



SOUTHWEST GAS CORPORATION

Roger C. Montgomery, Vice President/Pricing

October 31, 2005

California Public Utilities Commission
Energy Division
Attention: Jerry Royer
505 Van Ness Avenue, 4th Floor
San Francisco, CA 94102

Subject: Southwest Gas Corporation (U 905 G)
Advice Letter No. 745-A

Dear Mr. Royer:

Enclosed herewith are six (6) copies of Southwest Gas Corporation's Advice Letter No. 745-A, together with California P.U.C. Sheet Nos. 6181-G-A through 6190-G-A.

Sincerely,

Roger C. Montgomery
Vice President/Pricing

RCM:ah
Enclosures



SOUTHWEST GAS CORPORATION

Advice Letter No. 745-A

October 31, 2005

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Southwest Gas Corporation (Southwest) (U 905 G) tenders herewith for filing the following tariff sheets applicable to its California Gas Tariff:

<u>Cal. P.U.C. Sheet No.</u>	<u>Title of Sheet</u>	<u>Canceling Cal. P.U.C. Sheet No.</u>
6181-G-A	Schedule Nos. GS-12/GN-12 CARE Residential Gas Service	5841-G/ 6181-G
6182-G-A	Schedule Nos. GS-12/GN-12 CARE Residential Gas Service (Continued)	6095-G/ 6182-G
6184-G-A	Schedule No. GS-35/GN-35 Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service	6096-G/ 6184-G
6185-G-A	Notice and Application for California Alternate Rates for Energy (CARE) Program (Form 913.31 10/2005)	6097-G
6186-G-A	Application for Qualified Group Living Facilities for California Alternate Rates For Energy (CARE) Program (Form 913.31 10/2005)	5453-G
6187-G-A	Table of Contents (<i>Continued</i>)	6176-G 6185-G
6188-G-A	Table of Contents (<i>Continued</i>)	6120-G/ 6186-G
6189-G-A	Table of Contents (<i>Continued</i>)	5892-G
6190-G-A	Table of Contents	6178-G/ 6187-G

The purpose of this filing is to amend the above listed tariff sheets to implement the changes adopted in Decision 05-10-044. This decision requires that Schedule Nos. GS-12/GN-12 – CARE Residential Gas Service and Schedule Nos. GS-35/GN-35 – Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service be made available to households with incomes up to 200 percent of the Federal Poverty Income Guidelines.

Southwest requests that Tariff Sheet Nos. 6181-G through 6187-G originally submitted in Advice Letter No. 745 be withdrawn and replaced in their entirety with these amended tariff sheets.



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Anyone wishing to protest this filing may do so by sending a letter within 20 days of the filing. The protest should set forth the grounds upon which it is based and should be submitted expeditiously. There is no restriction on who may file protest. Protests should be mailed to:

Investigation, Monitoring & Compliance Program Manager
California Public Utilities Commission, Energy Division
505 Van Ness Avenue, Room 4002
San Francisco, CA 94102
Facsimile: 415-703-2200

Copies should also be mailed to the attention of Director, Energy Division, Room 4004 at the same address as above, and mailed and faxed to:

Mr. John P. Hester, Vice-President
Regulatory Affairs and Systems Planning
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, Nevada 89193-8510
Facsimile: 702-876-7037

In accordance with General Order 96-A, Section III, Paragraph G, Southwest is mailing copies of this advice letter and related tariff sheets to the utilities and interested parties shown on the attached list.

Respectfully submitted,

SOUTHWEST GAS CORPORATION

By 
Roger C. Montgomery

Attachments



DISTRIBUTION LIST

Advice Letter No. 745-A

In Conformance with G.O. 96-A, III-G

Southern California Edison Company

Pacific Gas & Electric Company

Sierra Pacific Power Company

San Diego Gas & Electric Company

Southern California Gas Company

Director/Office of Ratepayer Advocates

Schedule Nos. GS-12/GN-12

CARE RESIDENTIAL GAS SERVICE

APPLICABILITY

Applicable to gas service to eligible customers whose qualifying income must not exceed 200 percent of the Federal poverty level. This service is available only to primary residences.

TERRITORY

Throughout the Company's certificated gas service areas in its Southern and Northern California Divisions, except as may hereafter be provided.

RATES

The commodity charges and basic service charge are set forth in the currently-effective Statement of Rates of this California Gas Tariff and are incorporated herein by reference.

The baseline daily quantity in therms for all individually-metered residential uses are:

<u>Southern California Division</u>	<u>Summer Season (May - October)</u>	<u>Winter Season (November - April)</u>
Barstow	.46	1.97
Needles	.33	1.12
Victorville	.53	2.17
	<u>Summer Season (June - September)</u>	<u>Winter Season (October - May)</u>
Big Bear	.66	2.76
<u>Northern California Division</u>	<u>Summer Season (June - September)</u>	<u>Winter Season (October - May)</u>
North Lake Tahoe	.79	3.22
Truckee	.66	2.57

For billing purposes all quantities sold each month in excess of the baseline quantities shall be billed at the Tier II rate.

Schedule No. GS-12/GN-12

CARE RESIDENTIAL GAS SERVICE
(Continued)

SPECIAL CONDITIONS

1. To be eligible for service under this schedule, the total gross annual income, both taxable and nontaxable, from all sources for all persons in the applicant's household may not exceed the income limits shown below.

<u>Number of Persons In Household</u>	<u>Total Gross Annual Income</u>
1 or 2	\$ 27,700
3	32,500
4	39,200
5	45,900
6	52,600

For households with more than six persons, add \$6,700 annually for each additional person residing in the household.

A person who is claimed as a dependent on another person's income tax return is not eligible for service under this schedule.

An approved application and declaration of eligibility form is required from each customer for service under this schedule. Recertification will be required every two years and whenever a customer moves.

Service under this schedule is for residential purposes at only one residential location at any one time and is applicable only to a customer's permanent primary residence.

2. 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.
3. Eligibility 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.

Schedule No. GS-35/GN-35

AGRICULTURAL EMPLOYEE HOUSING AND
NONPROFIT GROUP LIVING FACILITY GAS SERVICE

APPLICABILITY

Applicable to gas service for nonprofit group living facilities, as defined in Rule No. 1, where a minimum of 70 percent of the gas consumed under this schedule is for residential purposes, and to qualified migrant housing centers; privately-owned employee housing; or agricultural employee housing operated by nonprofit organizations.

TERRITORY

Throughout the Company=s certificated gas service areas in its Southern and Northern California Divisions, except as may hereafter be provided.

RATES

The commodity charges and basic service charge are set forth in the currently-effective Statement of Rates of this California Gas Tariff and are incorporated herein by reference.

The number of therms shall be determined in accordance with the provisions of Rule No. 2C.

Minimum Charge:

The minimum charge per meter per month is the basic service charge.

SPECIAL CONDITIONS

A. NONPROFIT GROUP LIVING FACILITIES

- To be eligible for service under this schedule, the total gross annual income, both taxable and nontaxable, from all sources for each resident residing in the nonprofit group living facility may not exceed the Commission=s CARE eligibility income level 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	\$ 27, 200

NOTICE AND APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (FORM 913.30 10/05)



**SOUTHWEST GAS CORPORATION
NOTICE AND APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM**

Get a discount on your gas bill!
California Alternate Rates for Energy (CARE) provides a 20% discount on your gas bill every month for income-qualified customers.
Review the chart below, and if you think you may qualify, complete, and return the attached application.

CARE Program Income Requirements	
Maximum Household Income Effective as of November 1, 2005	
Number of Persons Living in My Home	Total Combined Annual Income from ALL Sources
1 or 2	up to \$27,700
3	up to \$32,500
4	up to \$39,200
5	up to \$45,900
6	up to \$52,600
For each additional person, add \$6,700	

Entire application must be completed and signed.

CARE RATE APPLICATION

Source Code (Southwest Gas Use Only) **S W G C - 7 0 0 0**

I certify:

- The Southwest Gas bill is in my name.
- I am not claimed on another person's income tax return.
- I will renew my application when requested by Southwest Gas.
- I will notify Southwest Gas if I no longer qualify for this rate.
- I understand Southwest Gas reserves the right to verify my household's income.

The definition of "gross (before taxes) household income" is all money and noncash benefits, available for living expenses, from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in my home.

This includes, but is not limited to the following:

Please check (✓) ALL sources of your income.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Wages or salaries | <input type="checkbox"/> Rental or royalty income | <input type="checkbox"/> Disability payments | <input type="checkbox"/> TANF (AFDC) |
| <input type="checkbox"/> Interest or dividends from savings accounts, stocks or bonds, or retirement accounts | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | <input type="checkbox"/> Workers' compensation | <input type="checkbox"/> Food stamps |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C line 29) | <input type="checkbox"/> Social Security, SSI, SSP | <input type="checkbox"/> Child support |
| | | <input type="checkbox"/> Pensions | <input type="checkbox"/> Spousal support |
| | | <input type="checkbox"/> Insurance settlements | <input type="checkbox"/> Gifts |
| | | <input type="checkbox"/> Legal settlements | <input type="checkbox"/> Other Income |

You will be enrolled in the CARE program depending on your household income and household size.

PLEASE PRINT CLEARLY

Your Name, as shown on Southwest Gas Bill _____

Your Home Address _____

City _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Southwest Gas Account No. _____ Your Electric Company Account No. _____

Number of persons in my household: Adults _____ Children _____ Total _____

Total combined annual household income: See Maximum Household Income chart above. \$ _____

I state that the information I have provided in this application is true and correct. I agree to provide proof of income, if asked. I agree to inform Southwest Gas if I no longer qualify to receive the discount. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received. I understand that Southwest Gas can share my information with other utilities or their agents to enroll me in their assistance programs.

Customer Signature _____ Date _____

Other Programs and Services You May Qualify For: LIHEAP (Low Income Home Energy Assistance Program) provides bill payment assistance, emergency bill assistance, and weatherization services. Call the Department of Community Services and Development at 1-888-675-8823 for more information.

Form 913.30 (10/2005) 320 Front Seal with tape. Do not staple.

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

**APPLICATION FOR QUALIFIED GROUP LIVING FACILITIES FOR CALIFORNIA
ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (FORM 913.31 10/05)**



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

If qualified, homeless shelters, group homes for the disabled/disadvantaged, nursing and long-term care facilities, senior board and care facilities and transitional housing that are not-for-profit may receive a discount on their utility bills. This discount is required by state law and is under the direction of the California Public Utilities Commission.

WHO MAY QUALIFY?

A licensed or appropriately permitted nonprofit establishment providing a service, such as meals or rehabilitation, in addition to lodging and where 100% of the residents meet the Commission's eligibility requirements. Homeless shelters, women's shelters, or hospices that would otherwise qualify but are not licensed or do not possess a Conditional Use Permit may qualify. Such facilities may qualify provided adequate proof satisfactory to the Utility is submitted and approved that its residents meet the income eligibility requirements and that its services are being provided to benefit eligible residents. Facilities such as student housing/dorms, military barracks, fraternities/sororities, and publicly-owned and government-subsidized housing facilities are excluded. The discount cannot be used to offset any direct governmental subsidies and shall be used for the direct benefit of the eligible residents in the facility (e.g., improved quality of care or improved food service). **Any for-profit entity is ineligible.**

ELIGIBILITY REQUIREMENT

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

Name on Utility Bill		Account Number	Zip Code	
Service Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
Name of Corporation/Facility		IRS Nonprofit Tax ID # (Attach Copy of IRS Code Section 501(c)(3) Letter of Tax-Exempt Nonprofit Status)		
Name on State Business License (Attach Copy of License) or Conditional Use Permit		Expiration Date		
Name on Any Other Current License or Conditional Use Permit for the Corporation/Facility (Attach Copy of Any License or Permit or Other Proof as Requested by the Utility)		1) Is the facility operating as a satellite of a licensed, "motherhood" facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Number of Residents of Facility		2) If Yes, provide name of "motherhood" facility and attach a copy of current "motherhood" license.		
Total Number of Residents Who Meet Eligibility Guidelines as Stated Above		3) Name on Utility Bill:		
State the primary purpose of the facility and the services offered:		4) Address of satellite facility(ies):		

Is at least 70% of the facility's energy used for residential purposes? Yes No

Does the facility receive any funding from a governmental agency? Yes No If yes, please explain type of funding and which governmental agency provides the funding.

As an authorized representative of the facility, I certify that the above information is true and accurate, and that I have verified the eligibility of the residents. I further certify that the discount shall be used for the direct benefit, such as improved quality of care or improved food service, of the residents in the facility. I also understand that the Utility may request additional proof of eligibility and verification.

Authorized Representative Name (please print) _____ Date Signed _____ Telephone Number _____
Authorized Representative Signature _____
Note: Facilities receiving the discount are subject to verification by the Utility. Facilities receiving the discount inappropriately will be rebilled at the correct rate.

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 745-A
Decision No. 05-10-044

Issued by
John P. Hester
Vice President

Date Filed November 1, 2005
Effective November 1, 2005
Resolution No. E-3524

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GS-40/GN-40 Core General Gas Service	5862-G
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130.6	General Requirements Addendum to Contract for Extension of Gas Line (7/91)	3979-G
130.7	Service Agreement – California (11/92)	3957-G
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334.0	Contract for Installation of Gas Service Facilities/Ingress Permit (7/99)	5511-G
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