

20% DISCOUNT CARE APPLICATION

The California Alternate Rates for Energy (CARE) program offers eligible SoCalGas® customers a 20% discount on their monthly natural gas bill. The discount will be applied to the monthly 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 submit a completed application by using one of the methods listed below:

- 1) Visit socalgas.com/CARE and apply as a submetered tenant.
- 2) Call 1-866-716-3452 anytime, 24 hours a day. Please have your Facility ID ready.
- 3) Return the completed and signed form by mail or fax to (213) 244-4665.

There are two ways to qualify:

Assistance programs	← OR →	Maximum household income																									
<p>If you or another person in your household participates in any of these programs:</p> <ul style="list-style-type: none"> Medi-Cal/Medicaid Medi-Cal for Families A&B Women, Infants & Children (WIC) CalWORKs (TANF)¹ 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 Supplemental Security Income <p><small>¹Includes Welfare-To-Work</small></p>		<p>effective June 1, 2023 to May 31, 2024</p> <table border="1"> <thead> <tr> <th rowspan="2">Number of persons in household</th> <th rowspan="2"></th> <th rowspan="2">Total annual income*</th> </tr> <tr> <th></th> </tr> </thead> <tbody> <tr> <td>1-2</td> <td></td> <td>\$39,440</td> </tr> <tr> <td>3</td> <td></td> <td>\$49,720</td> </tr> <tr> <td>4</td> <td></td> <td>\$60,000</td> </tr> <tr> <td>5</td> <td></td> <td>\$70,280</td> </tr> <tr> <td>6</td> <td></td> <td>\$80,560</td> </tr> <tr> <td>7</td> <td></td> <td>\$90,840</td> </tr> <tr> <td>8</td> <td></td> <td>\$101,120</td> </tr> </tbody> </table> <p>Each additional person +\$10,280 *Current household income from all sources before deductions.</p>	Number of persons in household		Total annual income*		1-2		\$39,440	3		\$49,720	4		\$60,000	5		\$70,280	6		\$80,560	7		\$90,840	8		\$101,120
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Conditions for participation:

- 1) You must meet the qualification requirements in the table above.
- 2) The address must be your primary address.
- 3) You must not be claimed as a dependent on another person's income tax return other than your spouse.
- 4) You must recertify your application when requested.
- 5) You must notify SoCalGas within 30 days if you no longer qualify.
- 6) You must agree to verify your eligibility for CARE upon request.

Other programs and services you may qualify for:

 <p>Help for your home Energy-saving home improvements from authorized local contractors at no cost</p>	<p>Energy Savings Assistance Program[†]</p> <p>socalgas.com/Improvements 1-800-331-7593</p>	
 <p>Help for medical needs Medical Baseline Allowance Program offers additional natural gas at the lowest baseline rate for those with qualifying medical conditions. socalgas.com/Medical 1-866-431-3517</p>	 <p>Help with your bill Low Income Home Energy Assistance Utility bill assistance and weatherization services 1-866-675-6623</p>	 <p>Help with your phone California Lifeline Discounted telephone services for eligible customers Learn more at californialifeline.com</p>

English: 1-800-427-2200

廣東話: 1-800-427-1420

FAX: (213) 244-4665

한국어: 1-800-427-0471

Español: 1-800-342-4545

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

中文: 1-800-427-1429

Việt: 1-800-427-0478



socalgas.com

1 (800) 427-2200



20% DISCOUNT CARE APPLICATION

Please use dark blue or black ink only

Please complete and return this application by mail, fax, or apply online at socialgas.com/CARE.

Mail to: SoCalGas CARE Program, P.O. Box 3249, Los Angeles, CA 90051-1249 or Fax to: (213) 244-4665

PLEASE PROVIDE YOUR MASTER ACCOUNT AND FACILITY ID TO EXPEDITE THE PROCESS.

MASTER ACCOUNT (FIRST 10 DIGITS)

FACILITY I.D.

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

ADDRESS

SPACE #

CITY

PRIMARY PHONE

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

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

- \$0 - \$39,440
- \$39,441 - \$49,720
- \$49,721 - \$60,000
- \$60,001 - \$70,280
- \$70,281 - \$80,560
- If more than \$80,560, 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 salary
- 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, other income, or profit from self-employment

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 program eligibility if asked. I agree to inform 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 am required to pay back the discount I received. 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.

SIGNATURE: X

DATE: / /