

SOUTHERN CALIFORNIA WATER COMPANY

630 E. FOOTHILL BLVD. P.O. BOX 9016

SAN DIMAS, CALIFORNIA 91773-9016

Revised

Cal. P.U.C. Sheet No. 966-E*

Cancelling Revised

Cal. P.U.C. Sheet No. 947-E

Page 1

FORM NO. 19

APPLICATION AND ELIGIBILITY DECLARATION FOR
CARE SCHEDULE NO. LI

(T)

(T)

Advice Letter No. 156-E

Decision No. 94-12-049

ISSUED BY

F. E. WICKS

PRESIDENT

Date Filed MAY 08 1995

Effective MAR 17 1995

Resolution No. _____

California Alternate Rates for Energy for Group Living Facilities

INSTRUCTIONS

1. READ ALL information and instructions.
2. DETERMINE if the meet the definition of a qualified non-profit group living facility. The facility MUST meet ALL criteria to qualify for the 15% CARE Discount
3. COMPLETE the entire application (please print or type). Non-profit corporations must complete application for qualifying satellite facilities.
4. ATTACH all required documents. (Application is not considered complete without documents.)
5. MAIL TO: BEAR VALLEY ELECTRIC
California Alternate Rates for Energy Program
P. O. Box 1547
Big Bear Lake, CA 92315

DISCOUNT

Your facility may qualify for a 15% discount on your BVE bill if the facility meets the following criteria. The discount and eligibility criteria were established by the California Public Utilities Commission.

FACILITY ELIGIBILITY CRITERIA

The facility MUST meet ALL of the following criteria:

*Corporation operating the facility must have tax exemption under IRS Code 501 (c) (3).

*A minimum of 70 percent of the energy consumed at the facility must be for residential purposes.

* Facility may be required to recertify eligibility annually. As part of that process, facility will be required to show amount of discount received, and explain how the funds were used for direct benefit of the residents.

Additional Criteria for Group Living Facilities Such As Transitional housing; Short- or long-term care facilities; or Group homes for physically or mentally disabled persons

* Facility must provide services, such as meals or rehabilitation in addition to lodging.

* 100 percent of the residents must individually meet the Commission's existing income eligibility standard for a single-person household (see section on RESIDENTS' ELIGIBILITY CRITERIA).

* Satellite facilities of a qualifying non-profit corporation, meet all eligibility criteria and have utility accounts in the corporation name.

Additional Criteria for Homeless Shelters

* Facility must provide a minimum of six beds each night for a minimum of 180 days each year for persons who have no alternative residence.

* Primary function of the facility is to be lodging.

(OVER)

FACILITIES NOT ELIGIBLE

- * Group living facilities offering only a place to live
- * Government owned and/or operated facilities
- * Government subsidized facility providing lodging only

RESIDENTS' ELIGIBILITY CRITERIA

- * Each resident's total annual income from all sources, taxable and non-taxable, cannot exceed \$16,100
- * No resident may be claimed as a dependent on someone else's income tax return.

ATTACHMENTS REQUIRED

The following items **MUST** be attached to the application:

For Group Living Facilities

- * A copy of the IRS documentation approving tax exempt status under Code 501 (c) (3), for the corporation operating the facility.

For Homeless Shelters

- * A copy of the IRS documentation approving tax exempt status under Code 501 (c) (3), for the corporation operating the facility.

IF YOU HAVE QUESTIONS

Call BVE's CARE Hotline 1-909-866-4678 Monday through Friday, 8:30 a.m. to 5:00 p.m.

**APPLICATION FOR CALIFORNIA ALTERNATIVE RATES FOR ENERGY PROGRAM
For Qualified Non-Profit Group Living Facilities**

<i>For Office Use Only</i>	
Received Date _____	Process Date _____
Denied Reason _____	By _____

Name on BVE Bill _____

Name of Business/Facility _____

Service Address: _____
STREET
CITY
STATE
ZIP

Mailing Address (if different) _____
STREET
CITY
STATE
ZIP

Account Number(s) _____

* Is facility operated by a corporation with tax exempt status under IRS Code 501(c) (3) 7 (attach documentation) Yes No

* Is the Facility government subsidized housing? ... Yes No

* Is facility government owned and/or operated? Yes No

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

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 requirements and that its services are being provided to benefit eligible residents.

<p>FOR GROUP LIVING FACILITIES ONLY</p> <p>Primary Purpose of Facility _____</p> <p>Services Offered _____</p> <p>Total Number of Residents of Facility _____</p>	<p>For Homeless Shelters Only</p> <p>Is facility open 180 days or more annually? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does Shelter have 6 or more beds? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does facility have a Conditional Use Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I have verified 100% of the residents of the facility individual meet the Commission's CARE Eligibility Standard for Single Person Households? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the facility licensed by an authorized agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Licensing Agency _____</p>	

FACILITIES WITH SATELLITE LOCATIONS

If a qualifying facility has one or more satellite locations, these satellite locations will qualify for the discount providing they are covered by the qualifying facility's license (there are alternative requirements for non-licensed facilities), the qualifying facility's name is on the satellites' utility bills and they meet all of the same criteria listed for the qualifying facility.

The qualifying facility must complete the following information for all qualified satellite facilities. Satellite facilities do not need to apply for the discount individually. List satellite Facilities:

STREET ADDRESS

CITY

ACCOUNT NUMBER

- At least 70% of electricity used for residential purposes? Yes No
- 100% of the residents individually meet the income guidelines? Yes No
- For Homeless Shelters-Is facility open 180 days or more annually? Yes No
- Does shelter have 6 beds or more? Yes No
- Does this facility have a Conditional Use Permit? Yes No

STREET ADDRESS

CITY

ACCOUNT NUMBER

- At least 70% of electricity used for residential purposes? Yes No
- 100% of the residents individually meet the income guidelines? Yes No
- For Homeless Shelters-Is facility open 180 days or more annually? Yes No
- Does shelter have 6 beds or more? Yes No
- Does this facility have a Conditional Use Permit? Yes No

STREET ADDRESS

CITY

ACCOUNT NUMBER

- At least 70% of electricity used for residential purposes? Yes No
- 100% of the residents individually meet the income guidelines? Yes No
- For Homeless Shelters-Is facility open 180 days or more annually? Yes No
- Does shelter have 6 beds or more? Yes No
- Does this facility have a Conditional Use Permit? Yes No

STREET ADDRESS

CITY

ACCOUNT NUMBER

- At least 70% of electricity used for residential purposes? Yes No
- 100% of the residents individually meet the income guidelines? Yes No
- For Homeless Shelters-Is facility open 180 days or more annually? Yes No
- Does shelter have 6 beds or more? Yes No
- Does this facility have a Conditional Use Permit? Yes No

STREET ADDRESS

CITY

ACCOUNT NUMBER

- At least 70% of electricity used for residential purposes? Yes No
- 100% of the residents individually meet the income guidelines? Yes No
- For Homeless Shelters-Is facility open 180 days or more annually? Yes No
- Does shelter have 6 beds or more? Yes No
- Does this facility have a Conditional Use Permit? Yes No

STREET ADDRESS

CITY

ACCOUNT NUMBER

- At least 70% of electricity used for residential purposes? Yes No
- 100% of the residents individually meet the income guidelines? Yes No
- For Homeless Shelters-Is facility open 180 days or more annually? Yes No
- Does shelter have 6 beds or more? Yes No
- Does this facility have a Conditional Use Permit? Yes No

Attach list of additional locations if necessary. Please provide information in the same format as above.

I am responsible for the annual renewal of this facility's license from the appropriate State licensing agency, or for the Conditional Use Permit.

I certify under penalty of perjury under the laws of the State of California the information on this application is true and accurate.

I further certify the discount received will be used for the direct benefit of the residents of this facility.

I understand BVE reserves the right to verify the accuracy of this information and that the direct benefit was used for the benefit of the residents.

My signature gives consent for this information to be shared with my other energy utility companies, if applicable.

AUTHORIZED REPRESENTATIVE'S NAME (Please Print)

AUTHORIZED REPRESENTATIVE'S TITLE (Please Print)

AUTHORIZED REPRESENTATIVE'S SIGNATURE

TELEPHONE NUMBER DATE