



May 1, 2017

Advice Letter No. 326-E

(U 913 E)

## California Public Utilities Commission

Attention: Energy Division  
Advice Letter Filings Room 4005

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

<u>CPUC Sheet No.</u>	<u>Title of Sheet</u>	<u>Canceling CPUC Sheet No.</u>
Revised No. 2433-E	Schedule No. D-LI Page 2 of 4	Revised No. 2294-E
Revised No. 2434-E	Form No. 17 CARE Application/Notice- English Page 1 of 2	Revised No. 2295-E
Revised No. 2435-E	Form No. 17 CARE Application - English Page 2 of 2	Revised No. 2296-E
Revised No. 2436-E	Form No. 17 CARE Application/Notice-Spanish Page 1 of 2	Revised No. 2297-E
Revised No. 2437-E	Form No. 17 CARE Application-Spanish Page 2 of 2	Revised No. 2298-E
Revised No. 2438-E	Table of Contents Page 2 of 2	Revised No. 2299-E
Revised No. 2439-E	Table of Contents Page 1 of 2	Revised No. 2432-E

Subject: CARE/ESA Eligibility Income Levels Update

GSWC hereby submits this advice letter for the purpose of modifying its electric tariffs to reflect the updated eligibility income levels for BVES' California Alternate Rates for Energy (CARE) Program. This advice letter is in compliance with the California Public Utilities Commission (Commission) Energy Division's letter dated March 1, 2017 and pursuant to Commission Decision No. 12-08-044.

The CARE Program eligibility income levels for 2017-2018 will be as follows:

Effective June 1, 2017 to May 31, 2018		(T)
No. of Person In Household	Income Eligibility Upper Limit*	
1-2	\$ 32,480	
3	\$ 40,840	
4	\$ 49,200	
5	\$ 57,560	
6	\$ 65,920	
7	\$ 74,280	
8	\$ 82,640	
Each Additional	\$ 8,360	
*Upper Limit Calculations = 200% of Federal Poverty Guidelines		(T)

#### TIER DESIGNATION

This advice letter is submitted with a Tier 1 designation.

#### TIER DESIGNATION

It is requested that this advice letter become effective on June 1, 2017.

#### 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

May 1, 2017

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  
ATTN: Tariff Unit  
505 Van Ness Avenue  
San Francisco, CA 94102  
E-mail: [EDTariffUnit@cpuc.ca.gov](mailto:EDTariffUnit@cpuc.ca.gov).

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 attached BVES service list via U.S. mail service and 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  
Regulatory Affairs Department  
Golden State Water Company

c: Edward Randolph, Director, Energy Division  
James Loewen, Energy Division  
R. Mark Pocta, ORA

**Schedule No. D-LI**

**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.

Effective June 1, 2017 to May 31, 2018		(T)
No. of Person In Household	Income Eligibility Upper Limit*	
1-2	\$ 32,480	
3	\$ 40,840	
4	\$ 49,200	
5	\$ 57,560	
6	\$ 65,920	
7	\$ 74,280	
8	\$ 82,640	
Each Additional	\$ 8,360	
*Upper Limit Calculations = 200% of Federal Poverty Guidelines		(T)

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.

**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 (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, 2017 to May 31, 2018		(T)
No. of Person In Household	Income Eligibility Upper Limit*	
1-2	\$ 32,480	
3	\$ 40,840	
4	\$ 49,200	
5	\$ 57,560	
6	\$ 65,920	
7	\$ 74,280	
8	\$ 82,640	
Each Additional	\$ 8,360	
*Upper Limit Calculations = 200% of Federal Poverty Guidelines		

**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.

FORM NO. 17

**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**

Date received \_\_\_\_\_ Date Verified/By \_\_\_\_\_ Date Effective \_\_\_\_\_

**FORM NO. 17**

**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 (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, 2017 to mayo 31, 2018	
No. de Personas Viviendo en mi casa	Limite Superior de Elegibilidad de Ingresos*
1-2	\$ 32,480
3	\$ 40,840
4	\$ 49,200
5	\$ 57,560
6	\$ 65,920
7	\$ 74,280
8	\$ 82,640
Each Additional	\$ 8,360

(T)

\*Cálculos de Limite Superior = 200% de Directrices Federales de Nivel de Pobreza (T)

**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:

- |  |   |   |
|--|---|---|
| <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:<br>Cuentas de ahorros, acciones, bonos | <input type="checkbox"/> Becas, préstamos de escuela y<br>otra ayuda financiera | <input type="checkbox"/> Ganancias de autoempleo<br>(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   |

FORM NO. 17

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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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**Sheet No.**

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**GOLDEN STATE WATER COMPANY**

**DISTRIBUTION LIST**

**BEAR VALLEY ELECTRIC DIVISION**

Agnes Roberts, Financial Analyst  
Big Bear City Community Services District  
[agnes.roberts@bbccsd.org](mailto:agnes.roberts@bbccsd.org)  
Email Only

City Clerk  
City of Big Bear Lake  
39707 Big Bear Blvd.  
P. O. Box 10000  
Big Bear Lake, CA 92315

City Attorney  
City of Big Bear Lake  
39707 Big Bear Blvd.  
P. O. Box 10000  
Big Bear Lake, CA 92315

County Clerk  
County of San Bernardino  
385 N. Arrowhead Ave., 2<sup>nd</sup> Floor  
San Bernardino, CA 92415-0140

County Counsel  
County of San Bernardino  
385 N. Arrowhead Ave., 4<sup>th</sup> Floor  
San Bernardino, CA 92415-0140

Dave Morse  
2436 Rivendell Lane  
Davis, CA 95616  
[davidmorse9@gmail.com](mailto:davidmorse9@gmail.com)

Wade Reeser, Vp, Operations  
Big Bear Mountain Resorts  
P.O. Box 77, 880 Summit Blvd.  
Big Bear Lake Ca. 92315  
[Wreeser@Mammothresorts.com](mailto:Wreeser@Mammothresorts.com)

Megan Somogyi  
Goodin, MacBride, Squeri & Day, LLP  
505 Sansome Street, Suite 900  
San Francisco, CA 94111  
[MSomogy@goodinmacbride.com](mailto:MSomogy@goodinmacbride.com)

Roman Nava  
OPR Communications  
[rnav@oprusa.com](mailto:rnav@oprusa.com)