



20% DISCOUNT CARE APPLICATION FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

The California Alternate Rates for Energy (CARE) program provides a 20 percent monthly discount on the natural gas bill for agricultural employee housing facilities that meet program criteria 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

- 1 READ** the information on pages 2 and 3. If you have questions, call SoCalGas at 1-800-427-2200.
- 2 DETERMINE** if the facility meets the definition of a “qualified agricultural employee housing facility.” The facility **MUST** meet ALL criteria to qualify for the 20 percent monthly discount.
- 3 COMPLETE** and **SUBMIT** the entire application (please print). Complete a separate application for each qualified facility (including satellite facilities).
- 4 ATTACH** all required documents. Application can not be approved without all requested documentation.
- 5 MAIL TO:** SoCalGas
CARE PROGRAM GT19A1
PO BOX 513249
LOS ANGELES, CA 90051



20% DISCOUNT CARE APPLICATION

FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

ELIGIBILITY CRITERIA FOR APPLICANT

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

- Applicant must be SoCalGas' customer of record.
- Applicant must verify that 100 percent of the household meets the current CARE income guidelines, excluding any employee operating or managing the facility who resides at the facility.
- Applicant is required to recertify for the CARE program upon request. An application will be mailed when it is time to recertify. Applicant must include total savings from the prior year and information on how the discount was used for the direct benefit of the qualified residents.

THERE ARE **TWO** WAYS TO QUALIFY

PUBLIC ASSISTANCE PROGRAMS The individual resident in facility receives benefits from any of the following programs:	MAXIMUM HOUSEHOLD INCOME (effective June 1, 2016 to May 31, 2017) Total yearly income for each resident in the facility the following: Number of Persons in Household Total Annual Income*
Medi-Cal/Medicaid	1-2 \$32,040
Medi-Cal for Families A & B	3 \$40,320
Women, Infants, & Children (WIC)	4 \$48,600
CalWORKs (TANF) ¹ / Tribal TANF	5 \$56,880
Head Start Income Eligible – Tribal Only	6 \$65,160
Bureau of Indian Affairs General Assistance	7 \$73,460
CalFresh (Food Stamps)	8 \$81,780
National School Lunch Program (NSLP)	
Low-Income Home Energy Assistance Program (LIHEAP)	
Supplemental Security Income (SSI)	For each additional household member, add \$8,320 *Includes current household income from all sources before deductions.

←OR→

¹Includes Welfare-to-Work

ELIGIBLE FACILITIES

EMPLOYEE HOUSING (privately owned), as defined in section 17008 of the Health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13.

Supporting documentation required:

- Provide copy of current permit issued by the Department of Housing and Community Development.

Total energy used:

- Must be 100 percent residential use.

ELIGIBLE FACILITIES CONTINUED

HOUSING FOR AGRICULTURAL EMPLOYEES (non-migrant and operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

Supporting documentation required:

- Provide current copy of federal 501(c) (3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.

Total Energy used:

- Master-metered facilities must be 70 percent residential use.
- Individually metered units must be 100 percent residential use.

APPLICANTS' RESPONSIBILITIES

The applicant is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all individuals residing in the facility meet the CARE income eligibility guidelines (see income guideline chart) and make a certification to that effect, under penalty of perjury, under the laws of the state of California.
- At annual recertification, show how the past year's discount was used and how the next year's discount is expected to be used for direct benefit of the residents.
- Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to SoCalGas. These records must be retained for three years from the date of initial application and/or recertification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or recertification.
- Upon request from SoCalGas, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by SoCalGas. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by SoCalGas.

**PLEASE PRINT PAGES 4 THROUGH 6
FOR 20% DISCOUNT CARE APPLICATION**



20% DISCOUNT CARE APPLICATION

FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

APPLICANT INFORMATION: (please print)

NAME ON NATURAL 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: ()	

FACILITY INFORMATION (check one)

- EMPLOYEE HOUSING** (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.
- HOUSING FOR AGRICULTURAL EMPLOYEES** (non-migrant and operated by non profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

FOR ALL FACILITIES

APPLICANT IS CUSTOMER OF RECORD. <input type="checkbox"/> YES <input type="checkbox"/> NO	100% OF HOUSEHOLD MEETS CARE INCOME GUIDELINES. <input type="checkbox"/> YES <input type="checkbox"/> NO
I HAVE PROVIDED INFORMATION ON HOW THE DISCOUNT FOR THE COMING YEAR WILL BE USED TO DIRECTLY BENEFIT THE RESIDENTS. <input type="checkbox"/> YES <input type="checkbox"/> NO	
FOR RECERTIFICATION, I HAVE PROVIDED INFORMATION ON HOW THE DISCOUNT WAS USED FOR THE DIRECT BENEFIT OF THE RESIDENTS AND I HAVE DOCUMENTATION ON FILE (IF INITIAL CERTIFICATION, LEAVE BLANK). <input type="checkbox"/> YES <input type="checkbox"/> NO	
I UNDERSTAND THE UTILITY RESERVES THE RIGHT TO REQUEST DOCUMENTATION ON THE ELIGIBILITY OF THE RESIDENTS AND THE USE OF THE DISCOUNT. <input type="checkbox"/> YES <input type="checkbox"/> NO	
I UNDERSTAND THE UTILITY HAS THE RIGHT TO REBILL ME AT THE APPLICABLE RATE IF APPROPRIATE. <input type="checkbox"/> YES <input type="checkbox"/> NO	
I UNDERSTAND IF THE FACILITY(IES), OR THE RESIDENTS, BECOME(S) INELIGIBLE TO RECEIVED THE DISCOUNT I MUST NOTIFY THE UTILITY WITHIN 30 DAYS. <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST YEAR'S DISCOUNT WAS USED FOR (IF INITIAL CERTIFICATION LEAVE BLANK) _____	
THIS YEAR'S DISCOUNT WILL BE USED FOR _____	



A Sempra Energy utility®

20% DISCOUNT CARE APPLICATION FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

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 RESIDENTIAL PURPOSE: <input type="checkbox"/> 100% <input type="checkbox"/> AT LEAST 70%	
TOTAL NUMBER OF RESIDENTS (EXCLUDE ON-SITE MANAGER): _____			
100% OF RESIDENTS AND/OR HOUSEHOLDS MEET INCOME ELIGIBILITY CRITERIA: <input type="checkbox"/> YES <input type="checkbox"/> NO			

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 RESIDENTIAL PURPOSE: <input type="checkbox"/> 100% <input type="checkbox"/> AT LEAST 70%	
TOTAL NUMBER OF RESIDENTS (EXCLUDE ON-SITE MANAGER): _____			
100% OF RESIDENTS AND/OR HOUSEHOLDS MEET INCOME ELIGIBILITY CRITERIA: <input type="checkbox"/> YES <input type="checkbox"/> NO			

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 RESIDENTIAL PURPOSE: <input type="checkbox"/> 100% <input type="checkbox"/> AT LEAST 70%	
TOTAL NUMBER OF RESIDENTS (EXCLUDE ON-SITE MANAGER): _____			
100% OF RESIDENTS AND/OR HOUSEHOLDS MEET INCOME ELIGIBILITY CRITERIA: <input type="checkbox"/> YES <input type="checkbox"/> NO			

(CONTINUED ON NEXT PAGE)



20% DISCOUNT CARE APPLICATION

FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

ALL QUALIFIED SATELLITE FACILITIES CONT.

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 RESIDENTIAL PURPOSE: <input type="checkbox"/> 100% <input type="checkbox"/> AT LEAST 70%	
TOTAL NUMBER OF RESIDENTS (EXCLUDE ON-SITE MANAGER): _____			
100% OF RESIDENTS AND/OR HOUSEHOLDS MEET INCOME ELIGIBILITY CRITERIA: <input type="checkbox"/> YES <input type="checkbox"/> NO			

DECLARATION

By signing this application, I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and accurate. I have:

- Verified the income eligibility of all residents of the facility and/or households meet income guidelines.
- Documentation is available to substantiate the above.
- Verified that each facility meets the residential energy usage criteria.
- Read and understand this application, and agree to abide by its terms and the terms of the CARE program.

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

By signing this application, I give my consent that the information provided by me may be shared with other energy utility companies (limited to name and address).

Return to:
SoCalGas
CARE PROGRAM GT19A1
P.O. Box 513249
Los Angeles, CA 90051-1249