

**FORM NO. 17**

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**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

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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:

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|---|---|--|
| <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.

ISSUED BY

**R. J. SPROWLS**  
 President

Date Filed: May 10, 2011

Effective Date: June 1, 2011

Resolution No. E-3524

Advice Letter No. 253-E

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

