

Form No. 17  
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 (800) 808-BVES (2837) 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, 2021 to May 31, 2022	
No. of Person In Household	Total Gross Annual Income*
1-2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320
Each Additional Person	\$9,080
*Upper Limit Calculations = 200% of Federal Poverty Guidelines	

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**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 Savings accounts, stocks or bonds | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | <input type="checkbox"/> Profit from self-employment (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.

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		Resolution No. _____

Form No. 17  
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 (800) 808-BVES (2837) 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, 2021 hasta el 31 de mayo 31, de 2022	
Numero de Personas Viviendo en mi casa	Ingresos total anual combinado
1-2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320
Para cada persona adicional, agregar	\$9,080
*Cálculos de Limite Superior = 200% de Directrices Federales de Nivel de Pobreza	

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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:

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li><input type="radio"/> Sueldos</li> <li><input type="radio"/> Interés o dividendos de: Cuentas de ahorros, acciones, bonos</li> <li><input type="radio"/> Beneficios de Jubilación</li> <li><input type="radio"/> TANF(AFDC)</li> <li><input type="radio"/> Pensiones</li> <li><input type="radio"/> Regalos en efectivo</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Seguro Social, SSI, SSP</li> <li><input type="radio"/> Becas, préstamos de escuela y otra ayuda financiera</li> <li><input type="radio"/> Beneficios por incapacidad</li> <li><input type="radio"/> Estampillas para comida</li> <li><input type="radio"/> Indemnizaciones de seguro</li> <li><input type="radio"/> Indemnizaciones legales</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Ingresos de alquiler o regalías</li> <li><input type="radio"/> Ganancias de autoempleo (IRS Forma C, Renglón 29)</li> <li><input type="radio"/> Compensación al trabajador</li> <li><input type="radio"/> Apoyo para los niños</li> <li><input type="radio"/> Apoyo cónyuge</li> <li><input type="radio"/> Otra ayuda</li> </ul> |
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Schedule No. D-LI  
CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)  
DOMESTIC SERVICE - SINGLE FAMILY ACCOMMODATION

**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, 2021 to May 31, 2022	
No. of Person In Household	Total Gross Annual Income*
1-2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320
Each Additional Person	\$9,080
*Upper Limit Calculations = 200% of Federal Poverty Guidelines	

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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.

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