



# 20% Discount CARE APPLICATION

## **For qualified Migrant Services and nonprofit migrant farm worker housing centers (MFHC).**

The California Alternate Rates for Energy (CARE) program provides a 20 percent monthly discount on the natural gas bill for migrant services and nonprofit migrant farm worker housing centers that meet program criteria as established by the California Public Utilities Commission (CPUC). The discounted rate is available only to qualified facilities once SoCalGas receives and approves the application.

### **Instructions:**

**REVIEW** the information on pages 2. If you have questions, call SoCalGas at 1-800-207-8567.

**CONFIRM** that facilities meet the eligibility criteria and understand the responsibilities listed on page 2.

**ATTACH** all required documents. Application will not be approved without all required documentation.

**MAIL TO:** SoCalGas  
CARE Program  
P.O. Box 3249  
Los Angeles, CA 90051-1249



# 20% Discount CARE Application

For Qualified Migrant Services and Nonprofit  
Migrant Farm Worker Housing Centers

## Eligibility criteria for Migrant Farm Worker Housing Centers

Each MFHC **MUST** meet all of the following criteria:

- MFHC must operate in accordance with Section 50710.1(e) of the California Health and Safety Code, or must be a nonprofit migrant farm worker housing center.
- MFHC must be the utility customer of record.
- MFHC must verify that the facilities listed in this application have rates with residential end uses for CARE.
- MFHC must agree to use all CARE savings for the benefit of the occupants.

## MFHC Responsibilities

MFHC is **REQUIRED** to:

- Provide a copy of current contract with the Office of Migrant Services, Department of Housing and Community Development or a copy of Federal 501 (c) (3) tax exemption or copy of state tax exemption form and current copy of local property tax exemption form.
- Maintain supporting records and documentation of how the CARE savings has benefited the occupants.
- Notify SoCalGas of any change that would remove or add to eligible facilities in this application. MFHC may be subject to rebilling if any of the facilities in this application are no longer eligible for the CARE discount.
- Update the application when notified by SoCalGas.

**PLEASE PRINT and RETURN PAGES 3 AND 4  
FOR 20% DISCOUNT CARE APPLICATION**



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For Qualified Migrant Services and Nonprofit Migrant Farm Worker Housing Centers

## MIGRANT FARM WORKER HOUSING CENTER INFORMATION:

NAME ON GAS BILL:		ACCOUNT NUMBER:	
NAME OF FACILITY (IF DIFFERENT FROM NAME ON GAS BILL):			
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:		EMAIL:	
PHONE: (     )		FAX: (     )	

## ALL QUALIFIED SATELLITE FACILITIES (IF APPLICABLE):

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:		PHONE: (     )	EMAIL:
TYPE OF METERING: <input type="checkbox"/> INDIVIDUALLY METERED <input type="checkbox"/> MASTER METERED		ENERGY USED FOR: <input type="checkbox"/> RESIDENTIAL PURPOSE <input type="checkbox"/> NON-RESIDENTIAL PURPOSE	

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:		PHONE: (     )	EMAIL:
TYPE OF METERING: <input type="checkbox"/> INDIVIDUALLY METERED <input type="checkbox"/> MASTER METERED		ENERGY USED FOR: <input type="checkbox"/> RESIDENTIAL PURPOSE <input type="checkbox"/> NON-RESIDENTIAL PURPOSE	



# 20% Discount CARE Application

For Qualified Migrant Services and Nonprofit Migrant Farm Worker Housing Centers

## ALL QUALIFIED SATELLITE FACILITIES CONTINUED

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:	PHONE: (    )	EMAIL:	
TYPE OF METERING: <input type="checkbox"/> INDIVIDUALLY METERED <input type="checkbox"/> MASTER METERED		ENERGY USED FOR: <input type="checkbox"/> RESIDENTIAL PURPOSE <input type="checkbox"/> NON-RESIDENTIAL PURPOSE	

FACILITY NAME:		ACCOUNT NUMBER:	
SERVICE ADDRESS:		CITY:	ZIP:
MAILING ADDRESS:		CITY:	ZIP:
FACILITY CONTACT:	PHONE: (    )	EMAIL:	
TYPE OF METERING: <input type="checkbox"/> INDIVIDUALLY METERED <input type="checkbox"/> MASTER METERED		ENERGY USED FOR: <input type="checkbox"/> RESIDENTIAL PURPOSE <input type="checkbox"/> NON-RESIDENTIAL PURPOSE	

### DECLARATION (Please read carefully and sign below.)

By signing this application, I certify under penalty of perjury that the information contained herein is true and accurate and agree to comply with all the eligibility criteria and MFHC responsibilities contained herein for all of the facilities listed in this application and I authorize SoCalGas to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.

AUTHORIZED REPRESENTATIVE'S NAME AND TITLE (PLEASE PRINT):	
AUTHORIZED REPRESENTATIVE'S SIGNATURE:	DATE:
AUTHORIZED REPRESENTATIVE'S TELEPHONE NUMBER:	

**Return to:**  
SoCalGas CARE Program  
P.O. Box 3249, Los Angeles, CA 90051-1249