

Application for California Alternate Rates For Energy (CARE) Program

For Qualified Nonprofit Group Living Facilities

The CARE Program provides a 20% discount on the utility bill for facilities that meet program criteria established by the California Public Utilities Commission (CPUC). The discounted rate is available only to qualified facilities once the utility receives and approves the application.

INSTRUCTIONS

1. READ the information on page 2. If you have questions, call The Gas Company® CARE Department at 1-800-207-8567.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group living facility. The facility MUST meet ALL criteria to qualify for the 20% discount.
3. COMPLETE the entire application (please print or type). Nonprofit corporations must complete this application for all qualified satellites.
4. ATTACH all required documents. (Application is not considered complete without documents.)

5. MAIL TO: **The Gas Company®**
CARE PROGRAM
SOUTHERN CALIFORNIA GAS COMPANY
PO BOX 515005 ML GT19A1
LOS ANGELES CA 90099-9316

20% Discount

Terms and Conditions

California Alternate Rates for Energy (CARE) Program
For Qualified Nonprofit Group Living Facilities

Eligible Facilities

GROUP LIVING FACILITIES:

- Defined as transitional housing (such as drug rehabilitation or halfway houses), short-term or long-term care facilities (such as hospices, nursing home, children's or seniors' homes), group homes for physically or mentally challenged persons, or other nonprofit group living facilities.
- Corporation operating facility must have tax-exempt status under Internal Revenue Code Section 501 (c)(3).
- Facility must be licensed by the appropriate state agency, such as the State Department of Social Services.
- Facility must provide service, such as meals or rehabilitation, in addition to lodging.
- 100% of residents must meet current CARE eligibility guidelines for a single-person household (see enclosed Eligibility Guidelines).
- At least 70% of the natural gas used at the facility must be for residential purposes.

HOMELESS SHELTERS, WOMEN'S SHELTERS, & HOSPICES:

- Corporation operating facility must have tax-exempt status under Internal Revenue Code Section 501 (c)(3).
- Facility must have a Conditional Use Permit or provide adequate proof of eligibility.
- Facility must provide at least six (6) beds each day or night for a minimum of 180 days each year for persons who have no alternative residence.
- Primary function of facility must be to provide lodging.
- At least 70% of natural gas used at the facility must be for residential purposes.

SATELLITE FACILITIES:

- A nonprofit group living facility may consist of a licensed primary facility and related non-licensed facilities at other locations (satellites).
- The primary facility must be licensed by the appropriate state agency or provide adequate proof of eligibility and meet all other CARE criteria.
- At least 70% of the natural gas used at the satellite facility must be for residential purposes.
- The primary license facility's name must appear as the customer-of-record on the gas bill for the satellite facility.

Facilities Not Eligible

- Group living facilities offering only a place to live and no other services.
- Non-profit facilities providing social services only.
- Student housing/dorms, military barracks, fraternities/sororities, privately owned for-profit housing, and government-subsidized housing.
- Government-owned and/or government-operated facilities.

Application Requirements

- Completed and signed application.
- A copy of IRS letter granting tax-exempt status of corporation operating the facility under Internal Revenue Code Section 501(c)(3).
- Group living facility must also provide a copy of license from appropriate state agency, conditional use permit for each facility, **OR** other adequate proof of eligibility.

Recertification

Facilities receiving the discount are required to recertify every 2 years. To recertify, complete this application and provide:

- The amount of discount received in prior year, and
- An explanation of how the discount was used for the direct benefit of qualified residents.



Application for 20% Discount

California Alternate Rates for Energy (CARE) Program
For Qualified Nonprofit Group Living Facilities

Primary Facility Account Information:

Name on Gas Bill	Name of Facility (if different from name on gas bill)	
Service Address	City	State
Mailing Address	City	State
Primary Contact		
Phone	FAX	
E-mail Address:	Account Number	

Type of Facility:

Group living facility:
Total Number of Residents at this Facility: _____ Total Number of Residents who are **qualified**: _____
(see Individual Eligibility Guidelines)

Hospice Homeless Shelter or Women's Shelter:
Number of Beds: _____ Number of Days Occupied Each Year: _____

Other: _____
Total Number of Residents at this Facility: _____ Total Number of Residents who are **qualified**: _____
(see Individual Eligibility Guidelines)

Primary Services Offered by Facility:

Lodging Meals Rehabilitation Training Counseling

Other: _____

Is at least 70% of the natural gas used at the facility for residential purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does nonprofit corporation operation facility have a tax-exempt status under Internal Revenue Section 501(c)(3)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the facility government-owned or operated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Business License (Please attach a copy of the State-issued License or other adequate proof of eligibility for each facility)		
Name on Conditional Use Permit (Please attach a copy of the Conditional Use Permit or other adequate proof of eligibility for each facility)		

All Qualified Satellite Facilities (if applicable):

Facility Name	_____	
Service Address	_____	
Account Number	<input type="checkbox"/>	Satellite Facility? Yes <input type="checkbox"/> No <input type="checkbox"/>
Group Living Facilities:	Total Number of Residents at this Facility: _____	Total Number of Residents who are qualified : _____ (see Individual Eligibility Guidelines)
Hospice, Homeless Shelter, or Women's Shelter:	Number of Beds: _____	Number of Days Occupied Each Year: _____
Is at least 70% of the natural gas used at the facility for residential purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(Continued on Back)



Please complete the following information for all qualified satellite facilities:

Glad to be of service.®

Facility Name

Service Address

Account Number

Satellite Facility?

Yes

No

Group Living Facilities:

Total Number of Residents at this Facility:

Total Number of Residents who are **qualified** :
(see Individual Eligibility Guidelines)

Hospice, Homeless Shelter, or Women's Shelter:

Number of Beds:

Number of Days Occupied Each Year:

Is at least 70% of the natural gas used at the facility for residential purposes?

Yes

No

Facility Name

Service Address

Account Number

Satellite Facility?

Yes

No

Group Living Facilities:

Total Number of Residents at this Facility:

Total Number of Residents who are **qualified** :
(see Individual Eligibility Guidelines)

Hospice, Homeless Shelter, or Women's Shelter:

Number of Beds:

Number of Days Occupied Each Year:

Is at least 70% of the natural gas used at the facility for residential purposes?

Yes

No

Facility Name

Service Address

Account Number

Satellite Facility?

Yes

No

Group Living Facilities:

Total Number of Residents at this Facility:

Total Number of Residents who are **qualified** :
(see Individual Eligibility Guidelines)

Hospice, Homeless Shelter, or Women's Shelter:

Number of Beds:

Number of Days Occupied Each Year:

Is at least 70% of the natural gas used at the facility for residential purposes?

Yes

No

Certification of Eligibility:

Return to:
Southern California
Gas Company
CARE Program, ML GT12F1
PO Box 515005
Los Angeles, California
90099-9316

I certify, under penalty of perjury, under the laws of the State of California, that the information on this application is true and accurate. I am authorized by this facility to sign this application, and I have verified the income eligibility of all residents. I am responsible for the annual renewal of the facility's license from the appropriate State Licensing Department, or for the Conditional Use Permit, or to provide adequate proof of eligibility. I understand that Southern California Gas Company may verify the accuracy of this information and confirm the direct benefit to the residents through random samplings. Errors in any information provided may cause the account(s) to be rebilled without the CARE discount.

Notice to customer: Signing this application allows The Gas Company to share your CARE information with other utilities, so that you may receive their discount, if applicable.

Authorized Representative's Name & Title (please print)

Authorized Representative's Signature Date

Authorized Representative's Telephone Number



**CARE QUALIFICATIONS
SOUTHERN CALIFORNIA GAS COMPANY
ENCLOSURE TO APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM
FOR QUALIFIED NONPROFIT GROUP LIVING FACILITIES**

The California Alternate Rates for Energy (CARE) program provides a 20% discounted rate on your gas bill.

PROGRAM QUALIFICATIONS

Each facility must meet all of the eligibility guidelines as shown on Southern California Gas Company Form Number 6571B and the CARE guidelines as shown below.

CARE QUALIFICATIONS

Individual Eligibility Guidelines

- Each resident's annual gross income does not exceed the amount shown OR receives benefits from any of the public assistance programs on the chart below.
- No resident can be claimed as a dependent on another person's State or Federal income tax form.

The following are the ways to qualify for the CARE discount:

<p>PUBLIC ASSISTANCE PROGRAMS: The individual resident in facility receives benefits from any of the following programs:</p>	OR	<p>MAXIMUM HOUSEHOLD INCOME*: Total yearly income for each resident in the facility cannot be more than the following:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Number of Persons</th> <th style="text-align: center;">Total Yearly Individual Resident's Income In Facility Cannot Be More Than*</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: right;">\$22,340</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: right;">\$30,260</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: right;">\$38,180</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: right;">\$46,100</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: right;">\$54,020</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: right;">\$61,940</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: right;">\$69,860</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: right;">\$77,780</td></tr> <tr><td style="text-align: center;">Each Additional Person</td><td style="text-align: right;">+\$7,920</td></tr> </tbody> </table> <p align="right"><i>*(effective June 1, 2012 to May 31, 2013)</i></p>	Number of Persons	Total Yearly Individual Resident's Income In Facility Cannot Be More Than*	1	\$22,340	2	\$30,260	3	\$38,180	4	\$46,100	5	\$54,020	6	\$61,940	7	\$69,860	8	\$77,780	Each Additional Person	+\$7,920
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WHAT COUNTS AS INCOME?

Total household income is all revenues, from all household members, from whatever sources derived, whether taxable or nontaxable, including, but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

If you have any questions, please call: 1-800-207-8567.