

APPLICATION FOR CALIFORNIA ALTERNATE RATES  
FOR ENERGY (CARE) PROGRAM FOR MIGRANT FARM  
WORKER HOUSING CENTERS (Form 6635)

(See Attached Form)

(TO BE INSERTED BY UTILITY)  
ADVICE LETTER NO. 3509-A  
DECISION NO. 05-04-052

ISSUED BY  
**Lee Schavrien**  
Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
DATE FILED Mar 30, 2006  
EFFECTIVE Jul 27, 2005  
RESOLUTION NO. \_\_\_\_\_



**Application for California Alternate Rates for Energy (CARE) Program  
for OMS and Non-profit Migrant Farm Worker Housing Centers (MFHC)  
Authorized by CPUC Decision 05-04-052**



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## **INSTRUCTIONS**

1. PLEASE READ ALL information and instructions before you complete, sign, and date this application. If you have questions, call 1-800-207-8567, Monday through Friday, 7:00 am-4:00 pm.
2. DETERMINE if the facility can comply with Section 50710.1(e) of the California Health and Safety Code, or is a non-profit migrant farm worker housing center.
3. REVIEW the service accounts in this application to confirm that they are residential end use and included in your facility.
4. COMPLETE, SIGN, AND DATE the application.
5. MAIL to:  
The Gas Company®  
CARE Program - ML 12F1  
PO Box 3249  
Los Angeles, CA 90051-1249

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## **DISCOUNT**

The CARE program provides a 20% discount off the utility bill for MFHC 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 approved the completed and signed application.

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## **ELIGIBILITY CRITERIA FOR MFHC**

Each MFHC MUST meet all of the following criteria:

- MFHC must be operated pursuant to Section 50710.1 of the California Health and Safety Code, or must be a non-profit migrant farm worker housing center.
- MFHC must be the utility customer of record.
- MFHC must verify that the service agreements listed in this application have rates with residential end uses for CARE.
- MFHC must agree to use all CARE savings from a reduction in energy rates for the benefit of the occupants of the migrant farm worker center.

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## **MFHC RESPONSIBILITIES**

MFHC is REQUIRED to:

- At the time of application for CARE discount, MFHC must provide a copy of current contract with the Office of Migrant Services, Department of Housing and Community Development or a copy of Federal 501 (c) (3) tax exemption or copy of state tax exemption form and current copy of local property tax exemption form.
- Maintain supporting records and documentation of how savings from the reduction in energy rates benefited the occupants.
- Notify The Gas Company of any change that would remove or add to eligible service agreements in this application. MFHC may be subject to rebilling if any of the service agreements in this application are no longer eligible for the CARE discount.
- Update its application annually when notified by The Gas Company



# Application for 20% Discount California Alternate Rate for Energy (CARE) Program For OMS and Non-profit Migrant Farm Worker Housing Centers

If you have any questions: Call The Gas Company's CARE toll-free line at 1-800-207-8567, Monday through Friday, 7:00 a.m. to 4:00 p.m.

**1 FARM WORKER HOUSING CENTER INFORMATION:** *(please print or type)*

Name on Gas Bill \_\_\_\_\_

Name of Facility \_\_\_\_\_  
(if different than on bill)

Account Number \_\_\_\_\_

Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_  
(if different)

Facility Contact \_\_\_\_\_  
(who to contact if utility needs more information)

E-mail Address \_\_\_\_\_  
(optional)

Daytime Phone 

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 Fax 

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**2 DECLARATION:** *(Please read carefully and sign below.)*

By signing this application I certify under penalty of perjury that the information contained herein is true and accurate and agree to comply with all the eligibility criteria and MFHC responsibilities contained herein for all of the Service Agreements listed in this application and I give my consent that the information herein may be shared with other energy utility companies.

\_\_\_\_\_  
Authorized Representative's Name (Please print.)

\_\_\_\_\_  
Authorized Representative's Title

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

**3****FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FIVE (5) ADDRESSES:**Account Number: 

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Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Energy used for:       Residential purpose       Non-residential purposeType of Metering?       Individually metered       Master meteredAccount Number: 

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Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Energy used for:       Residential purpose       Non-residential purposeType of Metering?       Individually metered       Master meterAccount Number: 

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Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Energy used for:       Residential purpose       Non-residential purposeType of Metering?       Individually metered       Master meterAccount Number: 

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Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Energy used for:       Residential purpose       Non-residential purposeType of Metering?       Individually metered       Master meterAccount Number: 

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Service Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Energy used for:       Residential purpose       Non-residential purposeType of Metering?       Individually metered       Master meter