Form 6491-D EN (06/11)

20% DISCOUNT CARE APPLICATION

The Gas Company's California Alternate Rates for Energy (CARE) program provides a 20% discount on the monthly gas bill for eligible households. Those who qualify and are approved within 90 days of starting new gas service will also receive a $15 discount on the Service Establishment Charge. The discount will be applied once your completed and signed application is approved by The Gas Company[SM].

Please complete the application and return it in the envelope provided or apply online at
http://www.socalgas.com/assistance

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

OR

MAXIMUM HOUSEHOLD INCOME*:
(effective June 1, 2011 to May 31, 2012)
*current household income from all sources before deductions

Number of Persons in Household	Total Annual Income
1-2	$31,800
3	$37,400
4	$45,100
5	$52,800
6	$60,500
Each additional household member, add	$7,700

CONDITIONS FOR PARTICIPATION

The gas bill must be in your name and the 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 The Gas Company 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 no-cost energy-saving home improvements such as ceiling insulation, door weather-stripping, caulking and minor home repairs to eligible low-income home-owners and renters. 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 Dept. 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.

FOR MORE INFORMATION ON CUSTOMER ASSISTANCE:

English:	1-800-427-2200	Mandarin:	1-800-427-1429	Spanish:	1-800-342-4545
Korean:	1-800-427-0471	Cantonese:	1-800-427-1420	Vietnamese:	1-800-427-0478

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

Source Code: 9B

CARE 20% Rate Discount Application

Please use DARK ink and print clearly to ensure proper processing

Correct way to mark circles: ●

Form 6491-D EN (06/11)

THE GAS COMPANY
CARE PROGRAM, ML GT12F1
PO BOX 3249
LOS ANGELES, CA 90051-1249

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Customer Name (as it appears on your bill):	
Home Address (street, city, zip):	
Account Number:	☐☐☐ ☐☐☐ ☐☐☐☐ ☐
Phone Number:	(☐☐☐)☐☐☐-☐☐☐☐
E-mail:	

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Total # of adults and children in your household: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ If more than 6: ☐

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
- ○ Healthy Families Categories A & B
- ○ Women, Infants, and Children Program (WIC)
- ○ CalWORKs (TANF) or Tribal TANF
- ○ CalFresh / SNAP (Food Stamps)
- ○ Low Income Home Energy Assistance Program (LIHEAP)
- ○ Supplemental Security Income (SSI)
- ○ National School Lunch Program (NSLP)
- ○ Bureau of Indian Affairs General Assistance (BIA GA)
- ○ Head Start Income Eligible - Tribal Only

○ **NO**

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

○ $0 - $31,800 ○ $31,801 - $37,400 ○ $37,401 - $45,100 ○ $45,101 - $52,800 ○ $52,801 - $60,500

○ If more than $60,500, enter amount here: $ ☐☐,☐☐☐.00 per year

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

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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 The Gas Company 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 The Gas Company can share my information with other utilities or agents to enroll me in their assistance programs.

Signature: X _____ **Date:** ☐☐ / ☐☐ / ☐☐

Source Code: 9B