



20% DISCOUNT CARE APPLICATION



Southern California Gas Company (SoCalGas®)'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 SoCalGas.

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

HOW TO QUALIFY FOR THE CARE DISCOUNT:

PUBLIC ASSISTANCE PROGRAMS:
If you or someone in your household participates in any of these programs:
<ul style="list-style-type: none"> Medicaid or Medi-Cal Medi-Cal for Families A&B Women, Infants, & Children (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 Supplemental Security Income (SSI)

OR

MAXIMUM HOUSEHOLD INCOME*: <i>(effective June 1, 2014 to May 31, 2015)</i>	
*current household income from all sources before deductions	
Number of Persons in Household	Total Annual Income
1-2	\$31,460
3	\$39,580
4	\$47,700
5	\$55,820
6	\$63,940
7	\$72,060
8	\$80,180
Each Additional Person	+\$8,120

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 SoCalGas 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)
FAX: (213) 244-4665



CARE 20% Rate Discount Application

Form 6491-E EN (06/14)

Please use DARK ink and print clearly to ensure proper processing

CARE PROGRAM, ML GT19A1
PO BOX 3249
LOS ANGELES, CA 90051-1249

Correct way to mark circles: ●



1	Customer Name (as it appears on your bill):	
	Home Address (street, city, zip):	
	Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Phone Number:	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	E-mail:	<input type="text"/>

2	Total # of adults and children in your household:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> If more than 6: <input type="text"/>												
	Are you (or someone in your household) enrolled in any of the following assistance programs?													
	<input type="radio"/> YES (If yes, mark the program(s) of participation) ▼ <table border="0"> <tr> <td><input type="radio"/> Medi-Cal / Medicaid: Under Age 65</td> <td><input type="radio"/> Low Income Home Energy Assistance Program (LIHEAP)</td> </tr> <tr> <td><input type="radio"/> Medi-Cal / Medicaid: 65 or older</td> <td><input type="radio"/> Supplemental Security Income (SSI)</td> </tr> <tr> <td><input type="radio"/> Medi-Cal for Families A & B</td> <td><input type="radio"/> National School Lunch Program (NSLP)</td> </tr> <tr> <td><input type="radio"/> Women, Infants, and Children Program (WIC)</td> <td><input type="radio"/> Bureau of Indian Affairs General Assistance</td> </tr> <tr> <td><input type="radio"/> CalWORKs (TANF) or Tribal TANF</td> <td><input type="radio"/> Head Start Income Eligible - Tribal Only</td> </tr> <tr> <td><input type="radio"/> CalFresh (Food Stamps)</td> <td></td> </tr> </table>		<input type="radio"/> Medi-Cal / Medicaid: Under Age 65	<input type="radio"/> Low Income Home Energy Assistance Program (LIHEAP)	<input type="radio"/> Medi-Cal / Medicaid: 65 or older	<input type="radio"/> Supplemental Security Income (SSI)	<input type="radio"/> Medi-Cal for Families A & B	<input type="radio"/> National School Lunch Program (NSLP)	<input type="radio"/> Women, Infants, and Children Program (WIC)	<input type="radio"/> Bureau of Indian Affairs General Assistance	<input type="radio"/> CalWORKs (TANF) or Tribal TANF	<input type="radio"/> Head Start Income Eligible - Tribal Only	<input type="radio"/> CalFresh (Food Stamps)	
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<input type="radio"/> NO		What is your yearly household income (before deductions, including all members of the household)? ▼ <input type="radio"/> \$0 - \$31,460 <input type="radio"/> \$31,461 - \$39,580 <input type="radio"/> \$39,581 - \$47,700 <input type="radio"/> \$47,701 - \$55,820 <input type="radio"/> \$55,821 - \$63,940 <input type="radio"/> If more than \$63,940, enter amount here: \$ <input type="text"/> , <input type="text"/> .00 per year Please mark your sources of income: ▼ <table border="0"> <tr> <td><input type="radio"/> Social Security</td> <td><input type="radio"/> Wages and/or Profit from Self Employment</td> <td><input type="radio"/> Spousal or Child Support</td> </tr> <tr> <td><input type="radio"/> SSP or SSDI</td> <td><input type="radio"/> Unemployment Benefits</td> <td><input type="radio"/> Scholarships, grants, or other aid used for living expenses</td> </tr> <tr> <td><input type="radio"/> Pensions</td> <td><input type="radio"/> Insurance or Legal Settlements</td> <td><input type="radio"/> Rental or Royalty Income</td> </tr> <tr> <td><input type="radio"/> Interest or Dividends from: Savings, Stocks, Bonds, or Retirement Accounts</td> <td><input type="radio"/> Disability or Workers Compensation Payments</td> <td><input type="radio"/> Cash or Other Income</td> </tr> </table>	<input type="radio"/> Social Security	<input type="radio"/> Wages and/or Profit from Self Employment	<input type="radio"/> Spousal or Child Support	<input type="radio"/> SSP or SSDI	<input type="radio"/> Unemployment Benefits	<input type="radio"/> Scholarships, grants, or other aid used for living expenses	<input type="radio"/> Pensions	<input type="radio"/> Insurance or Legal Settlements	<input type="radio"/> Rental or Royalty Income	<input type="radio"/> Interest or Dividends from: Savings, Stocks, Bonds, or Retirement Accounts	<input type="radio"/> Disability or Workers Compensation Payments	<input type="radio"/> Cash or Other Income
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3	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 SoCalGas 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 SoCalGas can share my information with other utilities or agents to enroll me in their assistance programs.
	Signature: <input checked="" type="text"/> _____ Date: <input type="text"/> / <input type="text"/> / <input type="text"/>