

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: Ken Wittman

Phone #: 530-543-5267

E-mail: ken.wittman@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) #: **45-E**

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 12-08-044 and 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Does AL replace a withdrawn or rejected AL?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Summarize differences between the AL and the prior withdrawn or rejected AL¹: _____

Resolution Required? Yes No

Requested effective date: June 1, 2015

No. of tariff sheets: 2

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. 98-2200**

Service affected and changes proposed¹:

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
Attention: Tariff Unit
505 Van Ness Ave.,
San Francisco, CA 94102
edtariffunit@cpuc.ca.gov

Utility Info (including e-mail)
Liberty Utilities (CalPeco Electric) LLC
Attention: Advice Letter Protests
933 Eloise Avenue
South Lake Tahoe, CA 96150
Email: ken.wittman@libertyutilities.com

¹ Discuss in AL if more space is needed.



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

May 20, 2015

**Advice Letter 45-E
(U 933-E)**

Edward Randolph, Director, Energy Division
California Public Utilities Commission
Energy Division, Tariff Unit
505 Van Ness Avenue, 4th 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 2, 2015, Director Randolph requested that energy utilities file revised tariffs with Energy Division reflecting the new income levels described in the letter.

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, 2015.

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 9, 2015, 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
May 20, 2015
Page 2

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, 4th 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: ken.wittman@libertyutilities.com

With a copy to:
Steven F. Greenwald
Vidhya Prabhakaran
Davis Wright Tremaine LLP
505 Montgomery Street, Suite 800
San Francisco, CA 94111
Fax: 415-276-6599
Email: stevegreenwald@dwt.com
Email: vidhyaprabhakaran@dwt.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,



Ken Wittman
Manager of 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@mofo.com
liddell@energyattorney.com
cem@newsdata.com
dietrichlaw2@earthlink.net
abb@eslawfirm.com
glw@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
Ken.Wittman@libertyutilities.com
SDG&ETariffs@semprautilities.com
Alain.Blunier@libertyutilities.com

AdviceTariffManager@sce.com
edtariffunit@cpuc.ca.gov
dlf@cpuc.ca.gov
jrw@cpuc.ca.gov
xjv@cpuc.ca.gov
rmp@cpuc.ca.gov
jaime.gannon@cpuc.ca.gov
mas@cpuc.ca.gov
jm3@cpuc.ca.gov
Jeannie.chang@cpuc.ca.gov
txb@cpuc.ca.gov
efr@cpuc.ca.gov
joc@cpuc.ca.gov
tlg@cpuc.ca.gov
dao@cpuc.ca.gov
ljt@cpuc.ca.gov
dlf@cpuc.ca.gov
mmg@cpuc.ca.gov
md2@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
jeffreygray@dwt.com
dwtcpucdockets@dwt.com
patrickferguson@dwt.com
travis.ritchie@sierraclub.org

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.

- A. 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, 2015 to May 31, 2016 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	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780

For households with more than six persons, add \$8,320 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 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.

- B. 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)

Advice Letter No. 45-E

Issued by

Michael R. SmartDate Filed May 20, 2015

Name

Decision No. _____

PresidentEffective June 1, 2015

Title

Resolution No. _____

(T)



(T)

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.

A. 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, 201~~5~~³ to May 31, 201~~6~~⁴ 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	\$31,460 <u>\$31,860</u>
3	\$39,580 <u>\$40,180</u>
4	\$47,700 <u>\$48,500</u>
5	\$55,820 <u>\$56,820</u>
6	\$63,940 <u>\$65,140</u>
7	\$72,060 <u>\$73,460</u>
8	\$80,180 <u>\$81,780</u>

For households with more than six persons, add ~~\$8,040~~\$8,320 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 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.

B. 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.

(T)



(T)

Advice Letter No. 345-E

Issued by

Michael R. Smart

Date Filed May 2014, 2014

Name

Decision No. _____

President

Effective June 1, 2015

Title

Resolution No. _____



LIBERTY UTILITIES (CALPECO ELECTRIC) LLC (LIBERTY) 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 qualify 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 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: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Address: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Address: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Address: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Address: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Address: _____ Account Number(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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 \$31,860 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.



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

INSTRUCTIONS:

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Billing – CARE Program
933 Eloise Ave.
South Lake Tahoe, CA 96150
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Name (as it appears on your Liberty bill): _____

Name of Facility (if different): _____

Account Number(s): _____

Service Address:

Number and Street	Apt#	City	State	Zip Code
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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: _____

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- The parent facility must appear as the customer of record on the energy bill for the satellite facility.

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70 % of energy used
For Residential Purpose

For Nonprofit Group-Living Facilities:

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

For Homeless Shelters:

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

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: _____

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- 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.