SoCalGas
A Sempra Energy utility

CUSTOMER ASSISTANCE

20% DISCOUNT
CARE APPLICATION

Through the California Alternate Rates for Energy (CARE) program, SoCalGas® offers a 20 percent discount to eligible customers on their monthly gas bill. Eligible customers who are approved within 90 days after starting new gas service will also receive a $15 discount on the Service Establishment Charge. The discount will be applied to the monthly gas bill following the date that the application is approved by SoCalGas. If you are a submetered tenant, your property owner/manager will be notified whether or not you are approved to receive the discount.

Please complete and return the following application by mail, fax, or apply online at **socalgas.com** (Search "*CARE*").

THERE ARE **TWO** WAYS TO QUALIFY

PUBLIC ASSISTANCE PROGRAMS If you or another person in your household receives benefits from any of the following programs:	←OR→	MAXIMUM HOUSEHOLD INCOME (Effective June 1, 2015 to May 31, 2016) Number of Persons in Household	Total Annual Income*
Medi-Cal/Medicaid		1-2	$31,860
Medi-Cal for Families A & B		3	$40,180
Women, Infants, & Children (WIC)		4	$48,500
CalWORKs (TANF)[1] / Tribal TANF		5	$56,820
Head Start Income Eligible – Tribal Only		6	$65,140
Bureau of Indian Affairs General Assistance		7	$73,460
CalFresh (Food Stamps)		8	$81,780
National School Lunch Program (NSLP)		For each additional household member, add $8,320	
Low-Income Home Energy Assistance Program (LIHEAP)		*Includes current household income from all sources before deductions.	
Supplemental Security Income (SSI)			

[1]Includes Welfare-to-Work

CONDITIONS FOR PARTICIPATION

1) The gas bill must be in your name and the address must be your primary address. **2)** You must not be claimed as a dependent on another person's income tax return other than your spouse. **3)** You must recertify your application when requested. **4)** You must notify SoCalGas within 30 days if you no longer qualify. **5)** 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 attic insulation, low-flow showerheads, faucet aerators, 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.

Energy Savings Assistance Program℠

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.

Low Income Home Energy Assistance Program (LIHEAP): 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
한국어: 1-800-427-0471
廣東話: 1-800-427-1429
中文: 1-800-427-1420
Español: 1-800-342-4545
Việt: 1-800-427-0478
FAX: (213) 244-4665
Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)

♻ Printed on recycled paper with soy-based inks. N15H0051A 0415

20% DISCOUNT CARE APPLICATION

PLEASE USE DARK BLUE OR BLACK INK ONLY

Please complete and return the application by mail, fax, or apply online at **socalgas.com** (Search "*CARE*").

Mail to: SoCalGas M.L. GT19A1, P.O. Box 513249 Los Angeles, CA 90051-1249 or **Fax to**: (213) 244-4665

ACCOUNT NUMBER/FACILITY I.D.

PLEASE PROVIDE YOUR ACCOUNT NUMBER OR FACILITY I.D. TO EXPEDITE PROCESSING.

CUSTOMER NAME (FIRST AND LAST AS IT APPEARS ON YOUR BILL)

ADDRESS APT/SPACE #

CITY HOME PHONE

EMAIL

1 Total number of persons in your household (include yourself, other adults, and children):

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ If more than 6:

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

○ **YES** (If yes, please fill in the circle(s) ●)

- ○ 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
- ○ 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)

○ **NO** If no, what is your yearly household income (before deductions, including all members of the household)?

- ○ $0 – $31,860
- ○ $31,861 – $40,180
- ○ $40,181 – $48,500
- ○ $48,501 – $56,820
- ○ $56,821 – $65,140
- ○ If more than $65,140, enter the dollar 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

3 Declaration 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 Southern California Gas Company (SoCalGas®) within 30 days if I no longer qualify to receive a 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: X DATE: / /