

**BEAR VALLEY ELECTRIC SERVICE, INC.
NOTICE AND APPLICATION FOR
CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) AND CARE PLUS PROGRAM**

YOU MAY QUALIFY FOR A DISCOUNT ON YOUR ENERGY BILL

To apply for a discount at your residence, please fill out this application and mail it to:

Bear Valley Electric Service, Inc.
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, 2025 to May 31, 2026		
No. of Persons In Household	CARE Total Gross Annual Income*	CARE Plus Total Gross Annual Income**
1-2	\$42,300	\$21,150
3	\$53,300	\$26,650
4	\$64,300	\$32,150
5	\$75,300	\$37,650
6	\$86,300	\$43,150
7	\$97,300	\$48,650
8	\$108,300	\$54,150
Each Additional Person	\$11,000	\$5,500
*Upper Limit Calculations = 200% of Federal Poverty Guidelines		
**Upper Limit Calculations =100% of Federal Poverty Guidelines		

Under the Base Service Charge rate structure, customers can pay a reduced service charge if enrolled in the CARE or CARE Plus financial assistance program. CARE customers will pay a \$10.06 service charge and CARE Plus will pay a \$5.00 service charge.

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 or CARE Plus. - I will provide verification of my household income.

For the CARE and CARE Plus programs, "gross household income" refers to the total amount of money and non-cash benefits available for living expenses from all sources. This includes both taxable and non-taxable income, calculated before any deductions, for everyone residing in your home. It includes, but is not limited to:

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|---|---|
| ☐ Wages or salaries | ☐ Social Security, SSI, SSP |
| ☐ Rental or royalty income | ☐ Interest or dividends from savings, stocks, or bonds |
| ☐ Scholarships, grants, or aid for living expenses | ☐ Profit from self-employment (IRS form Schedule C, Line 29) |
| ☐ Unemployment benefits | ☐ Disability payments |
| ☐ Worker's Compensation | ☐ TANF (AFDC) |
| ☐ Food Stamps | ☐ Child Support |
| ☐ Pensions | ☐ Insurance settlements |
| ☐ Spousal Support | ☐ Gifts |
| ☐ Legal settlements | ☐ Other Income |

Proof of income acceptable to the utility will be provided when applying for or renewing application.

BEAR VALLEY ELECTRIC SERVICE, INC.
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APPLICATION INFORMATION (please print clearly):

Applicant Name: _____

I am a primary residential customer of Bear Valley Electric Service, Inc.

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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There are 2 ways to qualify for CARE:

- You can qualify for CARE if you or someone in your home participates in at least one of the eligible public assistance programs.

OR

- You can also qualify for CARE if you meet the income guideline qualifications listed in the chart for CARE

There is 1 way to qualify for CARE Plus:

- You can also qualify for CARE Plus if you meet the income guideline qualifications listed in the chart for CARE Plus

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 (**Required for CARE Plus**): _____

You may be eligible for the CARE program if you or someone in your household is enrolled in at least one qualifying public assistance program. However, **CARE Plus does not allow direct enrollment into the program.**

- ☐ Medi-Cal/Medicaid
- ☐ Medi-Cal for Families
- ☐ Women, Infants, and Children Program (WIC)
- ☐ National School Lunch's Free Lunch Program (NSL)
- ☐ CalFresh/Supplemental Nutrition Assistance Program (SNAP)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Supplemental Security Income (SSI)
- ☐ Temporary Assistance for Needy Families (TANF) or Tribal TANF
- ☐ Head Start Income Eligible (Tribal Only)
- ☐ Bureau of Indian Affairs General Assistance

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, INC. USE ONLY

Date received _____	Date Verified/By _____	Date Effective _____
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