

## 20% DISCOUNT CARE APPLICATION

FOR QUALIFIED OFFICE OF MIGRANT SERVICES AND  
NONPROFIT MIGRANT FARM WORKER HOUSING CENTERS

### 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 Office of Migrant Services and non-profit migrant farm worker housing centers 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 can comply with Section 50710.1(e) of the California Health and Safety Code, or is a non-profit migrant farm worker housing center.
- 3 REVIEW** the service accounts in this application to confirm that they are residential end use and included in your facility.
- 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



A  Sempra Energy utility®



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## ELIGIBILITY CRITERIA FOR MIGRANT FARM WORKER HOUSING CENTER (MFHC)

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

- MFHC must be operated pursuant to Section 50710.1(e) of the California Health and Safety Code, or must be a non-profit migrant farm worker housing center.
- MFHC must be the utility customer of record.
- MFHC must verify that the service agreements listed in this application have rates with residential end uses for CARE.
- MFHC must agree to use all CARE savings from a reduction in energy rates for the benefit of the occupants of the migrant farm worker center.

## MFHC RESPONSIBILITIES

MFHC is **REQUIRED** to:

- MFHC must provide a copy of current contract with the Office of Migrant Services, Department of Housing and Community Development or a copy of Federal 501 (c) (3) tax exemption or copy of state tax exemption form and current copy of local property tax exemption form.
- Maintain supporting records and documentation of how the CARE discount savings has benefited the occupants.
- Notify SoCalGas of any change that would remove or add to eligible service agreements in this application. MFHC may be subject to rebilling if any of the service agreements in this application are no longer eligible for the CARE discount.
- Update the application every two years when notified by SoCalGas.

**PLEASE PRINT PAGES 3 AND 4  
FOR 20% DISCOUNT CARE APPLICATION**



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## FARM WORKER HOUSING CENTER INFORMATION: (please print)

NAME ON 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: (     )		

## 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: <input type="checkbox"/> RESIDENTIAL PURPOSE <input type="checkbox"/> NON-RESIDENTIAL PURPOSE	

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: <input type="checkbox"/> RESIDENTIAL PURPOSE <input type="checkbox"/> NON-RESIDENTIAL PURPOSE	



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## ALL QUALIFIED SATELLITE FACILITIES CONTINUED

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: <input type="checkbox"/> RESIDENTIAL PURPOSE <input type="checkbox"/> NON-RESIDENTIAL PURPOSE	

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: <input type="checkbox"/> RESIDENTIAL PURPOSE <input type="checkbox"/> NON-RESIDENTIAL PURPOSE	

### DECLARATION (Please read carefully and sign below.)

By signing this application I certify under penalty of perjury that the information contained herein is true and accurate and agree to comply with all the eligibility criteria and MFHC responsibilities contained herein for all of the Service Agreements listed in this application and I give my consent that the information herein may be shared with other energy utility companies.

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**