) for each additional person. A person who is claimed as a dependent on another person's income tax return is not eligible for service under this rate schedule. Pursuant to CPUC 739.4, the above

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annual gross income levels are subject to revision subsequent to the Commission's establishment of new rates on or before May 1 of each year.

- A. Application and Eligibility Declaration. An application and eligibility declaration on a form authorized by the Commission is required for each request for service under this rate schedule. Renewal of a Customer's eligibility declaration will be required on an annual basis.

**(Continued)**

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