

Form No. 17
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, 2024 to May 31, 2025	
No. of Person In Household	Total Gross Annual Income*
1-2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each Additional Person	\$10,760
*Upper Limit Calculations = 200% of Federal Poverty Guidelines	

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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 Savings accounts, stocks or bonds | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | <input type="checkbox"/> Profit from self-employment (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.

(Continued)

Advice Letter No. 490-E
 Decision No. D.12-08-044

Issued By
Paul Marconi
 President

Date Filed April 29, 2024
 Effective June 1, 2024
 Resolution No. _____

Form No. 17
NOTICE AND APPLICATION FOR CALIFORNIA
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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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

There are 2 ways to qualify:

• 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 below.

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: _____

- Programs:
- | | |
|--|--|
| <input type="checkbox"/> Medi-Cal/Medicaid | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> CalFresh/SNAP | <input type="checkbox"/> National School Lunch Program |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Head Start Income Eligible (Tribal Only) |
| <input type="checkbox"/> Medi-Cal for Families | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> LIHEAP | <input type="checkbox"/> TANF/Tribal TAFT |

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 _____