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ISSUED BY

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R. J. SPROWLS

Effective Date: June 1, 2011

Decision No. _____

President

Resolution No. E-3524

Schedule No. DLI

**CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)
 DOMESTIC SERVICE - SINGLE FAMILY ACCOMMODATION**

(Continued)

SPECIAL CONDITIONS

1. A permanent resident of Bear Valley is one who maintains only one residence and that residence receives electric service from the Bear Valley Electric Service (BVES) and who regularly receives mail, including bills by this utility, through the United States Post Office located at Big Bear City, Big Bear Lake, Fawnskin or Sugarloaf.
2. A customer applying for service under schedule "DLI" will be required to show proof of satisfying Special Condition #1 above and may be required to sign a form that declare that they are not receiving a baseline allowance at any other location (whether inside BVES territory or outside BVES territory).
3. Low-Income Household: A Low-Income Household is a household where the total gross annual income from all sources is no more than shown on the table below based on the number of persons in the household. Total gross income shall include income from all sources, both taxable and nontaxable.

Effective June 1, 2011	
<u>No. of Person In Household</u>	<u>Total Gross Annual Income</u>
1-2	\$ 31,800
3	\$ 37,400
4	\$ 45,100
5	\$ 52,800
6	\$ 60,500
Each Additional	\$ 7,700

(T)

(T)

4. 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 schedule. Renewal of a customer's eligibility declaration will be required every two years and may be required at the Company's discretion.
5. An applicant for new service shall pay a service establishment charge as shown on Schedule No. SSC.

FORM NO. 17

**BEAR VALLEY ELECTRIC SERVICE
 NOTICE AND APPLICATION FOR CALIFORNIA
 ALTERNATE RATES FOR ENERGY (CARE) PROGRAM**

YOU MAY QUALIFY FOR A DISCOUNT ON YOUR ENERGY BILL

To apply for a 20% discount at your residence, please fill out this application and mail it to your utility. You will receive the discount on the next bill after the utility receives and approves your completed and signed application. If you need help filling out the application, or would like more information about the program, call (909) 866-4678 or visit our office at 42020 Garstin Drive, Big Bear Lake, California 92315.

Other California utilities offer similar bill discounts. Contact your gas utility to receive an application for a discount on your gas bill.

INCOME REQUIREMENTS

Effective June 1, 2011 - May 31, 2012	
No. of Person In Household	Total Gross Annual Income
1-2	\$ 31,800
3	37,400
4	45,100
5	52,800
6	60,500
Each Additional	7,700

(T)

(T)

WHAT ARE THE QUALIFICATIONS?

To qualify for the discount I understand:

- The energy utility bill will be in my name.
- I may not be claimed as a dependent on another person's tax return.
- My total annual income cannot exceed the chart above. *Total income means the gross income of ALL persons living in my home.*
- I will reapply each time I move.
- I will renew my application every two (2) years, or sooner, if requested.
- I will renew my application every year if I am a sub-metered tenant, or sooner, if requested.
- I will notify the utility within 30 days when I become ineligible for CARE.
- I will provide verification of my household income.

For the purpose of the CARE program the "gross household income" means all money and non cash benefits, available for living expenses, from all sources, both taxable and non taxable, before deductions for all people who live in my home. This includes, but is not limited to:

- | | | |
|--|--|---|
| <input type="radio"/> Wages or salaries | <input type="radio"/> Social Security, SSI, SSP | <input type="radio"/> Rental or royalty income |
| <input type="radio"/> Interest or dividends from:
Savings accounts, stocks or bonds | <input type="radio"/> Scholarships, grants, or other aid
used for living expenses | <input type="radio"/> Profit from self-employment
(IRS form Schedule C, Line 29) |
| <input type="radio"/> Unemployment benefits | <input type="radio"/> Disability payments | <input type="radio"/> Worker's Compensation |
| <input type="radio"/> TANF(AFDC) | <input type="radio"/> Food Stamps | <input type="radio"/> Child Support |
| <input type="radio"/> Pensions | <input type="radio"/> Insurance settlements | <input type="radio"/> Spousal Support |
| <input type="radio"/> Gifts | <input type="radio"/> Legal settlements | <input type="radio"/> Other Income |

Proof of income acceptable to the utility will be provided when applying for or renewing application.

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R. J. SPROWLS
 President

Effective Date: June 1, 2011
 Resolution No. E-3524

FORM NO. 17

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**BEAR VALLEY ELECTRIC SERVICE
NOTICE AND APPLICATION FOR CALIFORNIA
ALTERNATE RATES FOR ENERGY (CARE) PROGRAM**

APPLICATION INFORMATION (please print clearly):

Applicant Name _____

I am a primary residential customer of Bear Valley Electric Service

Bear Valley Electric Account Number

--	--	--	--	--	--	--	--	--	--

Or a sub-metered tenant of a mobile home park or apartment complex

Master-Metered Account Number

--	--	--	--	--	--	--	--	--	--

Service Address _____

Mailing Address _____

Telephone No. (home) _____ Telephone No. (work) _____

Number of Adults Living in Household _____

Number of child(ren) Living in Household _____

Gross Annual Income of Household _____

By signing below, I certify under penalty of perjury that this information is true and correct under the laws of the state of California. I will provide proof of income and I will notify my energy utility of any changes that affect my eligibility. I understand that this information may be shared with my other energy utility, if applicable.

Customer Signature _____ Date Signed _____

FOR BEAR VALLEY ELECTRIC SERVICE USE ONLY

Date received _____ Date Verified/By _____ Date Effective _____

FORM NO. 17

Page 1 of 2

**BEAR VALLEY ELECTRIC SERVICE
 AVISO Y SOLICITUD PARA EL PROGRAMA
 DE CALIFORNIA PARA TARIFAS ALTERNAS (CARE)**

USTED PODRIA CALIFICAR PARA UN DESCUENTO EN SU FACTURA DE ENERGIA ELECTRICA

Para solicitar un descuento del 20% en su residencia, por favor llene esta solicitud y envíela a Bear Valley Electric Service. Usted recibirá el descuento en su próxima factura después de haber recibido y aprobado su solicitud completamente llena y firmada. Si usted necesita ayuda para llenar la solicitud; o le gustaría recibir mas información sobre este programa, sírvase llamar al (909) 866-4678 o visite nuestra oficina localizada en el 42020 Garstin Drive, Big Bear Lake, California 92315.

Otras compañías de servicios publicos de California ofrecen descuentos similares. Contacte su compañía de gas para recibir una solicitud para un descuento en su factura de gas.

REQUISITOS DE INGRESOS ANUALES

Efectivo Junio 1, 2011 – Mayo 31, 2012	
No. de Personas <u>Viviendo en mi casa</u>	Total de ingresos combinados <u>de todas las personas</u>
1-2	\$ 31,800
3	37,400
4	45,100
5	52,800
6	60,500
Por cada persona adicional, agregue	7,700

(T)

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CUALES SON LOS REQUISITOS?

Para calificar para el descuento yo entiendo que:

- La factura de energía esta bajo mi nombre
- No soy reportado como dependiente en los impuestos de otra persona.
- Mi ingreso anual total no puede exceder los de la tabla citada arriba. *Ingreso total significa el ingreso bruto de **TODAS** las personas viviendo en mi casa.*
- Solicitoré de nuevo cada vez que me mude de casa.
- Renovaré mi solicitud cada dos (2) años, o antes si es requerido.
- Renovaré mi solicitud cada (1) año si soy inquilino con un sub-medidor, o antes si es requerido.
- Notificaré a la compañía de agua dentro de 30 días si pierdo mi elegibilidad para CARE.
- Proveeré verificación de ingresos de mi hogar.

Para propósitos de CARE "ingreso bruto familiar" significa todo ingreso sea en efectivo o no, disponible para gastos de vivienda, de todas las personas, sea que dichos ingresos sean sujetos a impuestos o no, previo a las deducciones, de todas las personas viviendo en su hogar. Esto incluye, pero no se limita a:

- | | | |
|---|--|--|
| <input type="radio"/> Sueldos | <input type="radio"/> Seguro Social, SSI, SSP | <input type="radio"/> Ingresos de alquiler o regalías |
| <input type="radio"/> Interés o dividendos de:
Cuentas de ahorros, acciones, bonos | <input type="radio"/> Becas, préstamos de escuela y
otra ayuda financiera | <input type="radio"/> Ganancias de autoempleo
(IRS Forma C, Renglón 29) |
| <input type="radio"/> Beneficios de Jubilación | <input type="radio"/> Beneficios por incapacidad | <input type="radio"/> Compensación al trabajador |
| <input type="radio"/> TANF(AFDC) | <input type="radio"/> Estampillas para comida | <input type="radio"/> Apoyo para los niños |
| <input type="radio"/> Pensiones | <input type="radio"/> Indemnizaciones de seguro | <input type="radio"/> Apoyo cónyuge |
| <input type="radio"/> Regalos en efectivo | <input type="radio"/> Indemnizaciones legales | <input type="radio"/> Otra ayuda |

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FORM NO. 17

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**BEAR VALLEY ELECTRIC SERVICE
AVISO Y SOLICITUD PARA EL PROGRAMA
DE TARIFAS DE ELECTRICIDAD ALTERNAS (CARE)**

INFORMACION DEL CLIENTE (Favor de Imprimir con Claridad)

Nombre del Cliente _____

Soy cliente principal de Bear Valley Electric Service

Número de cuenta de Bear Valley Electric Service

--	--	--	--	--	--	--	--	--

Soy inquilino con un sub-medidor en un parque para casas móviles o complejo de apartamentos

Número de cuenta principal

--	--	--	--	--	--	--	--	--

Domicilio _____

Dirección de correo (si difiere de su domicilio) _____

No. de Teléfono (Casa) _____ No. de Teléfono (Trabajo) _____

Número de personas viviendo en su hogar _____

Número de niño(s) viviendo en su hogar _____

Ingreso bruto anual de los que viven en su hogar _____

Al firmar abajo, certifico bajo pena de perjurio que la información es verdadera y correcta bajo las leyes de California. Proveeré prueba de ingresos y notificaré a mi compañía de energía eléctrica de cualquier cambio que afecte mi elegibilidad. Comprendo que esta información puede ser compartida con otras compañías de energía, si es pertinente.

Firma del Cliente _____ Fecha de firma _____

PARA USO DE BEAR VALLEY ELECTRIC SERVICE SOLAMENTE

Date received _____ Date Verified/By _____ Date Effective _____