



A  Sempra Energy utility®

## 20% CARE DISCOUNT APPLICATION

# CALIFORNIA ALTERNATE RATES FOR ENERGY

Southern California Gas Company (SoCalGas®)'s California Alternate Rates for Energy (CARE) program provides a 20% discount on the monthly gas bill for eligible households. To see if you qualify, check the requirements shown below. Please complete the application and return it by mail or fax. Once your completed and signed application is approved by SoCalGas, you will receive the CARE discount from your property owner/manager. You and your property owner/manager will be notified whether or not you are approved for the discount.

Or apply online at [socalgas.com](http://socalgas.com) (Search "CARE")

## HOW TO QUALIFY FOR THE CARE DISCOUNT:

### **PUBLIC ASSISTANCE PROGRAMS:**

**If you or someone in your household participates in any of these programs:**

Medicaid, Medi-Cal,  
Medi-Cal for Families A&B,  
Women, Infants, & Children (WIC),  
CalWORKs (TANF), Tribal TANF,  
Head Start Income Eligible - Tribal Only,  
Bureau of Indian Affairs General Assistance,  
CalFresh (Food Stamps),  
National School Lunch Program (NSLP),  
Low Income Home Energy Assistance Program (LIHEAP),  
Supplemental Security Income (SSI)

**OR**

### **MAXIMUM HOUSEHOLD INCOME\*:**

*(effective June 1, 2014 to May 31, 2015)*

\*current household income from all sources before deductions

Number of Persons in Household	Total Annual Income
1-2	\$31,460
3	\$39,580
4	\$47,700
5	\$55,820
6	\$63,940
7	\$72,060
8	\$80,180
Each Additional Person	+\$8,120

### **CONDITIONS FOR PARTICIPATION**

This address must be your primary address.

You must not be claimed as a dependent on another person's income tax return other than your spouse.

You must recertify your application when requested.

You must notify SoCalGas within 30 days if you no longer qualify. You may be asked to verify your eligibility for CARE.

## OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR:

**Energy Savings Assistance Program** offers free energy-saving home improvements such as ceiling insulation, door weather-stripping, caulking and minor home repair.



For more information, please call 1-800-331-7593.

**Medical Baseline** - Provides additional allowance of gas at a lower rate to customers with certain medical conditions. For more information, call 1-800-427-2200.

**LIHEAP** - Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Call the California Department of Community Services and Development at 1-866-675-6623.

**California Lifeline** - A discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.

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### FOR INFORMATION ON CARE, CALL:

English: 1-800-427-2200

Mandarin: 1-800-427-1429

Spanish: 1-800-342-4545

Cantonese: 1-800-427-1420

Korean: 1-800-427-0471

Vietnamese: 1-800-427-0478

Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)

Fax: (213) 244-4665




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**CARE PROGRAM, ML GT19A1  
PO BOX 3249  
LOS ANGELES, CA 90051-1249**

**CARE 20% Rate Discount Application**  
Please use **DARK** ink and print clearly to ensure proper processing

**Correct way to mark circles: ●**

<b>1</b>	<b>Tenant Name</b> (as it appears on your bill):	<input type="text"/>
	<b>Home Address</b> (street, space #, city, zip):	<input type="text"/>
	<b>Facility ID:</b>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>Phone Number:</b>	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
	<b>E-mail Address:</b>	<input type="text"/>

<b>2</b>		<b>Total # of adults and children in your household:</b>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
			<input type="radio"/> If more than 6: <input type="checkbox"/>					

**2**

**(continued)**

**Are you (or someone in your household) enrolled in any of the following assistance programs?**

**YES** *(If yes, mark the program(s) of participation) ▼*

- Medi-Cal / Medicaid: Under Age 65
- Medi-Cal / Medicaid: 65 or older
- Medi-Cal for Families A & B
- Women, Infants, and Children Program (WIC)
- CalWORKs (TANF) or Tribal TANF
- CalFresh (Food Stamps)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)
- National School Lunch Program (NSLP)
- Bureau of Indian Affairs General Assistance
- Head Start Income Eligible - Tribal Only

**NO**

What is your yearly household income (before deductions, including all members of the household)? ▼

- \$0 - \$31,460
- \$31,461 - \$39,580
- \$39,581 - \$47,700
- \$47,701 - \$55,820
- \$55,821 - \$63,940
- If more than \$63,940, enter amount here:

\$   ,    .00 per year

**2**

**(continued)**

**Please mark your sources of income: ▼**

- Social Security
- SSP or SSDI
- Pensions
- Interest or Dividends from: Savings, Stocks, Bonds, or Retirement Accounts
- Wages and/or Profit from Self Employment
- Unemployment Benefits
- Insurance or Legal Settlements
- Disability or Workers Compensation Payments
- Spousal or Child Support
- Scholarships, grants, or other aid used for living expenses
- Rental or Royalty Income
- Cash or Other Income

**3**

**Do you agree to the following?** Please read and sign below.

I state that the information I have provided in this application is true and correct. I agree to provide proof of CARE eligibility if asked. I agree to inform SoCalGas if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that SoCalGas can share my information with other utilities or agents to enroll me in their assistance programs.

**Signature:**

**Date:**   /   /