20% DISCOUNT CARE APPLICATION

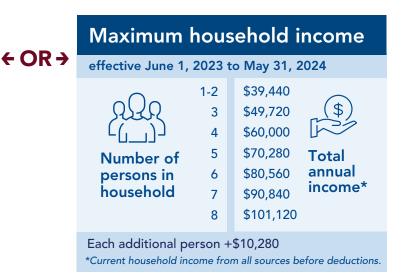
The California Alternate Rates for Energy (CARE) program offers eligible SoCalGas® customers a 20% discount on their monthly natural gas bill. The discount will be applied to the monthly bill following the date that the application is approved by SoCalGas. If you are a submetered tenant, your property 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 If you or another person in your household participates in any of these programs: 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



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:



Help for your home

Energy-saving home improvements from authorized local contractors at no cost



socalgas.com/Improvements 1-800-331-7593



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

Help with your bill

Low Income Home Energy Assistance Utility bill assistance and

weatherization services

1-866-675-6623



Help with your phone California Lifeline

Discounted telephone services for eligible customers

Learn more at californialifeline.com

English: 1-800-427-2200 한국어: 1-800-427-0471 中文: 1-800-427-1429 廣東話: 1-800-427-1420 Español: 1-800-342-4545 Việt: 1-800-427-0478

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



FAX: (213) 244-4665



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 socalgas.com/CARE.

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

	ER ACCOUNT (FIRST 10 DIGITS)	FACILITY I.D.
CUSTO	MER NAME (FIRST AND LAST AS IT APPEARS ON YOUR B	BILL)
ADDRE	ESS	SPACE #
CITY		PRIMARY PHONE
1	Total number of persons in your household (include	yourself, other adults, and children):
	O 1 O 2 O 3 O 4	5 6 If more than 6:
2	Are you (or someone in your household) enrolled i	in any of the following assistance programs?
	YES (If yes, please fill in the circle(s) ●)	 NO (If no, what is your yearly household
	Medi-Cal/Medicaid: Under age 65	income before deductions, including all members of the household?)
	Medi-Cal/Medicaid: 65 or older	\$0 - \$39,440
	Medi-Cal for Families A&B	\$39,441 - \$49,720
		\$49,721 - \$60,000\$60,001 - \$70,280
	Women, Infants and Children Program (WIC)	\$70,281 - \$80,560
	CalWORKs (TANF) or Tribal TANF	If more than \$80,560, enter the dollar amount he
	Head Start Income Eligible - Tribal Only	\$.00 per year.
	Bureau of Indian Affairs General Assistance	Please mark your sources of income
	CalFresh (Food Stamps)	Social Security
	National School Lunch Program (NSLP)	SSP or SSDI Pensions
	·	 Interest or dividends from savings, stocks, bonds.
	 Low Income Home Energy Assistance Program (LIF 	HEAP) or retirement accounts
	 Supplemental Security Income 	Wages and/or salaryUnemployment 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-employme