



# 20% DISCOUNT CARE APPLICATION

The California Alternate Rates for Energy (CARE) program, offers eligible SoCalGas® customers a 20 percent discount on their monthly natural gas bill. Eligible customers who are approved within 90 days after starting new service will also receive a \$15 discount on the Service Establishment Charge. The discount(s) will be applied to the monthly natural gas 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 complete and return the following application by mail, fax, or apply online at [socialgas.com/care](http://socialgas.com/care).

## THERE ARE TWO WAYS TO QUALIFY

PUBLIC ASSISTANCE PROGRAMS The individual resident in the facility receives benefits from any of the following programs:	MAXIMUM HOUSEHOLD INCOME (effective June 1, 2017 to May 31, 2018)	
	Number of Persons in Household	Total Annual Income*
Medi-Cal/Medicaid	1-2	\$32,480
Medi-Cal for Families A & B	3	\$40,840
Women, Infants, & Children (WIC)	4	\$49,200
CalWORKs (TANF) <sup>1</sup> / Tribal TANF	5	\$57,560
Head Start Income Eligible – Tribal Only	6	\$65,920
Bureau of Indian Affairs General Assistance	7	\$74,280
CalFresh (Food Stamps)	8	\$82,640
National School Lunch Program (NSLP)		
Low-Income Home Energy Assistance Program (LIHEAP)		
Supplemental Security Income		

←OR→

\*Includes current household income from all sources before deductions.

<sup>1</sup> Includes Welfare-to-Work

### CONDITIONS FOR PARTICIPATION

**1)** The natural gas bill must be in your name and the address must be your primary address. **2)** You must not be claimed as a dependent on another person's income tax return other than your spouse. **3)** You must recertify your application when requested. **4)** You must notify SoCalGas within 30 days if you no longer qualify. **5)** 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 attic insulation, low-flow showerheads, faucet aerators, door weather-stripping, caulking and minor home repairs to eligible income-qualified 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 1-866-431-3517.

**Low Income Home Energy Assistance Program (LIHEAP):** 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      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  
 FAX: (213) 244-4665  
 Hearing Impaired (TDD/TTY): 1-800-252-0259 (available in English and Spanish only)

# 20% DISCOUNT CARE APPLICATION

PLEASE USE DARK BLUE OR BLACK INK ONLY

Please complete and return the application by mail, fax, or apply online at [socialgas.com/care](http://socialgas.com/care).

**Mail to:** SoCalGas M.L. GT19A1, P.O. Box 3249 Los Angeles, CA 90051-1249 or **Fax to:** (213) 244-4665

ACCOUNT NUMBER/FACILITY I.D.

PLEASE PROVIDE YOUR ACCOUNT NUMBER OR FACILITY I.D. TO EXPEDITE PROCESSING.

CUSTOMER NAME (FIRST AND LAST AS IT APPEARS ON YOUR BILL)

ADDRESS

APT/SPACE #

CITY

HOME PHONE

EMAIL

## 1 Total number of persons in your household (include yourself, other adults, and children):

- 1    2    3    4    5    6    If more than 6:

## 2 Are you (or someone in your household) enrolled in any of the following assistance programs?

YES (If yes, please fill in the circle(s) ●)

- Medi-Cal/Medicaid: Under age 65
- Medi-Cal/Medicaid: 65 or older
- Medi-Cal for Families A&B
- Women, Infants and Children Program (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 (LIHEAP)
- Supplemental Security Income

NO If no, what is your yearly household income (before deductions, including all members of the household)?

- \$0 - \$32,480
- \$32,481 - \$40,840
- \$40,841 - \$49,200
- \$49,201 - \$57,560
- \$57,561 - \$65,920
- If more than \$65,920, enter the dollar amount here  
\$  ,  ,  .00 per year.

### Please mark your sources of income

- Social Security
- SSP or SSDI
- Pensions
- Interest or dividends from savings, stocks, bonds, or retirement accounts
- Wages and/or profit from self employment
- Unemployment 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 or other income

## 3 Declaration 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 Southern California Gas Company (SoCalGas®) within 30 days if I no longer qualify to receive a 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: X

DATE:  /  /