



**Application for California Alternative Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities**

Please complete a separate application for each Type of Facility  
APPLICANT INFORMATION: (please print)

Please complete a separate application for each type of facility. (Use reverse side for the same type of additional facilities.)

Name on Utility's Bill \_\_\_\_\_  
 Account Number for This Facility \_\_\_\_\_  
 Name of Facility (if different) \_\_\_\_\_  
 Facility Contact: (who to contact if utility needs more information) \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ FAX \_\_\_\_\_  
 Service Address \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Type of Facility: (check one)  
 MIGRANT FARMWORKER HOUSING CENTERS, provided pursuant to Section 50710 of the Health and Safety Code.  
 EMPLOYEE HOUSING (privately owned), as defined in Section 17008 in the Health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to Part 1 of Division 13.  
 HOUSING FOR AGRICULTURAL EMPLOYEES (operated by non profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received an exemption from local property taxes pursuant to Subdivision (g) of the Revenue and Taxation Code.  
 DECLARATION  
 By signing this application, I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and accurate.  
 I have: \*Verified the income eligibility of all residents of the facility and/or households and have the documentation on file. \_\_\_\_\_  
 \*Maintained documentation to substantiate the above. \_\_\_\_\_  
 \*Verified the facility meets the residential energy usage criteria for each type of facility. \_\_\_\_\_  
 For all facilities:  
 Applicant is customer of record ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
 100% of residents and/or households meet the CARE income guidelines ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
 507

\*I have provided information on how the discount for the coming year will be used to directly benefit the residents ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
 \*For recertification, I have provided information on how the discount was used for the direct benefit of the residents, and I have documentation on file (if initial certification, leave blank) ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
 \*I understand the utility reserves the right to request documentation on the eligibility of the residents and the use of the discount ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
 \*I understand the utility has the right to rebill me at the applicable rate if appropriate ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
 I understand if the facility(ies), or the residents, become(s) ineligible to receive the discount I must notify the utility within 30 days ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
 Last year's discount was used for (if initial certification leave blank) \_\_\_\_\_  
 This year's discount will be used for \_\_\_\_\_

By signing this application, I give my consent that the information provided by me may be shared with other energy utility companies.

AUTHORIZED REPRESENTATIVE'S NAME \_\_\_\_\_ (PLEASE PRINT OR TYPE)  
 AUTHORIZED REPRESENTATIVE'S TITLE \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE'S SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

(Continued)

Issued by

Advice Letter No. 268-E Anne E. Eakin Date Filed December 14, 1995  
 Decision No. 95-10-047 Asst. VP, Regulation Effective March 26, 1996  
 TF6 AGCAREAPP.1.E Title Resolution No. \_\_\_\_\_



For individual facilities of the same type, attach separate sheet for more than four (4):

Utility account number(s) \_\_\_\_\_

Service Address \_\_\_\_\_

Please check:  
 Type of Metering \_\_\_\_\_ Individually metered \_\_\_\_\_ Master metered

Energy used for residential purposes: \_\_\_\_\_ 100% \_\_\_\_\_ At least 70%

Total number of residents (exclude on-site manager) \_\_\_\_\_

100% of residents and/or households meet income eligibility criteria ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Utility account number(s) \_\_\_\_\_

Service Address \_\_\_\_\_

Please check:  
 Type of Metering \_\_\_\_\_ Individually metered \_\_\_\_\_ Master metered

Energy used for residential purposes: \_\_\_\_\_ 100% \_\_\_\_\_ At least 70%

Total number of residents (exclude on-site manager) \_\_\_\_\_

100% of residents and/or households meet income eligibility criteria ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Utility account number(s) \_\_\_\_\_

Service Address \_\_\_\_\_

Please check:  
 Type of Metering \_\_\_\_\_ Individually metered \_\_\_\_\_ Master metered

Energy used for residential purposes: \_\_\_\_\_ 100% \_\_\_\_\_ At least 70%

Total number of residents (exclude on-site manager) \_\_\_\_\_

100% of residents and/or households meet income eligibility criteria ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Utility account number(s) \_\_\_\_\_

Service Address \_\_\_\_\_

Please check:  
 Type of Metering \_\_\_\_\_ Individually metered \_\_\_\_\_ Master metered

Energy used for residential purposes: \_\_\_\_\_ 100% \_\_\_\_\_ At least 70%

Total number of residents (exclude on-site manager) \_\_\_\_\_

100% of residents and/or households meet income eligibility criteria ..... Yes \_\_\_\_\_ No \_\_\_\_\_

(Continued)

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Advice Letter No. 268-E Anne E. Eakin Date Filed December 14, 1995

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Title

**Application for California Alternative Rates for Energy (CARE) Program  
for Qualified Agricultural Employee Housing Facilities**

**INSTRUCTIONS**

<p>1. Read all information and instructions before you complete this application.</p> <p>2. Determine if the facility meets the definition of qualified agricultural employee housing. The facility <b>MUST</b> meet ALL criteria to qualify for the 20% discount from the CARE Program.</p>	<p>3. <b>COMPLETE</b> the entire application (please print or type). Complete a separate application for each qualified facility.</p> <p>4. <b>ATTACH</b> all required documents. (Application is not considered complete without documents.)</p> <p>5. <b>MAIL TO:</b>  CARE Program Manager  Pacific Power  825 NE Multnomah, Suite 800  Portland, Oregon 97232</p>
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**DISCOUNT**

The CARE program provides a 20% discount off the utility bill for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

**ELIGIBILITY CRITERIA FOR APPLICANT**

Each applicant **MUST** meet ALL of the following criteria:

- \* Applicant must be the utility customer of record.
- \* Applicant must verify that 100% of the residents and/or households meet the CARE income guidelines, excluding any employee operating or managing the facility who resides at the facility. (See income guidelines in Schedule DL-6 for current CARE income guidelines.)
- \* Applicant is required to certify CARE eligibility annually by completing a new application, including:
  - How the discount will be used in the first year for the direct benefit of the residents.

**ELIGIBLE FACILITIES**

**MIGRANT FARMWORKER HOUSING CENTERS**, provided pursuant to Section 50710 of the Health and Safety Code:

- \* Supporting documentation required:
  - Provide copy of current contract with the office of Migrant Services, Department of Housing and Community Development. (This documentation states the center is currently authorized to provide housing.)
- \* Total energy used:
  - Master-metered facilities must be 70% residential use.
  - Individually metered units must be 100% residential use.

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**Issued by**

Advice Letter No. <u>345-E</u>	<u>Andrea L. Kelly</u>	Date Filed	<u>May 15, 2007</u>
	Name		
Decision No. _____	<u>VP, Regulation</u>	Effective	<u>June 1, 2007</u>
	Title		
TF6 AGCAREAPP.3.E		Resolution No. _____	

**EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13.

- \* Supporting documentation required:
  - Provide copy of current permit issued by the State Department of Housing and Community Development.
- \* Total energy used must be 100% residential.

**HOUSING FOR AGRICULTURAL EMPLOYEES** (operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

- \* Supporting documentation required:
  - Provide current copy of federal 501 (c)(3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
- \* Total energy used:
  - Master-metered facilities must be 70% residential use.
  - Individually metered units must be 100% residential use.

**APPLICANTS RESPONSIBILITIES**

The applicant is required to:

- \* Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- \* Verify that all households and/or individuals residing in the facility meet the CARE income guidelines (see income guidelines in Schedule DL-6 for current CARE income guidelines) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- \* At annual recertification, how the past year's discount was used and how the next year's discount is expected to be used for the direct benefit of the residents.
- \* Maintain records of residents income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or recertification.
- \* Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or recertification.
- \* Upon request from the utility, provide documentation of the resident's income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
- \* Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.

**Issued by**

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Andrea L. Kelly

Date Filed

May 15, 2007

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