

# CALIFORNIA PUBLIC UTILITIES COMMISSION

## ADVICE LETTER FILING SUMMARY ENERGY UTILITY

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

Company name/CPUC Utility No. Golden State Water Company (DBA Bear Valley Electric Service)/ 913-E

Utility type:

ELC       GAS  
 PLC       HEAT     WATER

Contact Person: Ronald Moore

Phone #: (909) 394-3600 ext. 682

E-mail: rkmoore@gswater.com

### EXPLANATION OF UTILITY TYPE

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

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 281-E

Subject of AL: CARE Income Guidelines Update in Compliance with Assembly Bill 327

Keywords (choose from CPUC listing): Compliance; CARE; Forms

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

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #: E-3524

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL No

Summarize differences between the AL and the prior withdrawn or rejected AL<sup>1</sup>: N/A

Resolution Required?  Yes  No

Tier Designation  1  2  3

Requested effective date: January 1, 2014

No. of tariff sheets: 7

Estimated system annual revenue effect (%): None

Estimated system average rate effect (%): None

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 D-LI, Sample Forms, Table of Contents p. 1&2

Service affected and changes proposed<sup>1</sup>: None

Pending advice letters that revise the same tariff sheets: None

**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**

**Golden State Water Company**  
**Attention: Ronald Moore**  
**630 E. Foothill Blvd.,**  
**San Dimas, CA 91773**  
**rkmoore@gswater.com**

<sup>1</sup> Discuss in AL if more space is needed.



December 30, 2013

Advice Letter No. 281-E

(U 913 E)

## California Public Utilities Commission

Attention: Energy Division  
Advice Letter Filing Room 4005

Golden State Water Company (GSWC) hereby transmits for filing an original and six conformed copies of the following tariff sheets applicable to its Bear Valley Electric Service division:

<u>CPUC Sheet No.</u>	<u>Title of Sheet</u>	<u>Canceling CPUC Sheet No.</u>
Revised No. 2074-E	Schedule No. D-LI Page 2 of 4	Revised No. 2067-E
Revised No. 2075-E	Form No. 17 CARE Application/Notice- English Page 1 of 2	Revised No. 2068-E
Revised No. 2076-E	Form No. 17 CARE Application - English Page 2 of 2	Revised No. 2069-E
Revised No. 2077-E	Form No. 17 CARE Application/Notice-Spanish Page 1 of 2	Revised No. 2070-E
Revised No. 2078-E	Form No. 17 CARE Application-Spanish Page 2 of 2	Revised No. 2071-E
Revised No. 2079-E	Table of Contents Page 2 of 2	Revised No. 2072-E
Revised No. 2080-E	Table of Contents Page 1 of 2	Revised No. 2073-E

**Subject: Revision of the CARE Income-Eligibility Guideline Levels and Application Forms to Comply with Assembly Bill (AB) 327**

GSWC, doing business as Bear Valley Electric Service (BVES), hereby submits for filing with the California Public Utilities Commission (Commission) revisions to its Schedule No. D-LI, California Alternate Rates for Energy (CARE) Program, and the associated tariff forms, applicable throughout its service territory.

**Purpose**

The purpose of this filing is to comply with AB 327 which revises Section 739.1 (a) of the Public Utilities (PU) Code to require that the CARE income-eligibility guideline level for one-person households be based on the two-person household guideline level.

**Background**

The BVES CARE Program provides a 20 percent discount to the utility bill for customers that meet program eligibility requirements.

On March 15, 2012, the Energy Division (ED) issued its annual notice to update the income-eligibility guidelines, effective June 1, 2012 - May 31, 2013, in compliance with Section 739.1 (b) (1) of the PU Code. The notice also declared that "income limits for households with 1-2 persons are now correctly listed separately and will no longer be consolidated.

GSWC most recently adjusted its BVES CARE Programs' income-eligibility levels pursuant to updated income guidelines from the ED to be effective from June 1, 2013 through May 31, 2014. The notification letter, which continued to list 1 and 2 member households separately, directed the energy utilities to file revised tariffs with the ED reflecting the new income levels by May 14, 2013. GSWC submitted Advice Letter 280-E on April 23, 2013. These represent the currently effective CARE eligibility guidelines and associated forms.

On October 7, 2013, AB 327 was approved by the Governor, in part, amending Section 739.1 of the PU Code. AB 327 becomes effective January 1, 2014 and specifically revises PU Code Section 739.1 (a) as follows:

*For one-person households, program eligibility shall be based on two-person household guideline levels.*<sup>2</sup>

In order to comply with AB 327 by its effective date, GSWC provides the necessary revisions to its BVES CARE Program eligibility requirements and forms, such that the

income-eligibility guidelines for one-person households will henceforth be based on two-person household guideline levels.

**Tariff Revisions**

Pursuant to the revised Section 739.1 (a), GSWC submits the updated Schedule No. D-LI and CARE application instructions and forms.

**Tier Designation**

This advice letter is being submitted with a Tier 1 designation.

**Effective Date**

It is requested that this advice letter become effective on January 1, 2014.

**Notice and Protests**

A protest is a document objecting to the granting in whole or in part of the authority sought in this advice letter.

A response is a document that does not object to the authority sought, but nevertheless presents information that the party tendering the response believes would be useful to the CPUC in acting on the request.

A protest must be mailed within 20 days of the date the CPUC accepts the advice letter for filing. The Calendar is available on the CPUC's website at [www.cpuc.ca.gov](http://www.cpuc.ca.gov). A protest must state the facts constituting the grounds for the protest, the effect that approval of the advice letter might have on the protestant, and the reasons the protestant believes the advice letter, or a part of it, is not justified. If the protest requests an evidentiary hearing, the protest must state the facts the protestant would present at an evidentiary hearing to support its request for whole or partial denial of the advice letter. The utility must respond to a protest with five days.

**All protests and responses should be sent to:**

California Public Utilities Commission, Energy Division

Attention: Tariff Unit

505 Van Ness Avenue

San Francisco, CA 94102

A copy of the protest should also be sent via e-mail to the attention of the ED Tariff Unit (EDTariffUnit@cpuc.ca.gov). ATTN: Tariff Unit

Copies should also be mailed to the attention of the Director, Energy Division, Room 4004 (same address above).

**Copies of any such protests should be sent to this utility at:**

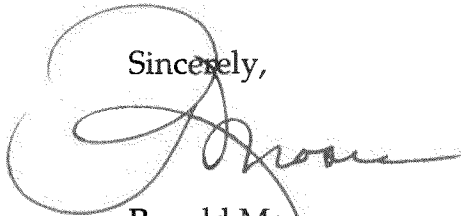
Golden State Water Company  
ATTN: Ronald Moore  
630 East Foothill Blvd.  
San Dimas, CA 91773  
Fax: 909-394-7427  
E-mail: [regulatoryaffairs@gswater.com](mailto:regulatoryaffairs@gswater.com)

If you have not received a reply to your protest within 10 business days, contact this person at (909) 394-3600 ext. 682.

No individuals or utilities have requested notification of filing of tariffs. A copy of this advice letter is being furnished to the entities listed to the GO 96-B service list for Bear Valley Electric Service and will also be served on the service list for A.11-05-018 and R.08-07-011 via U.S. mail service and/or electronically via e-mail.

In accordance with Public Utilities Code Section 491, notice to the public is hereby given by filing and keeping the advice letter filing open for public inspection at Bear Valley Electric Service and Golden State Water Company Headquarters.

Sincerely,



Ronald Moore  
Senior Regulatory Analyst  
Regulatory Affairs Dept.  
Golden State Water Company

c: Donald Lafrenz, CPUC – Energy Division  
R. Mark Pocta, DRA

**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.

<b>Effective January 1, 2014</b>	
<u>No. of Person In Household</u>	<u>Total Gross Annual Income</u>
1	\$ 31,020
2	\$ 31,020
3	\$ 39,060
4	\$ 47,100
5	\$ 55,140
6	\$ 63,180
7	\$ 71,220
8	\$ 79,260
Each Additional	\$ 8,040

(l)

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.

Advice Letter No. 281-E  
 Decision No. \_\_\_\_\_

ISSUED BY  
**R. J. SPROWLS**  
 President

Date Filed: December 27, 2013  
 Effective Date: January 1, 2014  
 Resolution No. \_\_\_\_\_

**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 Bear Valley Electric Service, P.O. Box 1547, Big Bear Lake, CA 92315. 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**

<b>Effective January 1, 2014 - May 31, 2014</b>	
<u>No. of Person In Household</u>	<u>Total Gross Annual Income</u>
1	\$ 31,020
2	\$ 31,020
3	\$ 39,060
4	\$ 47,100
5	\$ 55,140
6	\$ 63,180
7	\$ 71,220
8	\$ 79,260
Each Additional	\$ 8,040

(I)

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

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

Advice Letter No. 281-E  
 Decision No. \_\_\_\_\_

**ISSUED BY**  
**R. J. SPROWLS**  
 President

Date Filed: December 30, 2013  
 Effective Date: January 1, 2014  
 Resolution No. \_\_\_\_\_

FORM NO. 17

Page 2 of 2

**BEAR VALLEY ELECTRIC SERVICE  
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**



**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, P.O. Box 1547, Big Bear Lake, CA 92315. 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 enero 1, 2014 – mayo 31, 2014	
No. de Personas <u>Viviendo en mi casa</u>	Total de ingresos combinados <u>de todas las personas</u>
1	\$ 31,020
2	\$ 31,020
3	\$ 39,060
4	\$ 47,100
5	\$ 55,140
6	\$ 63,180
7	\$ 71,220
8	\$ 79,260
Por cada persona adicional, agregue	\$ 8,040

(1)

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

ISSUED BY

Date Filed: December 30, 2013

Advice Letter No. 281-E

**R. J. SPROWLS**

Effective Date: January 1, 2014

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

President

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

FORM NO. 17

**BEAR VALLEY ELECTRIC SERVICE  
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 \_\_\_\_\_

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No. 17	Adjustment of Bills and Meter Tests	1916-E*, 1880-E*
No. 18	Supply to Separate Premises and Use by Others	640-E, 641-E, 642-E
No. 20	Replacement of Overhead with Underground Electric Facilities	892-E, 893-E, 894-E, 895-E, 896-E
No. 21	Generating Facility Interconnections	1310-E, 1311-W, 1312-E, 1313-E, 1314-E, 1315-E, 1316-E, 1317-E, 1318-E, 1319-E, 1320-E, 1321-E, 1322-E, 1323-E, 1324-E, 1325-E, 1326-E, 1327-E, 1328-E, 1329-E, 1330-E, 1331-E, 1332-E, 1333-E, 1334-E, 1335-E, 1336-E, 1337-E, 1338-E, 1339-E, 1340-E, 1341-E, 1342-E, 1343-E, 1344-E, 1345-E, 1346-E, 1347-E, 1348-E, 1349-E, 1350-E, 1351-E, 1352-E, 1353-E, 1354-E, 1355-E, 1356-E
No. 22	Military Family Relief Program	1470-E*, 1471-E*, 1472-E*

Sample Forms:

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No. 3	Bill for Service	1256-E	
No. 4	Delinquent Notice	523-E	
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No. 11	Underground Electric Line Extension Contract New Residential Subdivision	301-E, 302-E, 303-E, 304-E	
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No. 15	Income Tax Component of Contribution Agreement	827-E	
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No. 28	Contract Demand Agreement for Customers Served Under Schedule A-5 TOU	1787-E, 1788-E	
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No. 30	Net Energy Metering Surplus Electricity Compensation Selection Form	1804-E	
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No. 40	Application As Small Business Customer Under Government Code Section 14837	1881-E*	
No. 41	Net Energy Metering Net Surplus Compensation Rate (NSCR) Form	1941-E	
No. 58	Investigation Order	118-E	
No. 212	Notice of Disconnection of Electric Meter Account of Non-Payment of Bills	127-E	
No. M-367	Agreement for Advance in Aid of Construction	130-E	
No. -	Contract for Electric Service - Off-Peak Power	197-E	
No. 832.2	Agreement for Street and Highway Lighting	205-E	

ISSUED BY

Date Filed: December 30, 2013

Advice Letter No. 281-E

**R. J. SPROWLS**

Effective Date: January 1, 2014

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

President

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

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No. DE	Domestic Service to Company Employees	2059-E, 1854-E
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No. DMS	Domestic Service - Multi-family Accommodation Sub-metered	2046-E, 2062-E, 1864-E
No. DO	Domestic Service - Other	2063-E, 1866-E
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No. UF-E	Surcharge to Fund PUC Utilities Reimbursement Account Fee	1872-E
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Advice Letter No. 281-E  
 Decision No. \_\_\_\_\_

ISSUED BY  
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Date Filed: December 30, 2013  
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 Resolution No. \_\_\_\_\_

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