



Ken Deremer  
Director  
Tariffs & Regulatory Accounts  
8330 Century Park Court  
San Diego, CA 92123-1548

Tel: 858.654.1756  
Fax: 858.654.1788  
kderemer@semprautilities.com

July 2, 2007

**ADVICE LETTER 1909-E / 1705-G**  
(U902-M)

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

**SUBJECT: FILING OF A NEW RESIDENTIAL RATE ASSISTANCE APPLICATION FORM**

San Diego Gas & Electric Company (SDG&E) hereby submits for approval a new electric and gas sample form, as shown in the enclosed Attachment.

**PURPOSE**

SDG&E is filing this Advice Letter to submit a new electric and gas form entitled "Residential Rate Assistance Application (Mandarin Chinese)", Form 142-732/10. This form provides customers with a Mandarin Chinese translation of the joint California Alternate Rates for Energy (CARE) and Family Energy Rate Assistance (FERA) residential application.

The new Residential Rate Assistance Application form includes the current CARE/FERA income levels effective June 1, 2007 through May 31, 2008 and also incorporates "categorical eligibility" guidelines for participation in the CARE program. SDG&E recently revised the CARE/FERA income levels and incorporated categorical eligibility guidelines in its existing rate assistance application forms<sup>1</sup>.

This filing will not increase any rate or charge, cause the withdrawal of service, or conflict with any rate schedule or rule.

**EFFECTIVE DATE**

SDG&E believes that this is a Tier Two filing, effective upon staff approval, and therefore respectively requests that this advice letter be approved August 1, 2007, thirty days from the date filed.

**PROTEST**

Anyone may protest this Advice Letter to the California Public Utilities Commission. The protest must state the grounds upon which it is based, including such items as financial and service impact, and should be submitted expeditiously. The protest must be made in writing and must be received within 20 days of the date this Advice Letter was filed with the Commission. There is no restriction on who may file a protest. The address for mailing or delivering a protest to the Commission is:

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<sup>1</sup> SDG&E AL 1899-E/1694-G, filed May 21, 2007, Effective June 1, 2007

CPUC Energy Division  
Attention: Tariff Unit  
505 Van Ness Avenue  
San Francisco, CA 94102

Copies of the protest should also be sent via e-mail to the attention of both Honesto Gatchalian ([inj@cpuc.ca.gov](mailto:inj@cpuc.ca.gov)) and Maria Salinas ([mas@cpuc.ca.gov](mailto:mas@cpuc.ca.gov)) of the Energy Division. A copy of the protest should also be sent via both e-mail and facsimile to the address shown below on the same date it is mailed or delivered to the Commission.

Attn: Todd Cahill  
Regulatory Tariff Manager  
8330 Century Park Court, Room 32C  
San Diego, CA 92123-1548  
Facsimile No. (858) 654-1788  
E-mail: [tcahill@semprautilities.com](mailto:tcahill@semprautilities.com)

**NOTICE**

A copy of this filing has been served on the utilities and interested parties shown on the attached list, including interested parties to service list R.04-01-006, by either providing them a copy electronically or by mailing them a copy hereof, properly stamped and addressed.

Address changes should be directed to SDG&E Tariffs by facsimile at (858) 654-1788 or by e-mail at [SDG&ETariffs@semprautilities.com](mailto:SDG&ETariffs@semprautilities.com).

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KEN DEREMER  
Director – Tariffs & Regulatory Accounts

(cc list enclosed)

# CALIFORNIA PUBLIC UTILITIES COMMISSION

## ADVICE LETTER FILING SUMMARY ENERGY UTILITY

MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No. **SAN DIEGO GAS & ELECTRIC (U 902)**

Utility type:

ELC

GAS

PLC

HEAT

WATER

Contact Person: Will Fuller

Phone #: (858) 654-1885

E-mail:

### EXPLANATION OF UTILITY TYPE

ELC = Electric

GAS = Gas

PLC = Pipeline

HEAT = Heat

WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 1909-E / 1705-G

Subject of AL: Filing of a New Residential Rate Assistance Application Form

Keywords (choose from CPUC listing): CARE, FERA, Rate Assistance, Forms

AL filing type:  Monthly  Quarterly  Annual  One-Time  Other

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #:

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL N/A

Summarize differences between the AL and the prior withdrawn or rejected AL<sup>1</sup>: N/A

Does AL request confidential treatment? If so, provide explanation:

Resolution Required?  Yes  No

Tier Designation:  1  2  3

Requested effective date: 8/1/07

No. of tariff sheets: 6

Estimated system annual revenue effect (%): N/A

Estimated system average rate effect (%): N/A

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: N/A

Service affected and changes proposed<sup>1</sup>: N/A

Pending advice letters that revise the same tariff sheets: N/A

**Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:**

**CPUC, Energy Division**

**Attention: Tariff Unit**

**505 Van Ness Ave.,**

**San Francisco, CA 94102**

**mas@cpuc.ca.gov and jnj@cpuc.ca.gov**

**San Diego Gas & Electric**

**Attention: Todd Cahill**

**8330 Century Park Ct, Room 32C**

**San Diego, CA 92123**

**tcahill@semprautilities.com**

<sup>1</sup> Discuss in AL if more space is needed.

General Order No. 96-B  
ADVICE LETTER FILING MAILING LIST

cc: (w/enclosures)

Public Utilities Commission

DRA

D. Appling  
S. Cauchois  
J. Greig  
R. Pocta  
W. Scott

Energy Division

P. Clanon  
S. Gallagher  
H. Gatchalian  
D. Lafrenz  
M. Salinas

CA. Energy Commission

F. DeLeon  
R. Tavares

Alcantar & Kahl LLP

K. Harteloo

American Energy Institute

C. King

APS Energy Services

J. Schenk

BP Energy Company

J. Zaiontz

Barkovich & Yap, Inc.

B. Barkovich

Bartle Wells Associates

R. Schmidt

Braun & Blaising, P.C.

S. Blaising

California Energy Markets

S. O'Donnell  
C. Sweet

California Farm Bureau Federation

K. Mills

California Wind Energy

N. Rader

Children's Hospital & Health Center

T. Jacoby

City of Chula Vista

M. Meacham  
E. Hull

City of Poway

R. Willcox

City of San Diego

J. Cervantes  
G. Lonergan  
M. Valerio

Commerce Energy Group

V. Gan

Constellation New Energy

W. Chen

CP Kelco

A. Friedl

Davis Wright Tremaine, LLP

E. O'Neill  
J. Pau

Dept. of General Services

H. Nanjo  
M. Clark

Douglass & Liddell

D. Douglass  
D. Liddell  
G. Klatt

Duke Energy North America

M. Gillette

Dynegy, Inc.

J. Paul

Ellison Schneider & Harris LLP

E. Janssen

Energy Policy Initiatives Center (USD)

S. Anders

Energy Price Solutions

A. Scott

Energy Strategies, Inc.

K. Campbell  
M. Scanlan

Goodin, MacBride, Squeri, Ritchie & Day

B. Cragg  
J. Heather Patrick  
J. Squeri

Goodrich Aerostructures Group

M. Harrington

Hanna and Morton LLP

N. Pedersen

Itsa-North America

L. Belew

J.B.S. Energy

J. Nahigian

Luce, Forward, Hamilton & Scripps LLP

J. Leslie

Manatt, Phelps & Phillips LLP

D. Huard  
R. Keen

Matthew V. Brady & Associates

M. Brady

Modesto Irrigation District

C. Mayer

Morrison & Foerster LLP

P. Hanschen

MRW & Associates

D. Richardson

Pacific Gas & Electric Co.

J. Clark  
M. Huffman  
S. Lawrie  
E. Lucha

Pacific Utility Audit, Inc.

E. Kelly

R. W. Beck, Inc.

C. Elder

San Diego Regional Energy Office

S. Freedman  
J. Porter

School Project for Utility Rate Reduction

M. Rochman

Shute, Mihaly & Weinberger LLP

O. Armi

Solar Turbines

F. Chiang

Sutherland Asbill & Brennan LLP

K. McCrea

Southern California Edison Co.

M. Alexander  
K. Cini  
K. Gansecki  
H. Romero

TransCanada

R. Hunter  
D. White

TURN

M. Florio  
M. Hawiger

UCAN

M. Shames

U.S. Dept. of the Navy

K. Davoodi  
N. Furuta  
L. DeLacruz

Utility Specialists, Southwest, Inc.

D. Koser

Western Manufactured Housing

Communities Association

S. Dey

White & Case LLP

L. Cottle

Interested Parties

R.04-01-006

ATTACHMENT A  
ADVICE LETTER 1909-E

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Original 20123-E	SAMPLE FORMS , FORM 142-732/10, Sheet 1	
Revised 20124-E	TABLE OF CONTENTS, Sheet 1	Revised 20121-E
Revised 20125-E	TABLE OF CONTENTS, SAMPLE FORMS, Sheet 9	Revised 20116-E



San Diego Gas & Electric Company  
San Diego, California

Original Cal. P.U.C. Sheet No. 20123-E

Canceling \_\_\_\_\_ Cal. P.U.C. Sheet No. \_\_\_\_\_

**SAMPLE FORMS**

Sheet 1

FORM 142-732/10

N  
N

Residential Rate Assistance Application (Mandarin Chinese)

Form 142-732/10

(06/07)

N  
N  
N

See Attached Form

N

1P6

Advice Ltr. No. 1909-E

Decision No. \_\_\_\_\_

Issued by  
**Lee Schavrien**  
Senior Vice President  
Regulatory Affairs

Date Filed Jul 2, 2007

Effective \_\_\_\_\_

Resolution No. \_\_\_\_\_

您可能符合SDG&E提供的兩種能源費用折扣計劃。但是，您只能選擇加入其中一項計劃。參加**CARE**的家庭每月瓦斯電費可獲20%折扣。而**FERA**可為三人以上的家庭提供更低的電費費率。請參閱以下的收入標準以決定您是否符合資格。

以下是**兩種**可以符合我們的補助計畫的方式：

- 1) 您的家庭目前加入婦幼嬰計劃WIC、健康家庭醫療保險Healthy Family、加州醫療補助Medi-Cal、州政府低收入家庭能源補助計劃LIHEAP、糧食券、或貧窮家庭臨時協助計劃TANF，或
- 2) 家庭稅前年總收入不超過以下標準：

家庭人數	年總收入總額	
	CARE	FERA
1-2	\$29,300	不符合資格
3	\$34,400	\$34,401 - \$43,000
4	\$41,500	\$41,501 - \$51,800
5	\$48,600	\$48,601 - \$60,600
6	\$55,700	\$55,701 - \$69,400
每加一人，加	+\$7,100	+\$7,100 - \$8,800

如果您認為您符合SDG&E的CARE計劃或FERA計劃，請以正楷清楚填寫申請表，

寄至: San Diego Gas & Electric  
CARE PROGRAM  
PO Box 129831  
San Diego, CA 92112-9985

或，傳真至 858-636-5749

如果您符合CARE計劃或FERA，您也可能符合：

**SDG&E能源團隊計劃:** 能源團隊計劃為符合資格要求的客戶提供節能措施安裝，例如防寒保暖、填隙、天花板保暖、小型住宅整修及替換某些合格家電產品。欲知詳情或預約審核，請電1-866-597-0597。

**SDG&E醫療基線優惠:** 有特殊醫療需要的人士可以最低費率獲得額外的能源，詳情請聯絡SDG&E，電話1-800-411-SDGE。

**低收入家庭能源補助計劃LIHEAP:** 符合資格的家庭可獲得能源帳單補助及節能措施服務，請電加州社區服務及開發局，電話1-866-675-6623或撥 2-1-1 轉介至當地服務機構。

**加州普濟電話服務California Lifeline/ULTS:** 符合類似關心計劃收入標準的客戶可獲得電話服務費折扣。詳情請洽詢當地電話服務公司。

如果您對任何一項計劃有問題或想知道更多SDG&E竭誠提供的各種服務，請致電**1-800-411-SDGE(7343)**。

**CARE計劃和FERA計劃家庭用戶能源費用折扣申請**

**加入規定**

- SDG&E帳單必須是您的名字，地址必須是您的主要住址。
- 當您不再符合資格時，必須通知SDG&E。
- 您(除了您的配偶外)不能是其他人報稅單上的被撫養人。
- 您的家庭獲有以下2A部分所列其一的公共補助或您家庭稅前年收入總額(所有家庭成員總收入)-不超過2B所頁金額。
- 如被要求，您必須重新申請此計劃。
- 您可能被要求提出收入證明文件。

**1 家庭資料:(請填寫)**

姓名:  
 住址: \_\_\_\_\_ 公寓:  
 城市/郵遞區號:  
 帳戶號碼: \_\_\_\_\_ 電話號碼(\_\_\_\_) \_\_\_\_\_  
 家庭人數: 成人: \_\_\_\_\_ +小孩: \_\_\_\_\_ = \_\_\_\_\_

**請填寫2A或2B，再繼續填寫第3部份**

**2A 公共補助計劃:**

如果您接受下列任何一項，請在方格裏勾選，然後跳過**2B**。

- |                                 |                          |             |                          |                        |
|---------------------------------|--------------------------|-------------|--------------------------|------------------------|
| 加州醫療補助:                         | <input type="checkbox"/> | 糧食券         | <input type="checkbox"/> | 健康家庭醫療保險               |
| <input type="checkbox"/> 65歲以下  | <input type="checkbox"/> | 貧窮家庭臨時協助計劃  | <input type="checkbox"/> | Healthy Families A & B |
| <input type="checkbox"/> 65歲或以上 | <input type="checkbox"/> | TANF (AFDC) | <input type="checkbox"/> | <b>低收入家庭能源補助計劃</b>     |
|                                 | <input type="checkbox"/> | 婦幼嬰計劃WIC    |                          | LIHEAP                 |

如果您沒有參加以上任何補助計劃，請填寫**2B**部分。

**2B 符合資格的家庭收入:(如果您已填寫2A部分，請略過)**

請(1)在方格裏勾選所有家庭收入來源，然後(2)在提供的空白處寫下您全家未扣繳的稅前總收入金額:

- |   |                                  |  |
|---|----------------------------------|--|
| <input type="checkbox"/> 退休金            | <input type="checkbox"/> 薪資      | <input type="checkbox"/> 學校助學金，獎學金或其他生 |
| <input type="checkbox"/> 社會安全補助         | <input type="checkbox"/> 失業補助    | 活開支補助                                  |
| <input type="checkbox"/> SSI, SSP, SSDI | <input type="checkbox"/> 勞工賠償    | <input type="checkbox"/> 保險訴訟所得        |
| 利息及/或紅利，來自:                             | <input type="checkbox"/> 傷病補助金   | <input type="checkbox"/> 法律訴訟所得        |
| <input type="checkbox"/> 儲蓄帳戶，          | <input type="checkbox"/> 租金或版權收入 | <input type="checkbox"/> 小孩扶養金         |
| <input type="checkbox"/> 股票或債券，或        | <input type="checkbox"/> 自僱主總收入  | <input type="checkbox"/> 配偶贍養金         |
| <input type="checkbox"/> 退休帳戶           | (IRS表格C，第29行)                    | <input type="checkbox"/> 現金/或其他收入      |

**2B 稅前家庭全年總收入金額:** \$    ,    .   0 0

**3 聲明:(請仔細閱讀然後在下面空格處簽名)**

我聲明我在此申請表提供的資料是真實正確的。如有需要，我同意提供收入證明。如果我不再符合獲得折扣的資格，我將告知SDG&E。我知道如果我不符合折扣條件而獲得折扣，我會被要求退回所獲得的折扣。我知道SDG&E可以提供我的資料給其他能源公用事業公司或其代表，以加入他們的補助計劃。

X \_\_\_\_\_ 日期: \_\_\_\_\_  
簽名



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Sheet 1

The following sheets contain all the effective rates and rules affecting rates, service and information relating thereto, in effect on the date indicated herein.

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(Continued)



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Sheet 9

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124-1010	11-06	Community Choice Aggregator Non-Disclosure Agreement....	19804-E
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N

(Continued)

ATTACHMENT B  
ADVICE LETTER 1705-G

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Original 16351-G	SAMPLE FORMS, FROM 142-732/10, Sheet 1	
Revised 16352-G	TABLE OF CONTENTS, Sheet 1	Revised 16349-G
Revised 16353-G	TABLE OF CONTENTS, Sheet 7	Revised 16335-G



San Diego Gas & Electric Company  
San Diego, California

Original Cal. P.U.C. Sheet No. 16351-G

Canceling \_\_\_\_\_ Cal. P.U.C. Sheet No. \_\_\_\_\_

**SAMPLE FORMS**

Sheet 1

FROM 142-732/10

Residential Rate Assistance Application (Mandarin Chinese)

Form 142-732/10

(06/07)

(See Attached Form)

N  
N

N  
N  
N

N

1P6

Advice Ltr. No. 1705-G

Decision No. \_\_\_\_\_

Issued by  
**Lee Schavrien**  
Senior Vice President  
Regulatory Affairs

Date Filed Jul 2, 2007

Effective \_\_\_\_\_

Resolution No. \_\_\_\_\_

您可能符合SDG&E提供的兩種能源費用折扣計劃。但是，您只能選擇加入其中一項計劃。參加**CARE**的家庭每月瓦斯電費可獲20%折扣。而**FERA**可為三人以上的家庭提供更低的電費費率。請參閱以下的收入標準以決定您是否符合資格。

以下是**兩種**可以符合我們的補助計畫的方式:

- 1)您的家庭目前加入婦幼嬰計劃WIC、健康家庭醫療保險Healthy Family、加州醫療補助Medi-Cal、州政府低收入家庭能源補助計劃LIHEAP、糧食券、或貧窮家庭臨時協助計劃TANF，或
- 2)家庭稅前年總收入不超過以下標準:

家庭人數	年總收入總額	
	CARE	FERA
1-2	\$29,300	不符合資格
3	\$34,400	\$34,401 - \$43,000
4	\$41,500	\$41,501 - \$51,800
5	\$48,600	\$48,601 - \$60,600
6	\$55,700	\$55,701 - \$69,400
每加一人，加	+\$7,100	+\$7,100 - \$8,800

如果您認為您符合SDG&E的CARE計劃或FERA計劃，請以正楷清楚填寫申請表，

寄至:San Diego Gas & Electric  
CARE PROGRAM  
PO Box 129831  
San Diego, CA 92112-9985

或，傳真至 858-636-5749

如果您符合CARE計劃或FERA，您也可能符合:

**SDG&E能源團隊計劃:**能源團隊計劃為符合資格要求的客戶提供節能措施安裝，例如防寒保暖、填隙、天花板保暖、小型住宅整修及替換某些合格家電產品。欲知詳情或預約審核，請電1-866-597-0597。

**SDG&E醫療基線優惠:**有特殊醫療需要的人士可以最低費率獲得額外的能源，詳情請聯絡SDG&E，電話1-800-411-SDGE。

**低收入家庭能源補助計劃LIHEAP:**符合資格的家庭可獲得能源帳單補助及節能措施服務，請電加州社區服務及開發局，電話1-866-675-6623或撥 2-1-1 轉介至當地服務機構。

**加州普濟電話服務California Lifeline/ULTS:**符合類似關心計劃收入標準的客戶可獲得電話服務費折扣。詳情請洽詢當地電話服務公司。

如果您對任何一項計劃有問題或想知道更多SDG&E竭誠提供的各種服務，請致電**1-800-411-SDGE(7343)**。

**CARE計劃和FERA計劃家庭用戶能源費用折扣申請**

**加入規定**

- SDG&E帳單必須是您的名字，地址必須是您的主要住址。
- 當您不再符合資格時，必須通知SDG&E。
- 您(除了您的配偶外)不能是其他人報稅單上的被撫養人。
- 您的家庭獲有以下2A部分所列其一的公共補助或您家庭稅前年收入總額(所有家庭成員總收入)-不超過2B所頁金額。
- 如被要求，您必須重新申請此計劃。
- 您可能被要求提出收入證明文件。

**1 家庭資料:(請填寫)**

姓名:  
 住址: \_\_\_\_\_ 公寓:  
 城市/郵遞區號:  
 帳戶號碼: \_\_\_\_\_ 電話號碼(\_\_\_\_) \_\_\_\_\_  
 家庭人數: 成人: \_\_\_\_\_ +小孩: \_\_\_\_\_ = \_\_\_\_\_

**請填寫2A或2B，再繼續填寫第3部份**

**2A 公共補助計劃:**

如果您接受下列任何一項，請在方格裏勾選，然後跳過**2B**。

- |                                 |                          |             |                          |                        |
|---------------------------------|--------------------------|-------------|--------------------------|------------------------|
| 加州醫療補助:                         | <input type="checkbox"/> | 糧食券         | <input type="checkbox"/> | 健康家庭醫療保險               |
| <input type="checkbox"/> 65歲以下  | <input type="checkbox"/> | 貧窮家庭臨時協助計劃  | <input type="checkbox"/> | Healthy Families A & B |
| <input type="checkbox"/> 65歲或以上 | <input type="checkbox"/> | TANF (AFDC) | <input type="checkbox"/> | <b>低收入家庭能源補助計劃</b>     |
|                                 | <input type="checkbox"/> | 婦幼嬰計劃WIC    |                          | LIHEAP                 |

如果您沒有參加以上任何補助計劃，請填寫**2B**部分。

**2B 符合資格的家庭收入:(如果您已填寫2A部分，請略過)**

請(1)在方格裏勾選所有家庭收入來源，然後(2)在提供的空白處寫下您全家未扣繳的稅前總收入金額:

- |   |                                  |  |
|---|----------------------------------|--|
| <input type="checkbox"/> 退休金            | <input type="checkbox"/> 薪資      | <input type="checkbox"/> 學校助學金，獎學金或其他生 |
| <input type="checkbox"/> 社會安全補助         | <input type="checkbox"/> 失業補助    | 活開支補助                                  |
| <input type="checkbox"/> SSI, SSP, SSDI | <input type="checkbox"/> 勞工賠償    | <input type="checkbox"/> 保險訴訟所得        |
| 利息及/或紅利，來自:                             | <input type="checkbox"/> 傷病補助金   | <input type="checkbox"/> 法律訴訟所得        |
| <input type="checkbox"/> 儲蓄帳戶，          | <input type="checkbox"/> 租金或版權收入 | <input type="checkbox"/> 小孩扶養金         |
| <input type="checkbox"/> 股票或債券，或        | <input type="checkbox"/> 自僱主總收入  | <input type="checkbox"/> 配偶贍養金         |
| <input type="checkbox"/> 退休帳戶           | (IRS表格C，第29行)                    | <input type="checkbox"/> 現金/或其他收入      |

**2B 稅前家庭全年總收入金額:** \$    ,    .    0 0

**3 聲明:(請仔細閱讀然後在下面空格處簽名)**

我聲明我在此申請表提供的資料是真實正確的。如有需要，我同意提供收入證明。如果我不再符合獲得折扣的資格，我將告知SDG&E。我知道如果我不符合折扣條件而獲得折扣，我會被要求退回所獲得的折扣。我知道SDG&E可以提供我的資料給其他能源公用事業公司或其代表，以加入他們的補助計劃。

X \_\_\_\_\_ 日期: \_\_\_\_\_  
簽名



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