

**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, 2010 - May 31, 2011	
<u>No. of Person In Household</u>	<u>Total Gross Annual Income</u>
1-2	\$ 31,300
3	36,800
4	44,400
5	52,000
6	59,600
Each Additional	7,600

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:

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Wages or salaries <input type="radio"/> Interest or dividends from:
Savings accounts, stocks or bonds <input type="radio"/> Unemployment benefits <input type="radio"/> TANF(AFDC) <input type="radio"/> Pensions <input type="radio"/> Gifts | <ul style="list-style-type: none"> <input type="radio"/> Social Security, SSI, SSP <input type="radio"/> Scholarships, grants, or other aid
used for living expenses <input type="radio"/> Disability payments <input type="radio"/> Food Stamps <input type="radio"/> Insurance settlements <input type="radio"/> Legal settlements | <ul style="list-style-type: none"> <input type="radio"/> Rental or royalty income <input type="radio"/> Profit from self-employment
(IRS form Schedule C, Line 29) <input type="radio"/> Worker's Compensation <input type="radio"/> Child Support <input type="radio"/> Spousal Support <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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APPLICATION INFORMATION (please print clearly):

Applicant Name _____

I am a primary residential customer of Bear Valley Electric Service

Bear Valley Electric Account Number

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

Master-Metered Account Number

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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 _____

CURRENT CUSTOMERS ON THE CARE PROGRAM DO NOT NEED TO SEND IN AN APPLICATION. YOU WILL BE SENT AN APPLICATION WHEN IT IS TIME TO RENEW.

FOR BEAR VALLEY ELECTRIC SERVICE USE ONLY

Date received _____ Date Verified/By _____ Date Effective _____